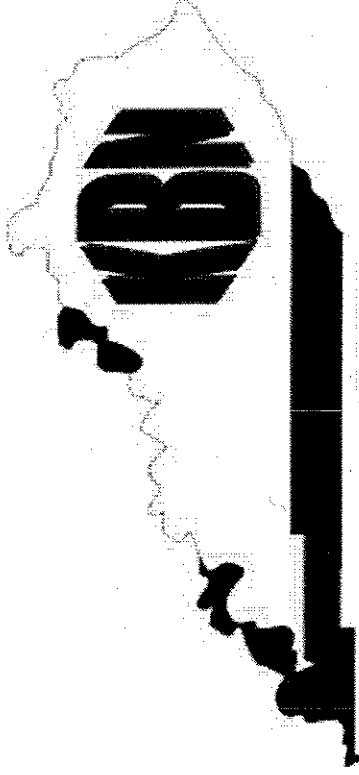


Licensed Practical Nursing Scope of Practice in Kentucky

The Kentucky Board of Nursing is the Government agency that develops and enforces state laws governing the safe practice of nursing in order to protect the health and welfare of the citizens of the Commonwealth.



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Development of Licensed Practical Nurse (LPN) Scope of Practice

The Kentucky Board of Nursing (KBN) receives frequent inquiries on the scope of practice for the LPN.

KRS 314.011(10) is a portion of the *Kentucky Nursing Law* that defines LPN practice.

201 KAR 20:490 is an Administrative Regulation promulgated in 2004 that relates to expanded practice by the LPN for intravenous therapy.

Advisory Opinion Statement (AOS) #27 was issued in 2005 in response to inquiries on the role, utilization and scope of LPNs. AOS #27 is a guideline identifying components of clinical practice for the LPN.

The KBN issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guidepost to licensees who wish to engage in safe nursing practice.

KRS 314.021(2) is a portion of the *Kentucky Nursing Law* that holds all nurses responsible and accountable for making decisions that are based upon the individuals' education preparation and experience in nursing, and requires licensees to practice nursing with reasonable skill and safety. Even though an act may be within the scope, if the LPN does not have the training and skills, the act should not be done.

Key Legal Elements of LPN Scope of Practice

KRS 314.011(10) Definitions

- The LPN provides care under the direction of a registered nurse, licensed physician or dentist
- Medication administration is authorized by advanced practice registered nurse, physician, physician assistant or dentist
- Teaching, supervising and delegating except as limited by the board
- Held to Standards of Practice as authorized or limited by National Federation of Practical Nurses or Standards of Practice established by nationally accepted organizations of licensed practical nurses.

- **Reporting and Recording** are those communications required to document on essential records all aspects of nursing care for which the licensed practical nurse is responsible.
 - **Collaborating** involves communicating and working cooperatively in implementing the nursing plan/strategy of care with individuals whose services may have a direct or indirect effect upon the client's health care.
 - **Teaching and Counseling** involve those educational activities for clients based upon established written guidelines as delineated in a plan/strategy of care.
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Additional Resources

The Board has also issued *Scope of Practice Determination Guidelines* to assist individuals in deciding scope of practice. This document, along with the Statutes, Administrative Regulations, and Advisory Opinions mentioned in this brochure can be found on the KBN website (kbn.ky.gov).

If you have questions regarding any of this information, please contact the Nursing Practice Consultant at 502-429-3307 or the Practice Assistant at 502-429-7185.

- Administration of IV medications for procedural sedation or anesthesia
- Administration of medication or fluids via an epidural, intrathecal, intraosseous, or umbilical route, or via a ventricular reservoir
- Administration of medication or fluids via an AV fistula or graft, except for dialysis
- Repair of central venous route access devices
- Mixing of any medication except those listed in permitted section
- Insertion of a noncoring needle into an implanted port
- Performance of therapeutic phlebotomy
- Administration of medications or fluids via a percutaneously or surgically inserted non-tunneled, non-implanted central venous catheter
- Aspiration of an arterial line
- Withdrawal of blood specimens via a central venous catheter
- Initiation and removal of a peripherally inserted central, midclavicular or midline catheter

Advisory Opinion Statement #27, "Components of Licensed Practical Nursing Practice"

LPNs practice under the direction of a registered nurse, physician, or dentist and are not licensed for independent practice. Direction of and supervision of the practice of a registered nurse is not within the legal scope of LPN practice.

