

## **Consideration of New Position Statements Regarding LVN Scope of Practice and RN Scope of Practice**

### **Summary of Request:**

This report contains the recommendations of the Nursing Practice Advisory Committee (NPAC) and Board staff for two new position statements regarding the LVN and RN Scope of Practice.

### **Historical Perspective:**

The role of every board of nursing is to protect the public through the regulation of nursing practice. Over the past several decades, differentiated levels of education, licensure, and practice have evolved into a scope of practice continuum that is fairly uniform across the United States.

The scope of practice continuum is explained in laws, and rules and regulations. One of the most important rules for every nurse in Texas is TAC §Rule 217.11, Standards of Nursing Practice. These standards provide the framework for the minimum acceptable standards of nursing practice, and also serve in determining a nurse's scope of practice.

The Texas Board of Nursing (BON) has always sought to promote accurate interpretation of the nursing licensure laws with nurses and their employers. In order to facilitate an understanding, various resources have been developed to clarify the LVN and RN scope of practice. For example, in 2004, after the Board adopted TAC Rule §217.11, Standards of Nursing Practice; the Interpretive Guideline for the LVN Scope of Practice under Rule 217.11 was developed to further explain the rule. The interpretive guideline clarifies the differences in the scopes of practice between the LVN and RN and was supported by the Differentiated Entry Level Competencies (DELCS) of Graduates of Texas Nursing Programs, Vocational (VN), Diploma/Associate Degree (DIP/ADN), Baccalaureate Degree (BSN).

In October 2010, after the Board approved the revisions to the DELCS and adopted the Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors; the interpretive guideline became outdated.

In order to continue to provide accurate and up-to-date interpretations to nurses and their employers on scope of practice issues, Board staff developed two draft position statements on the LVN and RN scope of practice and sought input from NPAC (see attachments 1 & 2). TAC Rule §217.11, Standards of Nursing Practice; the Interpretive

Guideline for the LVN Scope of Practice under Rule 217.11 and the DEC's are the basis for these position statements.

**Pros:**

Adoption of the proposed position statements will provide direction and recommendations for nurses and their employers regarding the safe and legal scope of practice for LVNs and RNs and will promote an understanding of the differences in educational programs of study between the RN and LVN levels of licensure. These position statements may also serve as a valuable resource to other regulatory agencies who must write rules impacting the scope of practice for LVNs and RNs.

**Cons:**

Without adoption of these position statements, the Interpretive Guideline for the LVN Scope of Practice under Rule 217.11 will be obsolete.

**Recommendations:**

Move to adopt the new position statements with allowance for non-substantive word editing for purposes of clarity as may be deemed necessary by Board counsel.

**Position Statement 15.27, The Licensed Vocational Nurse Scope of Practice**

**The BON recommends that all nurses utilize the Six-Step Decision-Making Model for Determining Nursing Scope of Practice<sup>1</sup> [Hyperlink] when deciding if an employer's assignment is safe and legally with the nurse's scope of practice.**

The Texas Board of Nursing (BON) is authorized by the Texas Legislature to regulate the nursing profession to ensure that every licensee is competent to practice safely. The Texas Nursing Practice Act (NPA) and the Board's Rules and Regulations define the legal scope of practice for licensed vocational nurses (LVN). The LVN scope of practice is a directed scope of practice and requires appropriate supervision. The LVN, with a focus

on patient safety, is required to function within the parameters of the legal scope of practice and in accordance with the federal, state, and local laws, rules, regulations, and policies, procedures and guidelines of the employing health care institution or practice setting. ***The LVN is responsible for providing safe, compassionate and focused nursing care to assigned patients with predictable health care needs.***

The purpose of this position statement is to provide direction and recommendations for nurses and their employers regarding the safe and legal scope of practice for licensed vocational nurses and to promote an understanding of the differences between the LVN and RN levels of licensure. The RN scope of practice is interpreted in Position Statement 15.28. [Hyperlink]

Every nursing education program in the state of Texas is required to ensure that their graduates exhibit competencies outlined in the Board's *Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs*.<sup>2</sup> [Hyperlink] These competencies are included in the program of study so that every graduate has the knowledge, clinical behaviors and judgment necessary for LVN entry into safe, competent and compassionate nursing care. The *DECs* serve as a guideline for employers to assist LVNs as they transition from the educational environment into nursing practice. As LVNs enter the workplace, the *DECs* serve as the foundation for the development of the LVN scope of practice.

