Agenda Item 7.2.3
Board Meeting: January 2013
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Annual Review of Board Position Statements:
Position Statements with Substantive Changes

Summary of Request:

Board Position Statements are reviewed on an annual basis. This report contains the existing position statements that have substantive changes.

Overview of Proposed Substantive Changes:

Position Statements 15.2, The Role of the Licensed Vocational Nurse in the Pronouncement of Death has generated the question "may the LVN contact a funeral home?" By adding this task to the examples listed provides additional information and clarification to the public.

Position Statements 15.8, The Role of the Nurse in Moderate Sedation, has been the topic of numerous calls and e-mails regarding the ability of the RN to administer an anesthetic agent when the CRNA or anesthesiologist is present. While it seems that this is clearly allowed, by providing the parenthetical example of the rationale (the CRNA or anesthesiologist intubating or otherwise managing the patients airway) may help decrease the confusion. Another sources of confusion, especially in the emergency department setting, is whetehr a RN may administer anesthetic agents when in the presence of the physician who has intubation skills and can abandon the procedure to intubate the patient. By adding this example, further direction is provided for nurses. The other proposed changes to PS 15.8 include word substitution or clarification and alignment of rule references to provide consistency throughout the position statements.

Position Statement 15.9, Performance of Laser Therapy by RNs or LVNs has substantive proposed changes related to the changes in laser therapy rules. This position statement at one time reflected the proposed, but not enacted, rules of the Texas Medical Board as they impacted the practice of nursing related to laser therapy. Since then, the Department of State Health Services has enacted rules regarding laser hair removal that allow unlicensed people to perform laser hair removal when certain requirements are met. These rules also allow licensed persons, such as RNs and LVNs, to perform these tasks if their licensing board allows them to do so. The Department of State Health Services allows certain roles for the advanced practice registered nurse in laser hair removal facilities. The purpose of the proposed substantive changes to this position statement is to reflect the changes to regulations related to laser therapy. Laser therapy may still be accomplished through physician delegation and should be reflected within the position statement.

Position Statement 15.13, Role Of LVNs and RNs As School Nurses has substantive changes regarding the role of the LVN as a school nurse. To provide more direction for LVNs, their RN supervisors and others interested in this position statement, proposed revisions emphasize the LVN's scope of practice is directed and under supervision of an appropriate supervisor such as a RN. The

proposed changes to the RN delegation section reflect the work and recommendations from the 2011 Delegation Task Force for Chapter 225. There is also a one word editorial change ("which" to "that").

Position Statement 15.15, Board's Jurisdiction Over Nursing Titles And Practice is an often referenced position statement with several substantive changes proposed. The current title of this position statement does not identify the subject matter. Content was changed to reflect Board decisions in 2012. As RNs question accepting a LVN position, the question arises as to use of the LVN title, thus clarifying language is proposed to be added.This position statement also has some editorial changes with rule reference updates and the phrase "practice setting" updated to "area of practice" as the later phrase is defined in board rules and explained in a frequently asked question.

Current Position Statements with Substantive Changes

15.2, The Role of the Licensed Vocational Nurse in the Pronouncement of Death
15.8, The Role of the Nurse in Moderate Sedation
15.9, Performance of Laser Therapy by RNs or LVNs
15.13, Role Of LVNs and RNs As School Nurses
15.15, Board's Jurisdiction Over Nursing Titles And Practice

Pros and Cons

Pros:
Adoption of the position statements with substantive changes will provide updated guidance to nurses based on current practice standards, and will offer clarification on frequently asked questions.

Cons:
None noted.

Recommendations:

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

15.2 The Role of the Licensed Vocational Nurse in the Pronouncement of Death
LVNs do not have the authority to legally determine death, diagnose death, or otherwise pronounce death in the State of Texas. Regardless of practice setting, the importance of initiating CPR in cases where no clear Do Not Resuscitate (DNR) orders exist is imperative. The Board of Nursing (BON) has investigated cases involving the failure of a LVN to initiate CPR in the absence of a DNR order.

It is within the LVN scope of practice as defined by Rule 217.11(1)-(2) (effective 9/28/2004) and *Position Statement 15.27, The Licensed Vocational Nurse Scope of Practice*, for a LVN to gather data and perform a **focused** assessment regarding a patient, to recognize significant changes in a patient's condition, and to report said data and observation of significant changes to the physician. The LVN's focused assessment should include nursing observations to determine the presence or absence of the following presumptive or conclusive signs of death:

Presumptive Signs of Death

- The patient is unresponsive,
- The patient has no respirations,
- The patient has no pulse,
- Patient's pupils are fixed and dilated,
- The patient's body temperature indicates hypothermia: skin is cold relative to the patient's baseline skin temperature,
- The patient has generalized cyanosis, and

Conclusive Sign of Death

- There is presence of livor mortis (venous pooling of blood in dependent body parts causing purple discoloration of the skin which does blanch with pressure).

