This unit is going to look at scope of practice. Scope of practice outline what we can and cannot do in our role as an RN. I’ve got some questions for you to think about as we go through this. Are you practicing as an LPN? What kinds of things do you do as a LPN? Are they within your scope of practice? Do you know how this differs from the RN role?

The scope of practice for both LPNs and RNs is found in each states nurse practice act. The nurse practice act outlines what can be done in each of these roles. It is the legal guideline for practice as well. I was able to access the nurse practice acts for Iowa and Missouri on the web. Iowa’s nurse practice act can be found at [www.iowa.gov/nursing](http://www.iowa.gov/nursing) and clicking on nursing practice. Missouri’s can be accessed at [http://pr.mo.gov/nursing.asp](http://pr.mo.gov/nursing.asp) and clicking on rules and statutes. They are very similar, so I am going to use Iowa’s in this lecture. Let’s first look at the role of the LPN.

The Iowa nurse practice act states:

655—6.3(152) Minimum standards of practice for licensed practical nurses.

6.3(1) The licensed practical nurse shall recognize and understand the legal implications within the scope of nursing practice. The licensed practical nurse shall perform services in the provision of supportive or restorative care under the supervision of a registered nurse or physician as defined in the Iowa Code.

6.3(2) The licensed practical nurse shall participate in the nursing process, consistent with accepted and prevailing practice, by assisting the registered nurse or physician. The licensed practical nurse may assist the registered nurse in monitoring, observing and reporting reactions to therapy.

6.3(3) The licensed practical nurse shall not perform any activity requiring the knowledge and skill ascribed to the registered nurse, including:

a. The initiation of or assessment related to procedures/therapies requiring the knowledge or skill level ascribed to the registered nurse.

b. The initiation of intravenous solutions, intravenous medications and blood components.

c. The administration of medicated intravenous solutions, intravenous medications and blood components.

d. The initiation or administration of medications requiring the knowledge or skill level currently ascribed to the registered nurse.

6.3(4) A licensed practical nurse, under the supervision of a registered nurse, may engage in the limited scope of practice of intravenous therapy. In providing the limited scope of therapy, the licensed practical nurse may add intravenous solutions without medications to established peripheral intravenous sites, regulate the rate of nonmedicated intravenous solutions, administer maintenance doses of analgesics via the patient-controlled analgesic pump set at a lock-out interval, and discontinue intravenous therapy. Nursing tasks which may be delegated in a certified end-stage renal dialysis unit by the registered nurse to the licensed practical nurse with documented training include:

a. Initiation and discontinuation of the hemodialysis treatment utilizing an established vascular access.

b. The administration of local anesthetic prior to cannulation of the vascular access site.

c. Administration of prescribed dosages of heparin solution or saline solution utilized in the initiation and discontinuation of hemodialysis.

d. The administration via the extracorporeal circuit of the routine intravenous medications
erythropoietin, Vitamin D Analog and iron, excluding any iron preparation that requires a test dose in a certified end-stage renal dialysis setting, after the registered nurse has administered the first dose. When the registered nurse delegates the administration of the intravenous medications set out in this paragraph, there must be a written facility policy that defines the practice and written verification of the competency of the licensed practical nurse in accordance with the facility’s written policy.

6.3(5) The licensed practical nurse may provide nursing care in an acute care setting. When the nursing care provided by the licensed practical nurse in an acute care setting requires the knowledge and skill level currently ascribed to the registered nurse, a registered nurse or physician must be present in the proximate area. Acute care settings requiring the knowledge and skill ascribed to the registered nurse include, but are not limited to:

a. Units where care of the unstable, critically ill, or critically injured individual is provided.
b. General medical-surgical units.
c. Emergency departments.
d. Operating rooms. (A licensed practical nurse may assist with circulating duties when supervised by a registered nurse circulating in the same room.)
e. Postanesthesia recovery units.
f. Hemodialysis units.
g. Labor and delivery/birthing units.
h. Mental health units.

6.3(6) The licensed practical nurse may provide nursing care in a non-acute care setting. When the nursing care provided by the licensed practical nurse in a non-acute care setting requires the knowledge and skill level currently ascribed to the registered nurse, the registered nurse or physician must be present in the proximate area. The non-acute care settings requiring the knowledge and skill level ascribed to the registered nurse include, but are not limited to:

a. Community health. (Subrules 6.6(1) and 6.6(4) are exceptions to the “proximate area” requirement.)
b. School nursing. (Subrules 6.6(2) and 6.6(3) are exceptions to the “proximate area” requirement.)
c. Occupational nursing.
d. Correctional facilities.
e. Community mental health nursing.

6.3(7) The licensed practical nurse shall conduct nursing practice by respecting the rights of an individual or group.

