

# Nursing Scope of Practice

Presented by: Kathy Boulware, R.N.  
Public Health Services Manager

Diane L. Cybulski, R.N.  
Supervising Nurse Consultant

Practitioner Licensing and Investigations Section

# Nurse Practice Act

- Connecticut General Statutes
- Chapter 378 Nursing

# APRN Scope of Practice

- Defined by CGS Section 20-87a(a)
- Must be licensed RN
- Must receive certification from Nationally Accredited Certifying Body
- Must have collaborative arrangement with physician in same specialty
- Competent to perform Differential Diagnosis
- Can prescribe and treat –has prescriptive authority
- Collaborative Arrangement must address prescribing authority for Class II and III controlled substances
- Statutory requirement for malpractice insurance
- Statutory requirement for CEUs

# RN Scope of Practice

- Defined by CGS Section 20-87a(b)
- Collaborates in addressing need and providing care with other medical practitioners
- Follows direction of MD (PA), DMD, APRN (MD orders)
- Malpractice not required
- Has no statutory requirement for supervision of practice
- Has no statutory requirement for CEUs but current competency is a professional responsibility

# LPN Scope of Practice

- Defined by CGS, Section 20-87a(c)
- Must perform his/her nursing functions and shared responsibilities under direction of RN
- May contribute to the nursing assessment
  - Collecting and reporting data
    - ✓ Observation about patient condition and/or change in patient's condition
    - ✓ Signs and symptoms of deviation from normal health status
  - Participate in the development of strategy of care in consultation with other nursing personnel (data, priority identification, goals)
  - Participating in assisting, delegating care and giving care
- Refer to CT State Board of Examiners for Nursing

Memorandum of Decision

LPN Scope of Practice

January 1989

# LPN and Verbal/Telephone orders

- LPN can receive verbal/LPN order form a physician or other authorized prescriber
  - If the order is a new order or change in order:
    - ✓ LPN may assist in collection of data that is given to RN
    - ✓ Prior to implementing order, RN must evaluate and assess patient to ensure that the order is consistent with the patient's current plan of care
- Refer to DPH Letter dated June 28, 2004 to Administrators and Directors of Nursing –BOEN Meeting Minutes dated April 2004

# BOEN Decision Making Model

- Adopted by BOEN May 2002
- Assists nurse with decision making to determine scope of his/her nursing practice
- Relies on NPA and the nurse's (APRN, RMN, LPN) training and competency to perform any selected nursing task

# CRNA Scope of Practice

- Defined by CGS, Sections 20-87 a (b) and 20-94b.
- May prescribe/administer/dispense schedule II, III, IV or V, if maintaining current certification form American Association of Nurse Anesthetists (AANA)
- If CRNA does not hold AANA certification may prescribe/administer/dispense IV and V and schedule II and III as specified in written collaborative agreement per Sec. 20-87a.

# CNM Scope of Practice

- Defined by CGS, Section 20-86a through 20-86e
- Must have clinical relationship with obstetrician-gynecologist that provides for consultation, collaborative management or referral.
- Midwifery care must be consistent with SOC established by American College of Nurse Midwives.
- Can sign birth or death certificate

# Statutory Authority

- CGS define the scope of practice for licensed professionals.
- CGS, Section 20-102ff prohibits CNAs from performing licensed activities.
- CGS, Section 20-101 allows delegation of nursing functions to unlicensed personnel.
- Responsibility of delegation is retained by R.N. delegating
- R.N.'s have the authority to delegate “selected” tasks to **competent** unlicensed personnel.
- **LPN's have the authority to delegate selected tasks to competent unlicensed personnel under the supervision of a RN**
- Non-nurse delegated and/or supervised nursing activities by unlicensed personnel is practicing nursing without a license.

# Declaratory Ruling –Delegation

- **Making the decision to delegate:**
  - ◆ Patient safety vs. potential harm
  - ◆ Acuity and stability of patient's condition
  - ◆ Nature and complexity of task
  - ◆ Type of technology employed with consideration of knowledge and skill required
  - ◆ Competency of delegate
  - ◆ Ability of nurse to provide supervision
  - ◆ Adequacy of resources to allow supervision
  - ◆ Proximity of R.N. responsible for delegation and supervision
  - ◆ Infection control issues

# Declaratory Ruling Continued:

- Responsibility of R.N. Delegating:
  - ◆ Policies do not abdicate the R.N.'s responsibility to ensure appropriate delegation
  - ◆ Delegation should only occur in the presence of the following:
    - ◆ Clearly written facility policies
    - ◆ Defined roles
    - ◆ Documented competencies of the specific task be delegated.

# Training and Supervision

- Uniform training and certification can be used as baseline for competencies.
- Task specific instruction with periodic validation of theory and clinical skills.
- Outcomes?
- Nurse's knowledge of principles of delegation and supervision
- Availability of R.N. for supervision

# What May Not be Delegated!

- Do not delegate activities that require nursing judgment and assessment during implementation
- Never delegate nursing care planning
- Do not delegate medication administration by any route, including topical.

# What you may delegate:

- Collecting, reporting and assisting in collection of data.
- Activities of daily living.
- Activities which assist in meeting basic needs
- Activities that do not require assessment or nursing judgment to implement.

# In Conclusion:

- The R.N. delegating is directly responsible and accountable for the care given.
- RNs should make the decision to delegate on a case by case basis.
- R.N. should assess the patient before delegating the activity.
- Activity one that a reasonable and prudent nurse would determine to be delegable and would not require nursing assessment or judgment.

# In Conclusion continued:

- The nurse should have knowledge of the skill competency of the unlicensed person and have evaluated those skills in performing the task.
- R.N. should provide adequate supervision of the task, including initial direction, periodic evaluation.
- If the R.N., or LPN does not believe the task can be safely delegated, she/he should refuse to delegate it.
- The Board of Examiners for Nursing will hold a delegating nurse responsible for the delegation of nursing tasks if the nurse comes under review by the Board.

# DPH Letter - Medical Assistants

- Section 20-9 dictates to whom a licensed physician can delegate aspects of care. Medical Assistants (MA) are not identified in that listing.
- BOEN's Declaratory Ruling-Delegation by Licensed Nurses to Unlicensed Assistive Personnel (UAP) outlines parameters within which a licensed nurse may delegate to a UAP
- MA's can be delegated unregulated activity-defined as activities that do not require licensure as a health care provider
- Examples of prohibited activities:
  - Radiography
  - Medication Administration including oxygen, TB testing, immunizations, etc.)
  - Professional judgment pieces (assessment, planning, evaluation of clients)
  - Patient education related to a specific diagnosis