Completion of on-going, informal continuing nursing education offerings and on-the-job trainings in a LVN's area of practice serves to develop, maintain, and expand the level of competency. Because the LVN scope of practice is based upon the educational preparation in the LVN program of study, there are limits to LVN scope of practice expansion parameters. The Board believes that for a nurse to successfully make a transition from one level of nursing practice to the next requires the completion of a formal program of education.<sup>3</sup>

**The LVN Scope of Practice**

The LVN is an advocate for the patient and the patient's family and promotes safety by practicing within the NPA and the BON Rules and Regulations. LVN scope of practice does not include acts of medical

diagnosis or the prescription of therapeutic or corrective measures.<sup>4</sup> The practice of vocational nursing must be performed under the supervision of a RN, APRN, physician, physician assistant, podiatrist or dentist.<sup>5</sup> Supervision is defined as the active process of directing, guiding, and influencing the outcome of an individual's performance of an activity.<sup>6</sup> The LVN is precluded from practicing in a completely independent manner; however, direct and on-site supervision may not be required in all settings or patient care situations. Determining the proximity of an appropriate clinical supervisor, whether available by phone or physical presence, should be made by the LVN and the LVN's clinical supervisor by evaluating the specific situation, taking into consideration patient conditions and the level of skill, training and competence of the LVN. An appropriate clinical supervisor may need to be physically available to assist the LVN should emergent situations arise.

The setting in which the LVN provides nursing care should have well defined policies, procedures, and guidelines, in which assistance and support are available from an appropriate clinical supervisor. The Board recommends that newly licensed LVNs work in structured settings for a period of 12-18 months, such as nursing homes, hospitals, rehabilitation centers, skilled nursing facilities, clinics or private physician offices.<sup>7</sup> This allows the new nurse sufficient practice experience in more structured settings in order to assimilate knowledge from their education. As competencies are demonstrated, if the LVN transitions to unstructured settings where the clinical supervisor may not be on-site, it is the LVN's responsibility to ensure he or she has access to an appropriate clinical supervisor and that the policies, procedures and guidelines for that particular setting are established to guide the LVN practice.

The LVN uses a systematic problem-solving process in the care of multiple patients with predictable health care needs to provide individualized, goal-directed nursing care. LVNs may contribute to the plan of care by collaborating with interdisciplinary team members, the patient and the patient's family. The essential components of the nursing process are described in a side by side comparison of the different levels of education and licensure (see Table).

### **Assessment**

The LVN assists in determining the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based on interpretation of health-related data. The LVN collects data and information, recognizes changes in conditions and reports this to the RN supervisor or another appropriate clinical supervisor to assist in the identification of problems and formulation of goals, outcomes and patient-centered plans of care that are developed in collaboration with patients, their families, and the interdisciplinary health care team. The LVN participates in the nursing process by appraising the individual patient's status or situation at hand. Also known as a focused assessment, this appraisal may be considered a component of a more comprehensive assessment performed by a RN or another appropriate clinical supervisor. For example, a RN may utilize the data and information collected and reported by the LVN in the formation of the nursing process; however, the RN's comprehensive assessment lays the foundation for the nursing process. The LVN reports the data and information collected either verbally or in writing. Written documentation must be accurate and complete, and according to policies, procedures and guidelines for the employment setting.<sup>8</sup>

## **Planning**

The second step in which the LVN participates and contributes to the nursing process is planning. After the focused assessment, the LVN reports data and other information such as changes in patient conditions to the appropriate clinical supervisor, such as a RN. This information may be considered in planning, problem identification, nursing diagnoses, and formulation of goals, teaching plans and outcomes by the RN supervisor or another appropriate clinical supervisor. A nursing plan of care for patients is developed by the RN and thus the RN has the overall responsibility to coordinate nursing care for patients.

## **Implementation**

Implementing the plan of care is the third step in the nursing process. The LVN is responsible for providing safe, compassionate and focused nursing care to assigned patients with predictable health care needs. The LVN may implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors. The LVN organizes aspects of patient care based on identified priorities. Delegating tasks to unlicensed assistive personnel (UAPs) is beyond the scope of practice for LVNs; however, LVNs may make appropriate assignments to other LVNs and UAPs according to Rule 217.11(2).<sup>6</sup> The RN is generally responsible and accountable for supervising not only the LVN's practice but the UAP's performance of tasks as well. For example, the RN may have trained, verified competency and delegated the tasks to a UAP and the LVN may then proceed to assign those tasks that need to be accomplished for that day. Teaching and counseling are interwoven throughout the implementation phase of the nursing process and LVNs can participate in implementing established teaching plans for patients and their families with common health problems and well defined health learning needs.

## **Evaluation**

A critical and fourth step in the nursing process is evaluation. The LVN participates in the evaluation process identifying and reporting any alterations in patient responses to therapeutic interventions in comparison to expected outcomes. The LVN may contribute to the evaluation phase by suggesting any modifications to the plan of care that may be necessary and making appropriate referrals to facilitate continuity of care.