Upon reporting his/her clinical findings to the physician, and in accordance with facility policy, the LVN may accept reasonable physician's orders regarding the care of the client; i.e.: notification of family, postmortem care, contacting the funeral home or appropriate legal authority, documentation; however, a LVN may not accept an order that would require the LVN to "pronounce death," or to complete the state-required "medical certification" of a death that occurs without medical attendance.

Employers are also encouraged to develop policies and procedures directing staff in postmortem care and procedures, including appropriate measures that can be completed while waiting for a return call from the attending physician.

The BON has no jurisdiction over physician practice, facility policies, or the laws regulating pronouncement of death in Texas. Additional information on Texas regulations regarding pronouncement of death may be found in Chapters 193 and 671 of the Texas Health and Safety Code, as well as through the Department of State Health Services. A LVN is not responsible for the actions of a physician who elects to pronounce death by remote-means. Physicians are licensed by, and must comply with, rules promulgated by the Texas Medical Board as well as other laws applicable to the physician's practice setting.

References: Texas Statutes, Health and Safety Code: http://www.statutes.legis.state.tx.us/

(BVNE Statement adopted 06/1999; revised BON statement 01/2006; Revised 01/2007; 1/2008; 1/2009; 1/2011; 01/2012; 01/2013)
(Reviewed - 01/2010)

15.8 Role of the Nurse in Moderate Sedation
*Note: This position statement is **not** intended to apply to either:*

(1) The practice of the registered nurse who holds authorization to practice as an advanced practice registered nurse in the role and specialty of nurse anesthetist (CRNA) functioning within his/her authorized scope of practice, or to

(2) The Registered Nurse practicing in an acute care setting, such as critical care, where the patient in question is intubated, receiving mechanical ventilatory support, and continuously monitored by the patient care RN.

Role of the LVN:

The administration of pharmacologic agents via IV or other routes for the purpose of achieving moderate sedation requires mastery of complex nursing knowledge, advanced skills, and the ability to make independent nursing judgments during an unstable and unpredictable period for the patient. It is the opinion of the Board that the one-year vocational nursing program does not provide the Licensed Vocational Nurse (LVN) with the educational foundation to assure patient safety for optimal anesthesia care inclusive of both the administration of pharmacologic agents intended to induce moderate sedation and/or assessment and monitoring of the patient receiving moderate (conscious) sedation.

In alignement with 22 TAC ~~Rule~~ §217.11, *Standards of Nursing Practice*, Board Position Statement 15.27, *The Licensed Vocational Nurse Scope of Practice*, and Board Position Statement 15.10 *Continuing Education: Limitations for Expanding Scope of Nursing Practice,* the Board also maintains that continuing education that falls short of achieving licensure as a registered nurse would be insufficient to assure vocational nurse competency and patient safety with regard to both medication administration and patient monitoring associated with moderate sedation.

Though the Board cannot dictate physician practice, it is the Board's position that a LVN cannot administer medications or monitor patients receiving moderate sedation as a delegated medical act.

Role of the RN or non-CRNA Advanced Practice Nurse:

Though optimal anesthesia care is best provided by qualified certified registered nurse anesthetists (CRNAs) or anesthesiologists, the Board recognizes that the demand in the practice setting necessitates provision of moderate sedation by registered nurses and non-CRNA advanced practice nurses in certain practice situations.

All licensed nurses practicing in Texas are required to "know and comply" with the Nursing Practice Act (NPA) and Board Rules. Rule 217.11(1)(B) requires the nurse to "promote a safe environment for clients and others." This standard establishes the nurse's duty to the patient/client, which **supercedes any physician order or any facility policy.** This "duty" to the patient requires the nurse to use ~~good~~informed professional judgement when choosing to assist or engage in a given procedure. [See Position Statement 15.14 Duty of a Nurse In Any Practice Setting].

As the NPA and rules are not prescriptive to specific tasks a nurse may or may not perform, a RN or non-CRNA advanced practice nurse should consider evidence-based practice guidelines put forth by professional organizations with clinical expertise in the administration of pharmacologic agents used for sedation/anesthesia as well as advanced airway management and cardiovascular support. A number of professional specialty organizations have well-defined standards and recommendations for ongoing

nursing education and competency assessment related to administration and monitoring of patients receiving moderate sedation.

