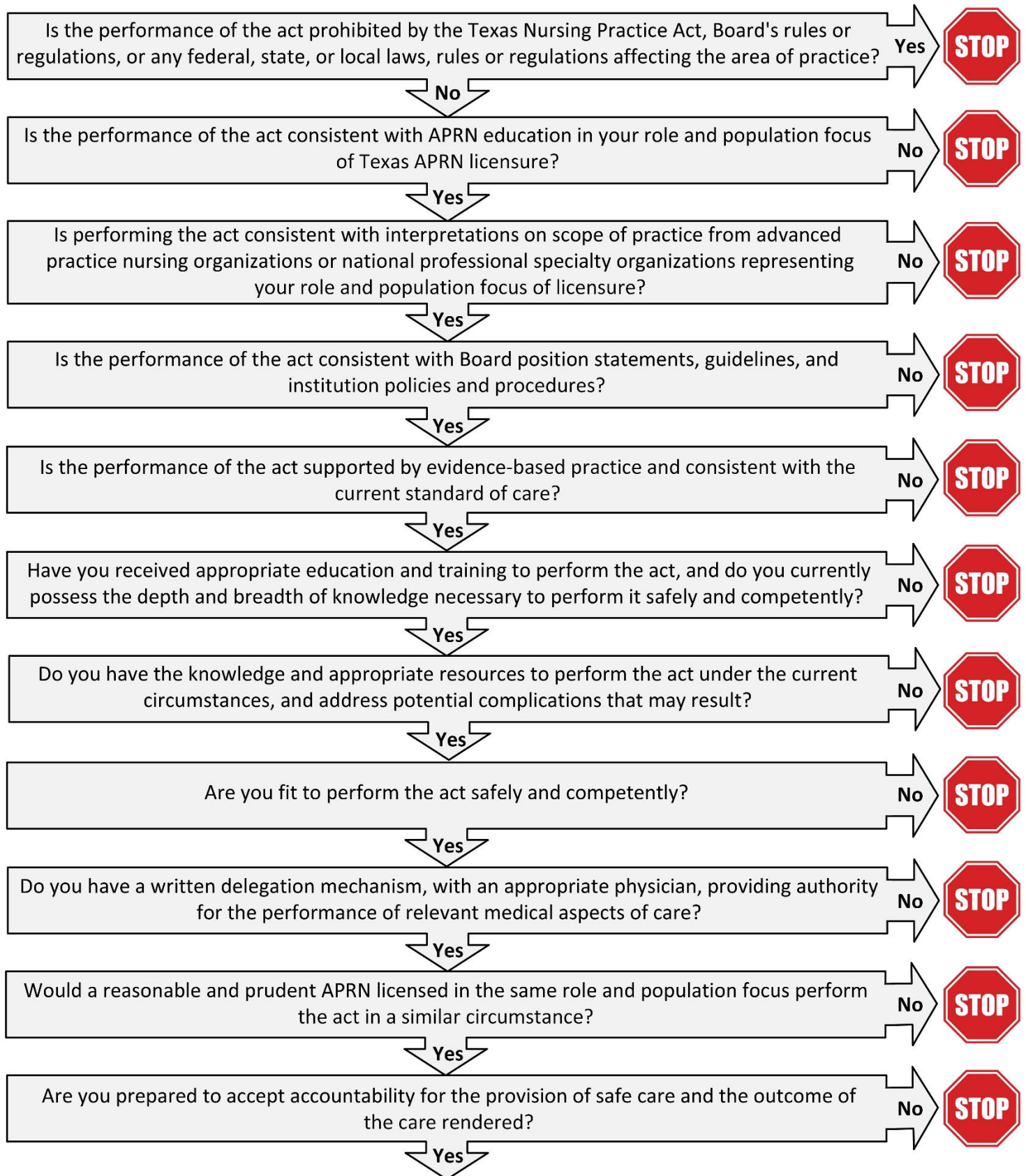




Texas Board of Nursing APRN Scope of Practice Decision-Making Model

To begin, identify or clarify the act (activity, task, procedure, or intervention) under consideration.