6.3(8) The licensed practical nurse shall conduct nursing practice by respecting the confidentiality of an individual or group, unless obligated to disclose under proper authorization or legal compulsion.

6.3(9) The licensed practical nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to the following:

a. Performing those activities and functions which require the knowledge and skill level currently ascribed to the licensed practical nurse and seeking assistance when activities and functions are beyond the licensee’s scope of preparation.
b. Accepting responsibility for performing assigned and delegated functions and informing the registered nurse when assigned and delegated functions are not executed.
c. Executing the medical regimen prescribed by a physician. In executing the medical regimen as prescribed by the physician, the licensed practical nurse shall exercise prudent judgment in accordance with minimum standards of nursing practice as defined in these rules. If the medical regimen prescribed by the physician is not carried out based on the licensed practical nurse’s prudent judgment, accountability shall include but need not be limited to the following:

(1) Timely notification of the physician who prescribed the medical regimen that said order(s) was not executed and reason(s) for same.
(2) Documentation on the medical record that the physician was notified and reason(s) for not executing the order(s).

d. Wearing identification which clearly identifies the nurse as a licensed practical nurse when providing direct patient care unless wearing identification creates a safety or health risk for either the nurse or the patient.

.655—6.5(152) Additional acts which may be performed by licensed practical nurses.

6.5(1) A licensed practical nurse shall be permitted to supervise unlicensed assistive personnel under the provisions of Iowa Code section 152.1(4)“b.”

a. Supervision, among other things, includes any or all of the following:
   (1) Direct observation of a function or activity.
   (2) Delegation of nursing tasks while retaining accountability.
   (3) Determination that nursing care being provided is adequate and delivered appropriately.

b. Supervision shall be in accordance with the following:
   (1) A licensed practical nurse working under the supervision of a registered nurse shall be permitted to supervise in an intermediate care facility for the mentally retarded or in a residential health care setting.
   (2) A licensed practical nurse working under the supervision of a registered nurse shall be permitted to supervise in a nursing facility.
   The licensed practical nurse shall be required to complete a curriculum which has been approved by the board and designed specifically for the supervision role of the licensed practical nurse in a nursing facility. The course must be presented by a board-approved nursing program or an approved provider of continuing education. Documentation of the completion of the curriculum as outlined in this subparagraph shall be maintained by the licensed practical nurse.
   (3) A licensed practical nurse shall be entitled to supervise without the educational requirement outlined in subparagraph 6.5(1)“b”(2) if the licensed practical nurse was performing in a supervisory role on or before October 6, 1982. The licensed practical nurse being employed in a supervisory role after the enactment of these rules shall complete the curriculum outlined in subparagraph 6.5(1)“b”(2) within six months of employment.
   (4) A licensed practical nurse working under the supervision of a registered nurse may direct the activities of other licensed practical nurses and unlicensed assistive personnel in an acute care setting in giving care to individuals assigned to the licensed practical nurse. The registered nurse must be in the proximate area.

6.5(2) A licensed practical nurse shall be permitted to practice as a diagnostic radiographer while under the supervision of a licensed practitioner provided that appropriate training standards for use of radiation-emitting equipment are met as outlined in 641—42.1(136C).

6.5(3) A licensed practical nurse who has completed a board-approved intravenous therapy certification course offered by a board-approved provider of continuing education shall be permitted to perform, in addition to the functions set forth in subrule 6.3(4), procedures related to the expanded scope of administration of intravenous therapy in a licensed hospital, licensed skilled nursing facility and a certified end-stage renal dialysis unit. The board-approved course shall incorporate the responsibilities of the nurse when providing intravenous therapy to children, adults and elderly adults. When providing intravenous therapy, the licensed practical nurse shall be under the supervision of the registered nurse. Procedures which may be assumed if delegated by the registered nurse are as follows:
   a. Initiation of a peripheral intravenous line for continuous or intermittent therapy using an intermittent infusion device or a therapy cannula not to exceed three inches in length.
   b. Administration via peripheral lines, after the first dose has been administered by the registered
nurse, of premixed electrolyte solutions or premixed vitamin solutions. The solutions must be prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.

c. Administration via peripheral lines, after the first dose has been administered by the registered nurse, of solutions containing potassium chloride that do not exceed 40 meq per liter and at a rate that does not exceed 10 meq per hour. The solutions must be prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.

d. Administration via peripheral lines, after the first dose has been administered by the registered nurse, of intravenous antibiotic solutions prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.

e. Maintenance of the patency of peripheral intravenous lines with heparin irrigation solution or normal saline irrigation solution.