## **Essential Skills Use in the Nursing Process**

### **Communication**

Communication is a fundamental component in the nursing process. The LVN must communicate verbally, in writing, or electronically with members of the healthcare team, patients and their families on all aspects of the nursing care provided to patients. Communications must be appropriately documented in the patient record or nursing care plan. Because LVNs are members of the healthcare team, provide nursing care, and contribute to the nursing process, collaboration is a quality that is

crucial to the communication process. When patient conditions or situations have changed or exceeded the LVN's level of competency and scope of practice, the LVN must be prepared to seek out his or her clinical supervisor and actively cooperate to develop solutions that ensure patient safety.

### **Clinical Reasoning**

Clinical reasoning is another integral component in the nursing process. LVNs must use clinical reasoning and established evidence-based policies, procedures or guidelines as the basis for decision making in nursing practice. LVNs are accountable and responsible for the quality of nursing care provided and must exercise prudent nursing judgment to ensure the standards of nursing practice are met at all times.<sup>9</sup>

### **Employment Setting**

When an employer hires a nurse to perform a job, the nurse must assure that it is safe and legal. For instance, the LVN must have a clinical supervisor who is knowledgeable and aware of his or her role. Caution must be exercised not to overstep the legal parameters of nursing practice when an employer may not understand the limits of the LVN scope of practice and makes an assignment that is not prudent or safe. The LVN must determine before he or she engages in an activity or assignment whether he or she has the education, training, skill, competency and the physical and emotional ability to safely carry out the activity or assignment.<sup>10</sup> The LVN's duty is to always provide safe, compassionate, and focused nursing care to patients.

### **Making Assignments**

The LVN's duty to patient safety when making assignments to others is to take into consideration the education, training, skill, competence and physical and emotional ability of the persons to whom the assignments are made.<sup>11 12</sup> If the LVN makes assignments to another LVN or UAP, he or she is responsible for reasonable and prudent decisions regarding those assignments. It is not appropriate and is beyond the scope of practice for a LVN to supervise the nursing practice of a RN. However, in certain settings, i.e.: nursing homes, LVNs may expand their scope of practice through experience, skill and continuing education to include supervising the practice of other LVNs, under the oversight of a RN or another appropriate clinical supervisor. The supervising LVN may have to directly observe and evaluate the nursing care provided depending on the LVN's skills and competence, patient conditions and emergent situations. Timely and readily available communication between the supervising LVN and the clinical supervisor is essential to provide safe and effective nursing care.

### **Summary**

The LVN, with a focus on patient safety, is required to function within the parameters of the legal scope of practice and in accordance with the federal, state, and local laws, rules, regulations, and policies, procedures and guidelines of the employing health care institution or practice setting. The LVN functions under his or her own license and assumes accountability and responsibility for quality of care provided to patients and their families according to the standards of nursing practice.<sup>9</sup> The LVN

demonstrates responsibility for continued competence in nursing practice, and develops insight through reflection, self-analysis, self-care, and lifelong learning.

The table below offers a brief synopsis of how the scope of practice for nurses differs based on educational preparation and level of licensure. These are minimum competencies, but also set limits on what the LVN or RN can do at his or her given level of licensure, regardless of experience.

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<sup>1</sup>Texas Board of Nursing (2010). *Six-step decision-making model for determining nursing scope of practice*

<sup>2</sup>Texas Board of Nursing (2010). *Differentiated essential competencies (DECs) of graduates of Texas Nursing Programs.*

<sup>3</sup>Texas Board of Nursing (2011). Position statement 15.10 Continuing education: Limitations for expanding scope of practice.

<sup>4</sup>Texas Nursing Practice Act, TOC § 301.002(5).

<sup>5</sup>Texas Nursing Practice Act, TOC § 301.353.

<sup>6</sup>Texas Administrative Code, 22 TAC §217.11(2).

<sup>7</sup>Texas Board of Nursing (2011). Rules and guidelines governing the graduate vocational and registered nurse candidates or newly licensed vocational or registered nurse.

<sup>8</sup>Texas Administrative Code, 22 TAC §217.11(1)(D).

<sup>9</sup>Texas Administrative Code, 22 TAC §217.11.

<sup>10</sup>Texas Administrative Code, 22 TAC §217.11(1)(T).

<sup>11</sup>Texas Administrative Code, 22 TAC §217.11(1)(S).

<sup>12</sup>Texas Administrative Code, 22 TAC §217.11(2)(B).