You may proceed with performance of the act in accordance with the minimum standards of practice and the prevailing standards of care.

APRN Scope of Practice

The Texas Nursing Practice Act and Board rules are written broadly to apply to all nurses, including advanced practice registered nurses (APRNs), across all practice settings. As such, neither are prescriptive to specific tasks or services any level of nurse may perform or provide. Likewise, they do not address specific practice settings for specific categories of APRNs and the services those nurses may provide. The Texas Board of Nursing (BON or Board) does not have a [list of tasks](#) that every APRN can or cannot perform. Rather, because each nurse has a different background, knowledge, and level of competence, it is up to each individual APRN to use sound judgment when deciding whether to perform any act.

Advanced nursing practice is dynamic and decisions regarding scope of practice are complex. It is important for APRNs to approach scope of practice determinations with a focus on their fundamental duty to ensure patient safety. The Board holds each APRN accountable for knowing and practicing within their scope of practice. APRN scope of practice refers to the range of services an APRN is competent to perform consistent with their role and population focus, as permissible by applicable laws and rules. Scope of practice can be divided into both professional and individual scopes. Professional scope of practice refers to the scope for the APRN profession at large, as determined by national professional specialty organizations and advanced practice registered nursing organizations. These organizations broadly define scope of practice for each role and population focus of licensure. Parameters for professional scope of practice are further defined by applicable laws, rules, and regulations.

Individual scope of practice refers to an APRN's unique background, knowledge, and level of competence. Individual scope is founded first and foremost upon formal graduate advanced practice nursing education. If an APRN had the formal education to provide a specific service, then this is part of their scope of practice. APRNs that have completed the same formal APRN education program and obtained the same licensure may reach different determinations about their individual scope of practice. Even if it is generally accepted for an aspect of patient care to be within the scope of their role and population focus of licensure, if an APRN determines by their own self-evaluation that they are not prepared to safely perform the act then this aspect of care is not within their individual scope of practice.

Individual scope of practice develops over time as a result of clinical experiences, continuing education, and advancements in healthcare. As expressed in [Position Statement 15.10](#), it is the opinion of the Board that there are limits to an APRN's ability to expand their scope of practice without additional formal education and licensure. Continued experience provides depth and proficiency to an APRN's ability to practice safely and effectively within their role and population focus of licensure but does not qualify an APRN to expand their scope to include another APRN role or population focus. No amount of informal or on-the-job-training can qualify an APRN to function in another role and population focus of licensure without the formal education, national certification, and licensure from the Board of Nursing [[Board Rule 221.4](#) & [221.12](#)].

APRNs are an integral part of the health care system and are important patient safety advocates. It is incumbent upon APRNs to seek appropriate information, support, and resources to inform their practice decisions. Every APRN has a fundamental duty to provide safe patient care, and making sound scope of practice determinations is one of the most important steps an APRN can take toward fulfilling that responsibility.

Texas APRN Scope of Practice Decision-Making Model

The APRN Scope of Practice Decision-Making Model was developed by Board Staff to assist APRNs in making scope of practice determinations. The model is designed to be used in sequence, beginning with question number one, and proceeding in numerical order to question eleven. In the model APRNs are asked reflective questions, and depending on how they answer, they are directed to continue through the model or stop. At any point, if an APRN reaches a Stop Sign, they should consider the act in question beyond (or outside) their scope of practice.

If an APRN determines that a particular act is not within their APRN scope of practice, they may consider practicing to the extent they are capable within their existing APRN and/or [registered nurse \(RN\)](#) scope of practice. [Board Rule 221.12](#)(e) clarifies that APRNs are not prohibited from accepting assignments within the scope of practice of a RN. When the APRN is working in the RN role, scope of practice is limited to that of the RN. The Board's [LVN/RN Decision-Making Model](#) can aid in making scope of practice determinations within the RN scope.

