

LPN Scope of Practice Advisory Opinion

July 2016

Explanatory Statement about Advisory Opinions

An advisory opinion adopted by the Alaska Board of Nursing is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion the Alaska Board of Nursing regarding the practice of nursing as it relates to the health and safety of the Alaska healthcare consumer. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training and supervision to assure safety of their patient.

LPNs are responsible for accepting only those assignments for which the LPN has been fully prepared. The RN and LPN should recognize the level and depth of knowledge and decision making that various nursing activities demand. This accountability and responsibility exists regardless of directives, policies, protocols or staffing patterns implemented by employing agencies.

An LPN contributes to all steps of the nursing process by communicating with the RN or LIP concerning the client's status and needs. When an RN is directing LPN practice, it is the RN who establishes the nursing regimen and communicates the nursing practice needs of the client. Highly complex and variable situations are most appropriately placed within the RN scope of practice and outside the scope of the LPN.

At the direction of an RN, APRN, PA, physician, or licensed dentist an LPN performs a focused assessment of specific client health problems. A focused assessment is defined in regulation 12 AAC 44.990 (18) as an appraisal of the patient's medical status and condition, contributing to ongoing data collection, and deciding who needs to be informed of the information and when to inform. This is accomplished by collecting, reporting and documenting objective and subjective data. Such examples include:

1. Observation, patient teaching and care in diverse health care settings.
2. Contributes to the planning, implementation and evaluation of nursing care. Does not independently develop or make changes to a plan of nursing care.
3. Documents outcomes of care in the patient record and to those in authority/supervisory positions.
4. Consults with the RN or LIP to seek guidance in providing client care.
5. Participates in the development, revision, and implementation of policies and procedures.

6. Assigns duties to UAPs that are within the UAPs' scope of duties according to regulations.
7. Assists and supervises UAPs as necessary within their scope duties.

Examples **NOT** appropriate for the LPN to perform include but are not limited to:

1. Comprehensive assessments of a client who has been admitted to an institution or unit.
2. Assimilation and analysis of objective and subjective data to formulate the plan of care.
3. Arterial punctures.
4. Management of arterial lines.
5. Starting an IV or administering IV medication unless the proper IV education has taken place. The LPN must successfully pass such an education course, practice the skills, demonstrate competency and provide evidence of continued competence on a yearly basis.
6. Administer IV push medications other than saline to flush an intermittent infusion device.
7. Phlebotomy unless additional training and demonstration of competency has been documented.
8. Administer IV fluids and medications to neonates.
9. Mix IV solutions.
10. Administer blood products.
11. Change rate and dose of response in PCA pumps
12. Administration of chemotherapy drugs
13. Dispensing medications
14. Flushing Groshong catheters or PICC lines
15. Central line or PICC line dressing change
16. Identify unlabeled medications
17. Complete physicals
18. Work independently
19. Triage patients
20. Take X-Rays