## Additional Resources

Idaho Board of Nursing (2010). *Position on safety to practice.*

Kentucky Board of Nursing. (2005). *Components of licensed practical nursing practice (AOS #27 LPN Practice).*

National Council of State Boards of Nursing. (2009). *Changes in healthcare professions' scope of practice: Legislative considerations.*

North Carolina Board of Nursing. (2010). *LPN scope of practice: Clarification: Position statement for LPN practice.*

North Carolina Board of Nursing. (2010). *RN and LPN scope of practice components of nursing comparison chart.*

North Carolina Board of Nursing. (2010). *RN scope of practice: Clarification: Position statement for RN practice.*

Texas Administrative Code, 22 TAC §224.

Texas Administrative Code, 22 TAC §225.



**Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma  
and Baccalaureate Degree Nurses**

<b>Nursing Practice</b>	<b>LVN Scope of Practice <i>Directed/Supervised Role</i></b>	<b>ADN or Diploma RN Scope of Practice <i>Independent Role</i></b>	<b>BSN RN Scope of Practice <i>Independent Role</i></b>
<b>Education</b>	<p>The curriculum for the VN education is in a clinically intensive certificate program of approximately one year in length. The Texas BON rules mandate a minimum of 558 theory and 840 clinical hours in the VN program of study.</p> <p>The VN curriculum includes instruction in five basic areas of nursing care: adults; mothers and newborns; children; elderly; and individuals with mental health problems. Clinical experience in a unit or a facility specifically designed for psychiatric care is optional.</p> <p>Required support courses should provide instruction in biological, physical, social, behavioral, and nursing sciences, including body structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development, vocational adjustments, and nursing skills.</p>	<p>ADN programs require a minimum of two full years of study, integrating a balance between courses in liberal arts; natural, social, and behavioral sciences; and nursing. Academic associate degrees consist of 60-72 credit hours with approximately half the program requirements in nursing courses.</p> <p>The Texas BON approved curriculum includes requirements for didactic instruction and clinical experiences in four contents areas: medical-surgical, maternal/child health, pediatrics, and mental health nursing.</p> <p>Diploma programs are hospital-based, single purpose schools of nursing that consist of two-three years of general education and support courses.</p>	<p>The BSN program of study integrates approximately 60 hours from liberal arts and natural, social, and behavioral science courses and approximately 60-70 hours of nursing courses. In addition to the ADN/Diploma education requirements, BSN education includes instruction in community health, public health, research, nursing leadership, and nursing management with preparation and skills to practice evidence based nursing.</p>
<b>Supervision</b>	Supervision is required for the LVN scope of	Provides supervision to other RNs,	Provides supervision to other RNs,

	<p>practice. LVNs are not licensed for independent nursing practice. A LVN must ensure that he or she has an appropriate clinical supervisor, i.e. RN, APRN, Physician, PA, Dentist or Podiatrist. The proximity of a clinical supervisor depends on skills and competency of the LVN, patient conditions and practice setting. Direct, on-site supervision may not always be necessary depending on the LVN's skill and competence and should be determined on a case-by-case situation taking into consideration the practice setting laws. However, clinical supervisors must provide timely and readily available supervision and may have to be physically present to assist LVNs should emergent situations occur.</p>	<p>LVNs and UAPs. Supervision of LVN staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance and activity.</p>	<p>LVNs and UAPs. Supervision of LVN staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance and activity.</p>
<p><b>Setting</b></p>	<p>Provides focused nursing care to individual patients with predictable health care needs under the direction of an appropriate clinical supervisor.</p> <p>The setting may include areas with well defined policies, procedures and guidelines with assistance and support from appropriate clinical supervisors, i.e. nursing home, hospital, rehabilitation center, skilled nursing facility, clinic, or a private physician office. As competencies are demonstrated, if the LVN transitions to other settings, it is the LVN's responsibility to ensure he or she has an appropriate clinical supervisor and that the policies, procedures and guidelines for that particular setting are available to</p>	<p>Provides independent, direct care to patients and their families who may be experiencing complex health care needs that may be related to multiple conditions. Provides healthcare to patients with predictable and unpredictable outcomes in various settings.</p>	<p>Provides independent, direct care to patients, families, populations, and communities experiencing complex health care needs that may be related to multiple conditions. Provides healthcare to patients with predictable and unpredictable outcomes in various settings.</p>