These organizations include the American Association of Nurse Anesthetists (AANA), the American Nurses Association (ANA), the Association of PeriOperative Registered Nurses (AORN), and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) The AWHONN position statement is also endorsed by the American Association of Critical Care Nurses (AACN). Statements published by the American Society of Anesthesiologists (ASA) also support the positions of the above nursing organizations. The Board advises the nurse use caution in applying moderate sedation standards of any individual or specialty group who are not also experts in the field of advanced airway management/anesthesia. The Board encourages the use of the BON's "Six Step Decision Making Model for Determining Nursing Scope of Practice."

Employing institutions should develop policies and procedures to guide the RN or non-CRNA advanced practice nurse in administration of medications and patient monitoring associated with moderate sedation. Policies and procedures should include but not be limited to:

- Performance of a pre-sedation health assessment by the individual ordering the sedation and the nurse administering the sedation
- Guidelines for patient monitoring, drug administration, and a plan for dealing with potential complications or emergency situation developed in accordance with currently accepted standards of practice
- Accessibility of emergency equipment and supplies
- Documentation and monitoring of the level of sedation and physiologic measurements (e.g. blood pressure, oxygen saturation, cardiac rate and rhythm)
- Documentation/evidence of initial education and training and ongoing competence of the RN administering and/or monitoring patients receiving moderate sedation

Use of Specific Pharmacologic Agents

It is up to facilities and physicians to determine specific pharmacologic agents to be used to induce moderate sedation. The Board advises the RN or non-CRNA advanced practice registered nurse use caution, however, in deciding whether or not s/he has the competency to administer the specific pharmacologic agents ordered by the physician. What is within the scope of practice for one RN is not necessarily within the scope of practice for another RN. (See references to §217.11 & Six-Step Decision-Making Model above). With regard to this issue, the Board recommends the RN also take into consideration:

1. Availability of and knowledge regarding the administration of reversal agents for the pharmacologic agents used; and

2. If reversal agents do not exist for the pharmacologic agents used or the criteria outlined in (1) above are not met, then the nurse must consider his/her individual knowledge, skills, and abilities to rescue a patient from un-intended deep sedation/anesthesia using advanced life support airway management equipment and techniques.

RNs or non-CRNA Advanced Practice Registered Nurses Administering Propofol, Ketamine, or Other Anesthetic Agents to Non-Intubated Patients

Of concern to the Board is the growing number of inquiries related to RNs and non-CRNA advanced practice registered nurses administering Propofol, Ketamine, or other drugs commonly used for

anesthesia purposes to non-intubated patients for the purpose of moderate sedation in a variety of patient care settings. It is critical for any RN who chooses to engage in moderate sedation to appreciate the differences between *moderate sedation* and *deep sedation/anesthesia.*

Moderate Sedation Versus Deep Sedation Anesthesia

According to the professional literature "moderate sedation" is defined as a medication-induced, medically controlled state of depressed consciousness. Included in the literature from various professional organizations is the caveat that, while under moderate sedation, the patient at all times retains the ability to independently and continuously maintain a patent airway and cardiovascular function, and is able to respond meaningfully and purposefully to verbal commands, with or without light physical stimulation. Reflex withdrawal to physical stimulation is not considered a purposeful response. Loss of consciousness for patients undergoing moderate sedation should not be the goal and thus pharmacologic agents used should render this result unlikely. If the patient requires painful or repeated stimulation for arousal and/or airway maintenance, this is considered deep sedation.

In a state of deep sedation, the patient's level of consciousness is depressed, and the patient is likely to require assistance to maintain a patent airway. Deep sedation occurring in a patient who is not appropriately monitored and/or who does not have appropriate airway support may result in a life-threatening emergency for the patient. This is not consistent with the concept of moderate sedation as defined in this position statement or the professional literature and is generally considered to be beyond the scope of practice of the RN.

Although Propofol is classified as a sedative/hypnotic, according to the manufacturer's product information, it is intended for use as an anesthetic agent or for the purpose of maintaining sedation of an intubated, mechanically ventilated patient. The product information brochure for Propofol further includes a warning that "only persons trained to administer general anesthesia should administer propofol for purposes of general anesthesia or for monitored anesthesia care/sedation." The clinical effects for patients receiving anesthetic agents such as Propofol may vary widely within a negligible dose range. Though reportedly "short-acting", it is also noteworthy that there are ***no*** reversal agents for Propofol.

The patient receiving anesthetic agents is at increased risk for loss of consciousness and/or normal protective reflexes, regardless of who is administering this medication. Again, this is not consistent with the concept of moderate sedation outlined in the professional literature.