For each question, reflect upon the following considerations and explore other additional resources relevant to making a scope of practice determination.

1. Is the performance of the act prohibited by the Texas Nursing Practice Act, Board's rules or regulations, or any federal, state, or local laws, rules or regulations affecting the area of practice?

The Texas Nursing Practice Act (NPA) is found in Chapter 301 of the Texas Occupations Code, Chapter 303 is Nursing Peer Review, and Chapter 304 is Nurse Licensure Compact; the Board Rules are located in the Texas Administrative Code. The most current version of the [NPA](#) and [Board Rules & Regulations](#) are accessible on the Board's website under the Laws & Rules tab.

To begin, consider focusing on the definition of professional nursing found in NPA Sec. 301.002(2) and Board Rules: [217.11](#) Standards of Nursing Practice, [217.12](#) Unprofessional Conduct, [221](#) Advanced Practice Nurses, [222](#) Advanced Practice Registered Nurses with Prescriptive Authority, the Board's delegation rules [224](#) & [225](#), and [228](#) Pain Management.

Also, research potentially applicable statutes within the purview of other regulators relating to the practice setting and situation at hand, for example:

- The United States Drug Enforcement Administration – e.g., drug scheduling, controlled substance prescribing registration, drug procurement, etc.
- The Texas Health and Human Services – e.g., facility regulation, death records, privacy and security, reporting abuse, etc.
- The Texas Medical Board (TMB) - e.g., physician delegation of prescriptive authority, standing orders, delegation of nonsurgical medical cosmetic procedures, etc.
- The Texas State Board of Pharmacy (TSBP) - e.g., [what needs to be on a prescription](#), medication storage, the Texas Prescription Monitoring Program, etc.

Additional resources available on the Board's website include:

- FAQ – [General topics of interest \(medical procedures, limitations to expansion, etc.\)](#)
- FAQs – APRN Scope & [Pronouncement of Death](#) & [Medical Certification for Death Certificates](#)
- FAQ – [Questions related to Controlled Substances](#)
- Delegation FAQ – [Advanced Practice Registered Nurses](#)

2. Is the performance of the act consistent with APRN education in your role and population focus of Texas APRN licensure?

Licensure as an APRN requires completion of a graduate advanced practice program, and unless otherwise permitted by [Board Rule 221.7](#), national certification in the advanced role and population focus. APRNs are not licensed with a generic "APRN" title; rather, they are licensed in a specific advanced practice role (e.g., certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP), and at least one population focus (e.g., family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related, or psych/mental health)[[Board Rule 221.2](#)]. The scope of practice for APRNs of different population foci may overlap but no one APRN role or population focus can encompass the full scope of practice of another. It is beyond the scope of an APRN to provide advanced practice nursing services that are outside the scope of their role and population focus area of licensure.

For CNPs, adult-gerontology and pediatric population foci are further delineated into primary and acute care ("APRN Consensus," 2008). Primary care CNPs provide comprehensive and longitudinal care for stable patients with an emphasis on health maintenance and management of minor acute and stable chronic conditions. Acute care scope of practice includes the care of patients who have complex acute conditions and may be physiologically unstable, highly vulnerable for complications, requiring frequent monitoring and intervention, and critically ill requiring intensive therapies. Both primary and acute care CNPs work in a variety of settings and might treat patients with similar conditions. The healthcare needs of a patient at the time services are provided will determine which CNP preparation is better equipped to provide the needed care ("National Organization," 2021).

The Board addresses the APRN scope of practice in [Board Rule 221.12](#). This rule states that an APRN's scope of practice is based upon their advanced practice nursing educational preparation, training, and the generally accepted standards of care. [Board Rule 221.13\(b\)](#), relating to the core standards for advanced practice, states that APRNs must practice within the role and population focus appropriate to their advanced practice nursing educational preparation. Furthermore, APRN scope of practice is not setting specific; rather, it is determined by the patient's condition (acuity) and patient care needs at the time services are provided.