	guide the LVN practice.		
<b>Assessment</b>	Assists, contributes and participates in the nursing process by performing a focused assessment on individual patients to collect data and gather information. A focused assessment is an appraisal of the situation at hand for an individual patient and may be performed prior to the RN's initial and comprehensive assessment. The LVN reports and documents the assessment information and changes in patient conditions to an appropriate clinical supervisor.	Independently performs an initial or ongoing comprehensive assessment (Extensive data collection). Anticipates changes in patient conditions to include emergent situations. Reports and documents information and changes in patient conditions to a health care practitioner and or a responsible party.  Determines the physical and mental health status, needs, and preferences of culturally diverse patients and their families.	Independently performs an initial or ongoing comprehensive assessment (Extensive data collection). Anticipates changes in patient conditions to include emergent situations. Reports and documents information and changes in patient conditions to a health care practitioner and or a responsible party.  Determines the physical and mental health status, needs, and preferences of culturally diverse patients, families, populations and communities.
<b>Planning</b>	Uses clinical reasoning based on established evidence-based policies, procedures and guidelines for decision-making.  May assign specific daily tasks and supervise nursing care to other LVNs or UAPs.	Uses clinical reasoning based on established evidence-based policies, procedures and guidelines for decision-making. Analyzes assessment data to identify problems, formulate goals and outcomes, and develops nursing plans of care for patients and their families.  May assign tasks and activities to other nurses. May delegate tasks to UAPs.	Uses clinical reasoning based on established evidence-based practice outcomes and research for decision-making and comprehensive care. Synthesizes comprehensive data to identify problems, formulate goals and outcomes, and develop nursing plans of care for patients, families, populations, and communities. <sup>13</sup>  May assign tasks and activities to other nurses. May delegate tasks to UAPs.
<b>Implementation</b>	Provides safe, compassionate and focused nursing care to patients with predictable health care needs.	Provides safe, compassionate, comprehensive nursing care to patients, and their families through a	Provides safe, compassionate, comprehensive nursing care to patients, families, populations, and

	<p>Implements aspects of the nursing care plan, including emergency interventions under the direction of the RN or another appropriate clinical supervisor.</p> <p>Contributes to the development and implementation of teaching plans for patients and their families with common health problems and well-defined health needs.</p>	<p>broad array of health care services.</p> <p>Implements the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.</p> <p>Develops and implements teaching plans to address health promotion, maintenance, and restoration.</p>	<p>communities through a broad array of health care services.</p> <p>Implements the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles. Develops and implements teaching plans to address health promotion, maintenance, restoration, and population risk reduction.</p>
<b>Evaluation</b>	<p>Participates in evaluating effectiveness of nursing interventions.</p> <p>Participates in making referrals to resources to facilitate continuity of care.</p>	<p>Evaluates and reports patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plans follow-up nursing care to include referrals for continuity of care.</p>	<p>Evaluates and reports patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research, and plans follow-up nursing care to include referrals for continuity of care.</p>

**Position Statement 15.28, The Registered Nurse Scope of Practice**

**The BON recommends that all nurses utilize the Six-Step Decision-Making Model for Determining Nursing Scope of Practice<sup>1</sup> [Hyperlink] when deciding if an employer's assignment is safe and legally with the nurse's scope of practice.**

The Texas Board of Nursing (BON) is authorized by the Texas Legislature to regulate the nursing profession to ensure that every licensee is competent to practice safely. The Texas Nursing Practice Act (NPA) defines the legal scope of practice for professional registered nurses (RN).<sup>2</sup> The RN takes responsibility and accepts accountability for practicing within the legal scope of practice and is prepared to work in all health care

settings, and may engage in independent nursing practice without supervision by another health care provider. The RN, with a focus on patient safety, is required to function within the parameters of the legal scope of practice and in accordance with the federal, state, and local laws; rules and regulations; and policies, procedures and guidelines of the employing health care institution or practice setting. ***The RN is responsible for providing safe, compassionate, and comprehensive nursing care to patients and their families with complex healthcare needs.***

The purpose of this position statement is to provide direction and recommendations for nurses and their employers regarding the safe and legal scope of practice for RNs and to promote an understanding of the differences in the RN education programs of study and between the RN and LVN levels of licensure. The LVN scope of practice is interpreted in Position Statement 15.27. [Hyperlink]

Every nursing educational program in the state of Texas is required to ensure that their graduates exhibit competencies outlined in the Board's *Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs*.<sup>3</sup> [Hyperlink] These competencies are included in the program of study so that every graduate has the knowledge, clinical behaviors and judgment necessary for RN entry into safe, competent and compassionate nursing care. The *DECs* serve as a guideline for employers to assist RNs as they transition from the educational environment into nursing practice. As RNs enter the workplace, the *DECs* serve as the foundation for the development of the RN scope of practice.