6.5(4) Acts which may not be delegated by the registered nurse to the licensed practical nurse are as follows:

a. Administration of medication by bolus or IV push except maintenance doses of analgesics via a patient-controlled analgesia pump set at a lock-out interval.

b. Administration of blood and blood products; vasodilators, vaspressors, oxytoxics, chemotherapy, colloid therapy, total parenteral nutrition, anticoagulants, antiarrhythmics, thrombolytics and solutions with a total osmolarity of 600 or greater.

c. Provision of intravenous therapy to a client under the age of 12 or any client weighing less than 80 pounds, with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(4).

d. Provision of intravenous therapy in any setting except licensed hospitals, licensed skilled nursing facilities and certified end-stage renal dialysis units with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(4).

6.5(5) To be eligible for intravenous therapy certification, the licensee shall hold a current unrestricted Iowa license and documentation of 2080 hours of practice as a licensed practical nurse and shall hold a current unrestricted Iowa license or an unrestricted license in another state recognized for licensure in this state pursuant to the nurse licensure compact contained in 2000 Iowa Acts, House File 2105, section 8.

This rule is intended to implement Iowa Code chapters 136C and 152, and 2000 Iowa Acts, House File 2105.

655—6.6(152) Specific nursing practice for licensed practical nurses.

6.6(1) The licensed practical nurse shall be permitted to provide supportive and restorative care in the home setting under the supervision of a registered nurse, as defined in subrule 6.2(5), or a physician.

When the licensed practical nurse provides care under the supervision of the registered nurse, the initial assessment and ongoing application of the nursing process shall be provided by the registered nurse.

6.6(2) The licensed practical nurse shall be permitted to provide supportive and restorative care to a specific student in the school setting in accordance with the student’s health plan when under the supervision of and as delegated by the registered nurse employed by the school district.

6.6(3) The licensed practical nurse shall be permitted to provide supportive and restorative care in a Head Start program under the supervision of a registered nurse, as defined in subrule 6.2(5), or a physician if the licensed practical nurse were in this position prior to July 1, 1985.

6.6(4) The licensed practical nurse shall be permitted to provide supportive and restorative care in a camp setting under the supervision of a registered nurse, as defined in subrule 6.2(5), or a physician.

When the licensed practical nurse provides care under the supervision of the registered nurse, the initial assessment and ongoing application of the nursing process are performed by the registered nurse. The
licensed practical nurse is responsible for requesting registered nurse consultation as needed.  

6.6(5) The licensed practical nurse shall be permitted to provide supportive and restorative care in a county jail facility or municipal holding facility operating under the authority provided by Iowa Code chapter 356. The supportive and restorative care provided by the licensed practical nurse in such facilities shall be performed under the supervision of a registered nurse, as defined in subrule 6.2(5). The registered nurse shall perform the initial assessment and ongoing application of the nursing process. The registered nurse shall be available 24 hours per day by teleconferencing equipment, and the time necessary to be readily available on site to the licensed practical nurse shall be no greater than ten minutes. This exception to the proximate area requirement is limited to a county jail facility or municipal holding facility operating under the authority of Iowa Code chapter 356 and shall not apply in any other correctional facility.

6.6(6) The licensed practical nurse shall be permitted to conduct height, weight and hemoglobin screening and record responses to health questions asked in a standardized questionnaire under the supervision of a registered nurse in a Women, Infants and Children (WIC) clinic. A registered nurse employed by or under contract to the WIC agency will assess the competency of the licensed practical nurse to perform these functions and will be available for consultation. The licensed practical nurse is responsible for performing under the scope of practice for licensed practical nurses and requesting registered nurse consultation as needed. This exception to the proximate area requirement is limited to WIC clinics and to the services permitted in this subrule. This rule is intended to implement Iowa Code sections 17A.3 and 152.1.

This essentially says that the LPN role is a dependant role. Their actions are supervised by the RN. A LPN cannot do an admission assessment, they cannot do initial teaching of a client. The Iowa Board of Nursing also lists that the LPN

- May insert NG tubes and feeding tubes which do not require guide wires for insertion.
- May reinsert a gastrostomy tube in an established tract.
- May remove sutures and staples.
- May perform sterile CVP dressing changes.
- May participate in admission and discharge assessments (including physical assessment) however the RN is responsible for the initial assessment and verifying the LPN assessment findings.
- May perform a patient history.
- May irrigate a urethral catheter. May not irrigate a nephrostomy tube.
- May perform continuous ambulatory peritoneal dialysis exchanges with RN assessment of client at least every 24 hours. LPN may add medication to the dialysate.
- May draw blood samples for routine testing when prepared to do so and practicing in accordance with agency policy.
- May perform cardiac monitoring on a telemetry unit.
- May monitor clients receiving mechanical ventilation with assessments verified by an RN.
- May perform tracheal suctioning.
- May receive telephone, verbal and written physician orders and process the same according to institution policy.
- May perform glucometer readings.
- May reduce a prolapsed rectum or uterus.
- May monitor the patient receiving total parenteral nutrition.
- May irrigate and remove a suprapubic catheter and reinsert a suprapubic catheter in a well-established tract.
- May reconstitute Rocephin with diluent containing Lidocaine.
- May assist a physician in an E.R.C.P. examination.
- May, under the supervision of a physician, perform facial exfoliation and therapeutic acne treatments.
- May do nasal suctioning.
- May administer newborn hearing screening test.
- May administer and evaluate tuberculosis skin tests.
- May monitor continuous subcutaneous infusions with an RN assessment every 24 hours.