The Board's [Position Statement 15.10 Continuing Education: Limitations for Expanding Scope of Practice](#), clarifies that expansion of an individual APRN's scope of practice has licensure-related limitations; continuing nursing education hours or on-the-job training cannot be substituted for formal education in another APRN role and population focus. An APRN cannot practice within the scope of another APRN role and/or population focus without meeting the legal requirements for and obtaining the additional licensure to practice from the Board of Nursing.

Additional resources available on the Board's website include:

- [Consensus Model for APRN Regulation](#)
- FAQ - [Can an APRN perform an H&P in any setting?](#)
- FAQ – APRN Scope & [Cosmetic Procedures](#)
- FAQ – APRN Scope & [Age Parameters and APRN Scope of Practice](#)
- FAQ – APRN Scope & [Primary Care NPs in Acute Care Environment](#)

3. Is performing the act consistent with interpretations on scope of practice from advanced practice nursing organizations or national professional specialty organizations representing your role and population focus of licensure?

National professional specialty organizations and advanced practice nursing organizations broadly define scope of practice for each role and population focus, and publish documents addressing role, function, population served, and practice settings. They offer APRNs the broadest parameters for professional scopes of practice and are a vital resource for making a scope of practice determination. Recall that in addition to interpretations from such organizations on scope of practice, APRNs may perform only those functions that are consistent with the Texas Nursing Practice Act, Board rules, and other applicable laws and regulations.

Examples of such organizations include but are not limited to:

- [American Association of Nurse Practitioners \(AANP\)](#)
- [National Association of Nurse Practitioner Faculties \(NONPF\)](#)
- [American College of Nurse Midwives \(ACNM\)](#)
- [American Association of Nurse Anesthetists \(AANA\)](#)
- [National Association of Clinical Nurse Specialists \(NACNS\)](#)

4. Is the performance of the act consistent with Board position statements, guidelines, and institution policies and procedures?

The Board has developed Position Statements and guidelines as a means of providing direction for nurses. Position statements and guidelines do not have the force of law, but are intended to provide guidance, on identified issues of significance to the practice of nursing. For any practice related decision it is recommended that APRNs review [Position Statement 15.14](#) titled *Duty of a Nurse in any Practice Setting*. This statement emphasizes the responsibility and duty of nurses to their clients/patients to provide safe, effective nursing care. For APRN scope of practice determinations it is also recommended to review the Board's [Guidelines for Determining APRN Scope of Practice](#).

Locate current policies and procedures at your place of practice and/or speak with other team members regarding the practice setting's policy or position on APRNs performing the act in question. If a policy or procedure does not exist, or is not current, it may be appropriate to consider developing or updating a policy or procedure to offer guidance to APRNs. Practicing APRNs and employers could use this decision-making model as a resource when developing such guidance.

Additional resources available on the Board's website include:

- [Position Statement 15.6](#) - *Board Rules Associated with Alleged Patient "Abandonment"*
- [Position Statement 15.8](#) - *The Role of the Nurse in Moderate Sedation*
- [Position Statement 15.18](#) - *Nurses Carrying Out Orders from Advanced Practice Registered Nurses (APRN)*
- [Position Statement 15.22](#) - *APRNs Providing Medical Aspects of Care for Themselves or Others with Whom There is a Close Personal Relationship*
- [Position Statement 15.12](#) - *Use of American Psychiatric Association Diagnoses by LVN, RNs, or APRNs*
- The Board's [Guidelines for the Responsible Prescribing of Opioids, Benzodiazepines, Barbiturates, Carisoprodol \(Soma\), and Other Controlled Substances](#)

5. Is the performance of the act supported by evidence-based practice and consistent with the current standard of care?

Evidence-based practice is a conscientious, problem-solving approach to clinical practice that incorporates the best evidence from well-designed studies, patient values and preferences, and a clinician's expertise in making decisions that individualize a patient's care (Stevens, 2013). APRNs should perform a critical appraisal of available research to determine the validity and applicability of the recommendations made. Research findings from studies developed using rigorous methodology can be integrated with a practitioner's clinical experience and individual patient values to make sound clinical decisions. Information from non-reputable sources should be reviewed further and verified.