Completion of on-going, informal continuing nursing education offerings and on-the-job trainings in a RN's area of practice serves to develop, maintain, and expand competency. Because the RN scope of practice is based upon the educational preparation in the RN program of study, there are limits to the expansion of the scope. The Board believes that for a nurse to successfully make a transition from one level of nursing practice to the next requires the completion of a formal program of education.<sup>4</sup>

**The RN Scope of Practice**

The professional registered nurse is an advocate for the patient and the patient's family, and promotes safety by practicing within the NPA and the BON Rules and Regulations. The RN provides nursing services that require substantial specialized judgment and skill. The planning and delivery of professional

nursing care is based on knowledge and application of the principles of biological, physical and social science as acquired by a completed course of study in an approved school of professional nursing. Unless licensed as an advanced practice registered nurse, the RN scope of practice does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures.<sup>2</sup> RNs utilize the nursing process to establish the plan of care in which nursing services are delivered to patients. The level and impact of the nursing process differs between the RN and LVN as well as between the different levels of RN education (see Table).

### **Assessment**

The comprehensive assessment is the first step, and lays the foundation for the nursing process. The comprehensive assessment is the initial and ongoing, extensive collection, analysis and interpretation of data. Nursing judgment is based on the assessment process. The RN uses clinical reasoning and knowledge, evidence-based outcomes, and research as the basis for decision-making and comprehensive care. Based upon the comprehensive assessment the RN determines the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families using evidence-based health data and a synthesis of knowledge. Surveillance is an essential step in the comprehensive assessment process. The RN must anticipate and recognize changes in patient conditions and determines when reassessments are needed.

### **Planning**

The second step in the nursing process is planning. The RN synthesizes the data collected during the comprehensive assessment to identify problems, make nursing diagnoses, and to formulate goals, teaching plans and outcomes. A nursing plan of care for patients is developed by the RN, who has the overall responsibility to coordinate nursing care for patients. Teaching plans address health promotion, maintenance, restoration, and prevention of risk factors. The RN utilizes evidence-based practice, published research, and information from patients and the interdisciplinary health care team during the planning process.

### **Implementation**

Implementing the plan of care is the third step in the nursing process. The RN may begin, deliver, assign or delegate certain interventions within the plan of care for patients within legal, ethical, and regulatory parameters and in consideration of health restoration, disease prevention, wellness, and promotion of healthy lifestyles. The RN's duty to patient safety when making assignments to other nurses or when delegating tasks to unlicensed staff is to consider the education, training, skill, competence, and physical and emotional abilities of those to whom the assignments or delegation is made. The RN is responsible for reasonable and prudent decisions regarding assignments and delegation. The RN scope of practice may include the supervision of LVNs. Supervision of LVN staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance and activity.<sup>5</sup> The RN may have to directly observe and evaluate the nursing care provided depending on the LVN's skills and competence, patient conditions, and emergent situations.

The RN may determine when it is appropriate to delegate tasks to unlicensed personnel and maintains accountability for how the unlicensed personnel perform the tasks. The RN is responsible for supervising the unlicensed personnel when tasks are delegated. The proximity of supervision is dependent upon patient conditions and skill level of the unlicensed personnel. In addition, teaching and counseling are interwoven throughout the implementation phase of the nursing process.

### **Evaluation and Re-assessment**

A critical and fourth step in the nursing process is evaluation. The RN evaluates and reports patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plans any follow-up care and referrals to appropriate resources that may be needed. The evaluation phase is one of the times when the RN reassesses patient conditions and determines if interventions were effective and if any modifications to the plan of care are necessary.

### **Essential Skills Used in the Nursing Process**

#### **Communication**

Communication is an essential and fundamental component used during the nursing process. The RN must communicate verbally, in writing, or electronically with members of the healthcare team, patients and their families in all aspects of the nursing care provided to patients. These communications must be appropriately documented in the patient record or nursing care plan. Because RNs plan, coordinate, initiate and implement a multidisciplinary team's approach to patient care, collaboration is a quality crucial to the communication process. When patient conditions or situations exceed the RN's level of competency, the RN must be prepared to seek out other RNs with greater competency or other health care providers with differing knowledge and skill sets and actively cooperate to ensure patient safety.

#### **Clinical Reasoning**

Clinical reasoning is another integral component in the nursing process. RNs use critical thinking skills to problem-solve and make decisions in response to patients, their families and the healthcare environment. RNs are accountable and responsible for the quality of nursing care provided and must exercise prudent and professional nursing judgment to ensure the standards of nursing practice are met at all times.