The RN scope of practice is, however an independent role. The Iowa nurse practice act states:

6.2(1) The registered nurse shall recognize and understand the legal implications within the scope of nursing practice. The scope of nursing practice considered to be minimum standards of nursing practice shall not be interpreted to include those practices currently ascribed to the advanced registered nurse practitioner.
6.2(2) The registered nurse shall utilize the nursing process in the practice of nursing, consistent with accepted and prevailing practice. The nursing process is ongoing and includes:
   a. Nursing assessments about the health status of an individual or group.
   b. Formulation of a nursing diagnosis based on analysis of the data from the nursing assessment.
   c. Planning of nursing care which includes determining goals and priorities for actions which are based on the nursing diagnosis.
   d. Nursing interventions implementing the plan of care.
   e. Evaluation of the individual's or group's status in relation to established goals and the plan of care.
6.2(3) The registered nurse shall conduct nursing practice by respecting the rights of an individual or group.
6.2(4) The registered nurse shall conduct nursing practice by respecting the confidentiality of an individual or group, unless obligated to disclose under proper authorization or legal compulsion.
6.2(5) The registered nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to the following:
   a. Performing or supervising those activities and functions which require the knowledge and skill level currently ascribed to the registered nurse and seeking assistance when activities and functions are beyond the licensee’s scope of preparation.
   b. Assigning and supervising persons performing those activities and functions which do not require the knowledge and skill level currently ascribed to the registered nurse.
   c. Using professional judgment in assigning and delegating activities and functions to unlicensed assistive personnel. Activities and functions which are beyond the scope of practice of the licensed practical nurse may not be delegated to unlicensed assistive personnel. For the purposes of this paragraph, “unlicensed assistive personnel” does not include certified emergency medical services personnel authorized under Iowa Code chapter 147A performing nonlifesaving procedures for which those
individuals have been certified and which are designated in a written job description, after the patient is observed by a registered nurse.

d. Supervising, among other things, includes any or all of the following:
   (1) Direct observation of a function or activity.
   (2) Assumption of overall responsibility for assessing, planning, implementing, and evaluating nursing care.
   (3) Delegation of nursing tasks while retaining accountability.
   (4) Determination that nursing care being provided is adequate and delivered appropriately.

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e. Executing the regimen prescribed by a physician. In executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules. If the medical regimen prescribed by the physician is not carried out, based on the registered nurse’s professional judgment, accountability shall include but need not be limited to the following:
   (1) Timely notification of the physician who prescribed the medical regimen that the order(s) was not executed and reason(s) for same.
   (2) Documentation on the medical record that the physician was notified and reason(s) for not executing the order(s).

f. Wearing identification which clearly identifies the nurse as a registered nurse when providing direct patient care unless wearing identification creates a safety or health risk for either the nurse or the patient.

655—6.4(152) Additional acts which may be performed by registered nurses.

6.4(1) A registered nurse shall be permitted to practice as a diagnostic radiographer while under the supervision of a licensed practitioner provided that appropriate training standards for use of radiation-emitting equipment are met as outlined in 641—42.1(136C).

6.4(2) A registered nurse, licensed pursuant to Iowa Code chapter 152, may staff an authorized ambulance, rescue, or first response service provided the registered nurse can document equivalency through education and additional skills training essential in the delivery of out-of-hospital emergency care. The equivalency shall be accepted when documentation has been reviewed and approved at the local level by the medical director of the ambulance, rescue, or first response service in accordance with the form adopted by the Iowa department of public health bureau of emergency medical services. An exception to this subrule is the registered nurse who accompanies and is responsible for a transfer patient.

This rule is intended to implement Iowa Code section 147A.12 and chapters 136C and 152.

This means that we, as RNs, can function independently. We do not need supervising as the LPN role does. We are the one that will be doing the supervising. We are the ones who will be managing client care and ensuring physician orders are completed. We are the ones that the LPN and CNA will report to. As RNs we need to know our scope of practice and the scope of practice of those working with us to ensure safe patient care.

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