Standard of care is based on the conclusions of evidence-based research that describe a range of generally accepted approaches for the diagnosis, management, or prevention of specific diseases or conditions that prudent practitioners may take when managing a patient's care under similar circumstances. Standard of care is not defined by how a single practitioner practices in a particular clinic or practice area. APRNs have a responsibility to know and understand the standard of care. APRNs should review clinical practice guidelines and evidence-based practice relevant to the specialty area, patient population, and condition(s) being evaluated and treated.

As applicable, APRNs should also review [Board Rule 222.4](#) relating to Minimum Standards for Prescribing or Ordering Drugs and Devices. As stated in this rule APRNs may order or prescribe only those drugs or devices that are for patient populations within the accepted scope of professional practice for the APRN's license. Additionally, APRNs may only order or prescribe those medications that are FDA approved unless done through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial. "Off label" use, or prescription of FDA-approved medications for uses other than that indicated by the FDA, is permitted when such practices are:

- within the current standard of care for treatment of the disease or condition; and
- supported by evidence-based research.

Additional resources available on the Board's website include:

- FAQ - [General topics of interest \(medical procedures, limitations to expansion, etc.\)](#)
- FAQ - [Off-Label Prescriptions](#)
- FAQ - [APRNs ordering and prescribing monoclonal antibodies](#)
- FAQ - [Questions related to Telemedicine Prescriptions](#)
- FAQ – [APRN Practice & COVID-19](#)

6. Have you received appropriate education and training to perform the act, and do you currently possess the depth and breadth of knowledge necessary to perform it safely and competently?

With each patient encounter APRNs need to consider the unique circumstances present and reflect on their own training and competence. [Board Rule 221.13\(e\)](#) reminds APRNs that they retain professional accountability for advanced practice nursing care. In other words, if an APRN accepts responsibility to provide advanced practice nursing services they are accountable for the care they provide. If an APRN is ever required to defend their practice for any reason, they will likely be required to provide documentation of appropriate education and training in the practice area or act in question. APRNs

have a duty to their patients to ensure they possess current competence, and it is up to each individual APRN to use sound judgment when deciding to perform any aspect of care.

[Board Rule 221.12](#) details APRN scope of practice in Texas. This rule outlines factors for consideration when determining whether a particular action falls within an APRN's authorized professional and/or individual scope of practice. The following factors will be considered:

1. Whether the APRN received training regarding the performance of the particular action in his/her advanced educational program;
2. Whether the action falls within generally acceptable standards of care appropriate for the APRN's role and population focus area, as determined by a professional specialty organization;
3. Whether the APRN has demonstrable clinical competence and/or clinical experience in performing the action in the role of an APRN, obtained through supervision and/or training by a qualified practitioner;
4. Whether the APRN has been credentialed by a health care facility's credentialing body and/or holds a privilege to perform the action at a health care facility;
5. Whether the APRN has completed additional training for the specific action being performed. Additional training means education obtained by the APRN post-APRN licensure in his/her role and population focus area that is adequate for the action being performed by the APRN.

Regarding additional training obtained by an APRN, it is important to recognize that such training has limits as applicable to expanding scope of practice. As expressed in [Position Statement 15.10](#), it is the opinion of the Board that there are limits to an APRN's ability to expand their scope of practice without additional formal education and licensure. The Board believes that completion of on-going, informal continuing education and training serve to expand and maintain the competency of the APRN at the current level of licensure. No amount of informal or on-the-job-training can qualify an APRN to practice within the scope of a role and population focus differing from their current licensure.