Components of AOS #27 include:

- **Assessment** is an ongoing process that consists of participation with the registered nurse in the determination of nursing care needs based upon collection and interpretation of data relevant to the health status of a client.
- **Planning** nursing care activities includes participation with the registered nurse in determining nursing interventions to meet client needs. The licensed practical nurse participates in the ongoing development and modification of the plan/strategy of care.
- **Implementation** of nursing actions consists of delivering nursing care according to an established plan/strategy of care and/or as delegated by the registered nurse.
- **Evaluation** consists of participation with the registered nurse in determining the extent to which desired outcomes of nursing care are being met, and then subsequently planning for continued care.

KRS 314.181 Determination of Death by Registered Nurse...

- The determination and pronouncement of death of a patient whose circulation and respirations are not artificially maintained, residing in a hospital or nursing facility, is within the scope of the registered nurse and not in the scope of practice of the licensed practical nurse.

201 KAR 20:490. Licensed practical nurse intravenous therapy scope of practice

This Administrative Regulation contains:

1. Definitions
2. Education and Training Standards
3. Supervision requirements
4. Standards of Practice
5. Permitted Functions
6. Prohibited Functions

Definitions include:

- Administration—initiate and infuse intravenous therapy
- Direction—communication of a plan of care based on an assessment by an APRN, RN, physician or dentist, establishes parameters of care or performance of a procedure
- Intravenous access device- means either a peripheral access device or a central venous access device
- Supervision—guidance by APRN, RN, physician or dentist to accomplish a task with periodic observation and evaluation including validation that task is performed in a safe manner
- Titration – adjustment of medication dosage, or rate of solution infusion, within a specific range based on patient assessment
- Discontinuance—stopping the infusion but not removing IV access device

Supervision includes:

- LPN – IV Therapy Always Requires:
- DIRECTION— based on communication of a plan of care and patient assessment by RN, APRN, MD-- providing parameters of care or procedure

- SUPERVISION—by providing guidance, periodic observation, evaluation, and validation

Supervision Requirements:

- Degree of supervision is based on patient's condition as determined by the LPN's supervisor
- When patient's condition is stable, predictable and rapid change is not anticipated, supervisor must be readily available without having to be physically present in the immediate vicinity of the LPN

Supervisor must be physically present in the immediate vicinity of the LPN and immediately available to intervene in care WHEN:

1. Patient's condition is or becomes critical, fluctuating, unstable or unpredictable
2. IV meds/fluids are given by push or bolus route, except heparin/saline to maintain patency
3. Patient has signs and symptoms of IV catheter related infection, venous thrombosis or central line occlusion
4. Blood/components are administered
5. Dialysis is performed

Permitted Functions:

- Calculation and adjustment of flow rates on all IV fusions
- Observing and reporting adverse reactions and initiating interventions
- For all types of access devices:
 1. administration and discontinuation of IV fluids and medications (except as limited and under supervision as required)
 2. performance of site care
 3. performance of maintenance
 4. conversion from continuous to intermittent infusion
- Insertion and removal of peripheral route access devices only
- Administration, maintenance, and discontinuance of blood, blood components, and plasma volume expanders
- IV fluids and medications must be pre-mixed and labeled by a RN, MD, dentist or pharmacist, or commercially prepared
- Via push or bolus route, can administer ONLY, analgesics, antiemetic

and their antagonistic agents, diuretics, corticosteroids, and saline or heparin flush

- Administration of glucose to patients fourteen (14) years of age or older via direct push or bolus route
- Administration, maintenance, and discontinuance of: select medications and fluids via a patient controlled administration system
- Parenteral nutrition and fat emulsion solutions
- Performance of dialysis treatments including administering heparin 1:1000 units or less concentration either to prime the pump, initiate treatment, or administration throughout treatment per order of the physician, physician's assistant or advance practice registered nurse. Also administering normal saline via the dialysis machine to correct dialysis induced hypotension based on facility protocol.
- Collection of blood specimens from a peripheral IV access device only at the time of initial insertion
- Removal of a noncoring needle from an implanted venous port
- Titration of intravenous analgesic medications for hospice patients
- Administration of peripheral IV medications via a volumetric control device
- Administration of IV medications or solutions via a ready to mix IV solution infusion system
- Aspiration of a central venous catheter to confirm patency via positive blood return

Prohibited Functions:

- Administration of tissue plasminogen activators, immunoglobulin, antineoplastic agents, and investigational drugs
- Accessing of central venous devices used for hemodynamic monitoring
- Administration of medications or fluids via arterial lines or implanted arterial ports
- All fluids and medications via a push or bolus route except those specifically listed in the permitted section
- Administration of fibrinolytic or thrombolytic agents to declot any IV access device
- Administration of medications requiring titration except for those listed in permitted section
- Insertion or removal of any IV access device, except a peripheral route device
- Accessing or programming an implanted IV infusion pump