#### **Employment Setting**

When an employer hires a RN to perform a job, the RN must assure that it is safe and legal. Caution must be exercised not to overstep the legal parameters of nursing practice when an employer may not understand the limits of the RN scope of practice and makes an assignment that is not safe. The RN must determine before he or she engages in an activity or assignment whether he or she has the education, training, skill, competency and the physical and emotional ability to safely carry out the activity or assignment.<sup>6</sup> The RN's duty is to always provide safe, compassionate, and comprehensive nursing care to patients.

## Summary

The RN, with a focus on patient safety, is required to function within the parameters of the legal scope of practice and in accordance with the federal, state, and local laws; rules and regulations; and policies, procedures and guidelines of the employing health care institution or practice setting. The RN functions under his or her own license and assumes accountability and responsibility for quality of care provided to patients and their families according to the standards of nursing practice.<sup>7</sup> The RN demonstrates responsibility for continued competence in nursing practice, and develops insight through reflection, self-analysis, self-care, and lifelong learning.

The table below offers a brief synopsis of how the scope of practice for nurses differs based on educational preparation and level of licensure. These are minimum competencies, but also set limits on what the LVN or RN can do at his or her given level of licensure, regardless of experience.

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<sup>1</sup> Texas Board of Nursing (2010). *Six-step decision-making model for determining nursing scope of practice*.

<sup>2</sup> Texas Nursing Practice Act, TOC §301.002(2)

<sup>3</sup> Texas Board of Nursing (2010). *Differentiated essential competencies (DECs) of graduates of Texas Nursing Programs*

<sup>4</sup> Texas Board of Nursing (2011). Position statement 15.10 Continuing education: Limitations for expanding scope of practice.

<sup>5</sup> Texas Administrative Code, 22 TAC §217.11(2)

<sup>6</sup> Texas Administrative Code, 22 TAC §217.11(1)(T)

<sup>7</sup> Texas Administrative Code, 22 TAC §217.11



## Additional Resources

Idaho Board of Nursing (2010). *Position on safety to practice.*

Kentucky Board of Nursing. (2005). *Components of licensed practical nursing practice (AOS #27 LPN Practice).*

National Council of State Boards of Nursing. (2009). *Changes in healthcare professions' scope of practice: Legislative consideration.*

North Carolina Board of Nursing. (2010). *LPN scope of practice: Clarification: Position statement for LPN practice.*

North Carolina Board of Nursing. (2010). *RN and LPN scope of practice components of nursing comparison chart.*

North Carolina Board of Nursing. (2010). *RN scope of practice: Clarification: Position statement for RN practice.*

Texas Administrative Code, 22 TAC §224 (2011).

Texas Administrative Code, 22 TAC §225 (2011).

Texas Board of Nursing (2011). *Rules and guidelines governing the graduate vocational and registered nurse candidates or newly licensed vocational or registered nurse.*

**Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma  
and Baccalaureate Degree Nurses**

<b>Nursing Practice</b>	<b>LVN Scope of Practice <i>Directed/Supervised Role</i></b>	<b>ADN or Diploma RN Scope of Practice <i>Independent Role</i></b>	<b>BSN RN Scope of Practice <i>Independent Role</i></b>
<b>Education</b>	<p>The curriculum for the VN education is in a clinically intensive certificate program of approximately one year in length. The Texas BON rules mandate a minimum of 558 theory and 840 clinical hours in the VN program of study.</p> <p>The VN curriculum includes instruction in five basic areas of nursing care: adults; mothers and newborns; children; elderly; and individuals with mental health problems. Clinical experience in a unit or a facility specifically designed for psychiatric care is optional.</p> <p>Required support courses should provide instruction in biological, physical, social, behavioral, and nursing sciences, including body structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development, vocational adjustments, and nursing skills.</p>	<p>ADN programs require a minimum of two full years of study, integrating a balance between courses in liberal arts; natural, social, and behavioral sciences; and nursing. Academic associate degrees consist of 60-72 credit hours with approximately half the program requirements in nursing courses.</p> <p>The Texas BON approved curriculum includes requirements for didactic instruction and clinical experiences in four contents areas: medical-surgical, maternal/child health, pediatrics, and mental health nursing.</p> <p>Diploma programs are hospital-based, single purpose schools of nursing that consist of two-three years of general education and support courses.</p>	<p>The BSN program of study integrates approximately 60 hours from liberal arts and natural, social, and behavioral science courses and approximately 60-70 hours of nursing courses.</p> <p>In addition to the ADN/Diploma education requirements, BSN education includes instruction in community health, public health, research, nursing leadership, and nursing management with preparation and skills to practice evidence based nursing.</p>
<b>Supervision</b>	Supervision is required for the LVN scope of practice. LVNs are not licensed for	Provides supervision to other RNs, LVNs and UAPs. Supervision of LVN	Provides supervision to other RNs, LVNs and UAPs. Supervision of LVN