When determining if the additional training obtained by the APRN is adequate to consider the act within their scope of practice, APRNs should consider the following factors outlined in [Board Rule 221.12](#).

1. The type of instruction provided (e.g. online instruction; in-person instruction; didactic instruction; or clinical instruction);
2. The learning objectives, content, materials, and methods for evaluating participation contained in the training curriculum;
3. The length and/or quantity of the training;
4. The qualifications of the person/entity providing the training;
5. Whether the training has been certified or recognized by a professional specialty organization for the APRN's role and population focus area;
6. Whether the training is consistent with evidence-based practice;
7. Whether the training is sponsored by an educational institution, such as a formal fellowship or precepted experience; and
8. Whether the training is provided by an entity in conjunction with the use of the entity's product, drug, or medical apparatus/equipment.

All training must include a method of objective, verifiable participant competency following completion of the training. It is the responsibility of the APRN to maintain records of all completed training and competencies.

7. Do you have the knowledge and appropriate resources to perform the act under the current circumstances, and address potential complications that may result?

When considering whether any act is within an APRN's scope, the APRN must consider more than their knowledge on the act itself, such as proper technique. APRNs must also consider other factors that are fundamental to safe practice including: the practice area, patient selection criteria, underlying physiology and/or pathophysiology, indications and contraindications for an act, potential risks and complications, the response to and medical management of untoward events, adverse reactions, and/or complications that may result.

Regarding appropriate resources, APRNs answering this question should consider both human and material resources. APRNs may consider whether there is sufficient nursing and medical support available, in addition to equipment, to address possible adverse reactions and/or complications. This is particularly true for potential issues that an APRN may not be comfortable with or able to address independently.

8. Are you fit to perform the act safely and competently?

[Board Rule 217.11](#) Standards of Nursing Practice, outlines the minimum standards for safe nursing practice at all levels of licensure, including the requirement that all nurses:

- Implement measures to promote a safe environment for clients and others [217.11(1)(B)]
- Accept only those nursing assignments that take into consideration client safety and that are commensurate with the nurse's educational preparation, experience, knowledge, and physical and emotional ability [217.11(1)(T)]

APRNs, by virtue of the license issued to them by the Board, have a duty to their patients to provide safe, effective nursing care. The nurse-patient relationship is a dependent one, and patients under the care of a nurse are, by their very nature, vulnerable. This is particularly true of the elderly, children, persons with mental disorders, sedated or anesthetized patients, patients whose mental or cognitive ability is compromised, and patients who are disabled or immobilized.

Prior to engaging in advanced nursing practice every APRN has a duty to self-evaluate to ensure that they are fit to practice. In some cases, an individual's physical or mental condition may prevent the individual from practicing nursing safely. Nurses and employers should collaborate to promote the health, safety, and wellness of nurses to ensure optimal patient outcomes. Board staff highly recommend review of [Board Rule 213.29](#) Fitness to Practice, for additional information on this subject.

Additional resources available on the Board's website include:

- [Board Rule 217.13](#) - Peer Assistance Program, Texas Peer Assistance Program for Nurses (TPAPN)
- [Position Statement 15.6](#) - Board Rules Associated with Alleged Patient "Abandonment"
- FAQ - [Consecutive Shifts](#)
- FAQ - [Mandatory Overtime](#)
- FAQ – Medical Marijuana
- [Mental Health and Substance Use in Nursing: Nurses Caring for Themselves and Each Other](#) (BON Quarterly Newsletter, October 2020, Page 14)

9. Do you have a written delegation mechanism, with an appropriate physician, providing authority for the performance of all relevant medical aspects of care?