	<p>independent nursing practice.</p> <p>A LVN must ensure that he or she has an appropriate clinical supervisor, i.e. RN, APRN, Physician, PA, Dentist or Podiatrist. The proximity of a clinical supervisor depends on skills and competency of the LVN, patient conditions and practice setting. Direct, on-site supervision may not always be necessary depending on the LVN's skill and competence and should be determined on a case-by-case situation taking into consideration the practice setting laws. However, clinical supervisors must provide timely and readily available supervision and may have to be physically present to assist LVNs should emergent situations occur.</p>	<p>staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance and activity.</p>	<p>staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance and activity.</p>
<b>Setting</b>	<p>Provides focused nursing care to individual patients with predictable health care needs under the direction of an appropriate clinical supervisor.</p> <p>The setting may include areas with well defined policies, procedures and guidelines with assistance and support from appropriate clinical supervisors, i.e. nursing home, hospital, rehabilitation center, skilled nursing facility, clinic, or a private physician office. As competencies are demonstrated, if the LVN transitions to other settings, it is the LVN's responsibility to ensure he or she has an appropriate clinical supervisor and that the policies, procedures and guidelines</p>	<p>Provides independent, direct care to patients and their families who may be experiencing complex health care needs that may be related to multiple conditions. Provides healthcare to patients with predictable and unpredictable outcomes in various settings.</p>	<p>Provides independent, direct care to patients, families, populations, and communities experiencing complex health care needs that may be related to multiple conditions. Provides healthcare to patients with predictable and unpredictable outcomes in various settings.</p>

	for that particular setting are available to guide the LVN practice.		
<b>Assessment</b>	<p>Assists, contributes and participates in the nursing process by performing a focused assessment on individual patients to collect data and gather information. A focused assessment is an appraisal of the situation at hand for an individual patient and may be performed prior to the RN's initial and comprehensive assessment.</p> <p>The LVN reports the assessment information and changes in patient conditions to an appropriate clinical supervisor.</p>	<p>Independently performs an initial or ongoing comprehensive assessment (Extensive data collection). Anticipates changes in patient conditions to include emergent situations. Reports and documents information and changes in patient conditions to a health care practitioner and or a responsible party.</p> <p>Determines the physical and mental health status, needs, and preferences of culturally diverse patients and their families.</p>	<p>Independently performs an initial or ongoing comprehensive assessment (Extensive data collection). Anticipates changes in patient conditions to include emergent situations. Reports and documents information and changes in patient conditions to a health care practitioner and or a responsible party.</p> <p>Determines the physical and mental health status, needs, and preferences of culturally diverse patients, families, populations and communities.</p>
<b>Planning</b>	<p>Uses clinical reasoning based on established evidence-based policies, procedures and guidelines for decision-making.</p> <p>May assign specific daily tasks and supervise nursing care to other LVNs or UAPs.</p>	<p>Uses clinical reasoning based on established evidence-based policies, procedures and guidelines for decision-making. Analyzes assessment data to identify problems, formulate goals and outcomes, and develops nursing plans of care for patients and their families.</p> <p>May assign tasks and activities to other nurses. May delegate tasks to UAPs.</p>	<p>Uses clinical reasoning based on established evidence-based practice outcomes and research for decision-making and comprehensive care. Synthesizes comprehensive data to identify problems, formulate goals and outcomes, and develop nursing plans of care for patients, families, populations, and communities.</p> <p>May assign tasks and activities to other nurses. May delegate tasks to UAPs.</p>
<b>Implementation</b>	Provides safe, compassionate and focused nursing care to patients with predictable	Provides safe, compassionate, comprehensive nursing care to	Provides safe, compassionate, comprehensive nursing care to

	<p>health care needs. Implements aspects of the nursing care plan, including emergency interventions under the direction of the RN or another appropriate clinical supervisor. Contributes to the development and implementation of teaching plans for patients and their families with common health problems and well-defined health needs.</p>	<p>patients, and their families through a broad array of health care services. Implements the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles. Develops and implements teaching plans to address health promotion, maintenance, and restoration.</p>	<p>patients, families, populations, and communities through a broad array of health care services. Implements the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles. Develops and implements teaching plans to address health promotion, maintenance, restoration, and population risk reduction.</p>
<p><b>Evaluation</b></p>	<p>Participates in evaluating effectiveness of nursing interventions.</p> <p>Participates in making referrals to resources to facilitate continuity of care.</p>	<p>Evaluates and reports patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plans follow-up nursing care to include referrals for continuity of care.</p>	<p>Evaluates and reports patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research, and plans follow-up nursing care to include referrals for continuity of care.</p>