Texas APRNs are first licensed as RNs, and may provide nursing aspects of care independently including performing comprehensive nursing assessments, making nursing diagnoses, developing nursing plans of care, implementing nursing care, and evaluating patients' responses to nursing interventions [[Board Rule 217.11\(3\)](#)]. Texas APRNs may provide medical aspects of care with physician delegation. Examples of medical aspects of care include ordering labs or other diagnostic tests, formulating a medical diagnosis or determining the absence thereof, the creation of a medical plan of care, and ordering and prescribing drugs and devices.

APRNs who wish to practice in Texas must have a collaborative relationship and practice agreement with a Texas licensed physician for all medical aspects of patient care. The practice agreement essentially establishes the delegation relationship between an APRN and delegating physician, and sets forth requirements for all parties to the agreement. The delegation mechanism to provide medical aspects of care, such as rendering a medical diagnosis, must be written and signed annually among other requirements identified in [Board Rule 221.13\(d\)](#).

Physician delegation of prescriptive authority is also required in order for the APRN to prescribe or order drugs and devices and this delegation must be specifically outlined via a prescriptive authority agreement [[Board Rule 222.5](#)] or facility-based protocol [[Board Rule 222.6](#)], as applicable to the practice setting. It is very common to see the delegation "protocol" required by [Board Rule 221.13\(d\)](#) to provide medical aspects of care included in the same document detailing delegation of prescriptive authority. In facility-based practices, delegation mechanisms are typically developed in accordance with the facility's medical staff policies and contained with the APRN's credentialing and privileging documents.

Additional resources available on the Board's website include:

- Position Statement 15.5 - [Nurses with Responsibility for Initiating Physician Standing Orders](#)
- FAQ - [General Prescriptive Authority Questions](#)
- FAQ - [Questions related to Prescriptive Authority Agreements](#)
- FAQ - [Questions related to Facility Based Practices](#)
- FAQ – Standing Orders for Select Drugs in School Settings

10. Would a reasonable and prudent APRN licensed in the same role and population focus perform the act in a similar circumstance?

A reasonable and prudent APRN is a "nurse who uses good judgment in providing nursing care according to accepted standards and that another nurse with similar education and experience in similar circumstances would provide" (Ballard, 2016). An APRN cannot simply ask another APRN how they would answer this question and then act on their response. However, it may help to ask the opinion of other APRNs to learn what considerations they view as relevant. When answering this question, nurses should make their own determination of how to answer based on their knowledge at the time and other relevant information.

To appropriately answer this question, it is necessary to review the situation objectively. There may be factors clouding a nurse's professional judgment that create bias towards answering a certain way. An APRN should consider the potential impact of undue external pressures and feelings, attitudes, and/or

prejudices that may influence how they view the circumstances. APRNs should review the situation from an outside perspective and reflect on what a prudent APRN would consider prior to performing the act.

Additional resources available on the Board's website include:

- [Position Statement 15.17](#) - *Texas Board of Nursing/Board of Pharmacy, Joint Position Statement, Medication Error*
- [Position Statement 15.14](#) - *Duty of a Nurse in any Practice Setting*

11. Are you prepared to accept accountability for the provision of safe care and the outcome of the care rendered?

Accountability means “to be answerable to oneself and others for one’s own choices, decisions and actions as measured against a standard such as that established by the Code of Ethics for Nurses with Interpretive Statements.” (American Nurses Association, 2015). Patients and others rely on nurses to act rationally and use appropriate clinical reasoning and judgement when making decisions that could affect their health and wellbeing. Although patients and other health professionals may request a particular service from an APRN, the APRN determines what actions to take. Neither a patient, other professional, or an employer can make decisions for an APRN or require an APRN to perform aspects of patient care when the decision to do so is dependent on the APRN’s independent nursing judgment.

APRNs should be confident in their decisions regarding their scope of practice. An APRN never functions “under the license” of another individual. [Board Rule 221.13\(e\)](#) reminds APRNs that they retain professional accountability for advanced practice nursing care. Please see the Board’s [Position Statement 15.14](#) titled *Duty of a Nurse in any Practice Setting*, for additional information regarding a nurse’s duty to their patients.

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