Though the RN or non-CRNA advanced practice registered nurse may have completed continuing education in advanced cardiac life support (ACLS) and practiced techniques during the training program, this process does not ensure ongoing expertise in airway management and emergency intubation. The American Heart Association (AHA) cautions ACLS providers about attempting tracheal intubation in an emergency situation since "*Repeated safe and effective placement of the tracheal tube, over the wide range of patient and environmental conditions encountered in resuscitation, requires considerable skill and experience. Unless initial training is sufficient and ongoing practice and experience are adequate, fatal complications may result*."[1] It is also important to note that no continuing education program, including ACLS programs, will ensure that the RN or non-CRNA advanced practice registered nurse has the knowledge, skills and abilities to rescue a patient from deep sedation or general anesthesia. Furthermore, it is the joint position of the AANA and ASA that, "because sedation is a continuum, it is not always possible to predict how an individual patient will respond." These organizations state that anesthetic agents, including induction agents, should be administered only by qualified anesthesia providers who are trained in the administration

of general anesthesia.

Therefore, it is the position of the Board that the administration of anesthetic agents (e.g. propofol, methohexital, ketamine, and etomidate) is outside the scope of practice for RNs and non-CRNA advanced practice registered nurses ***except*** in the following situations:

- when assisting or administering in the physical presence of a CRNA or anesthesiologist (the CRNA or anesthesiologist may direct the RN to administer anesthetic agents in conjunction with the CRNA or anesthesiologist intubating or otherwise managing the patients airway)
- when administering these medications as part of a clinical experience within an advanced educational program of study that prepares the individual for licensure as a nurse anesthetist (i.e. when functioning as a student nurse anesthetist)
- when administering these medications to patients who are intubated and mechanically ventilated in critical care settings
- when assisting an individual with current competence in advanced airway management, including emergency intubation procedures

While the physician or other health care provider performing the procedure may possess the necessary knowledge, skills and abilities to rescue a patient from deep sedation and general anesthesia, it is not prudent to presume this physician will be able to leave the surgical site or abandon the procedure to assist in rescuing the patient. In the case of an appropriately licensed practitioner performing a procedure that can be safely abandoned to rescue or intubate the patient the RN may administer the anesthetic agent when directed. In this instance, the RN is responsible for accepting the assignment and for knowing the rationale, effects, and correctly administering the medication [22 TAC 217.11 (1)(T) & (1)(C)].

The Board again stresses that the nurse's duty to assure patient safety [Rule 217.11(1)(B)] is an independent obligation under his/her professional licensure that supercedes any physician order or facility policy.[2, 3] It is important to note that the nurse's duty to the patient obligates him/her to decline orders for medications or doses of medications that have the potential to cause the patient to reach a deeper level of sedation or anesthesia. The nurse's duty is outlined in detail in Board Position Statement 15.14 *Duty of a Nurse In Any Practice Setting.*

Recommended Reference Article: The Institute for Safe Medication Practices (ISMP) published an article in the November 3, 2005 Acute Care Edition of the Medication Safety Alert Newsletter titled *"Propofol Sedation: Who Should Administer?"* [http://www.ismp.org/Newsletters/acutecare/articles/20051103.asp]. This article highlights patient safety concerns related to administration of agents, such as Propofol, to non-intubated patients. The concerns mirror-image those of the Board as noted in this position statement.

[1] American Heart Association in collaboration with International Liaison Committee on Resuscitation, Guidelines 2003 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care: International Consensus on Science, Part 3: Adult Basic Life Support. *Circulation.* 2003; 102(suppl I): page I-100.

[2] American Association of Nurse Anesthetists and American Society of Anesthesiologists. Joint Position Statement, May, 2004, "AANA–ASA Joint Statement Regarding Propofol Administration" http://www.aana.com/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=764

[3] Lunsford vs. BNE, 1983, 648 S.W. 391, Tex. App–Austin 1983

(Board Action 01/1992; Revised 01/2003; 01/2004; 01/2006; 01/2007; 01/2009; 01/2012; 01/2013)
(Reviewed - 01/2008; 01/2010; 01/2011)

15.9 Performance of Laser Therapy by RNs or LVNs

The Board of Nursing (BON) recognizes that the use of laser therapy and the technology of lasers has changed rapidly since their introduction for medical use. Nurses fulfill many important roles in the use of laser therapies. These roles and functions change based upon the type of procedure and the setting in which the treatment occurs. It ~~is not~~ may be within the scope of nursing practice to perform the delivery of laser energy on a patient with a valid order providing the nurse has ~~as an independent nursing function~~.the education, experience, and knowledge to perform the assignment [22 TAC §217.11 (1) (T)]. RNs (including Advanced Practice Registered Nurses practicing within their educated role and specialty) or LVNs, with an appropriate clinical supervisor, who choose to administer laser therapy ~~under physician delegation~~ must know and comply with ~~the provisions set forth in the TMB's rules for delegates~~all applicable laws, rules, and regulations, as well as the Nursing Practice Act (NPA) and Rules of the BON [22 TAC §217.11 (1)(A)].

Additional criteria applicable to the nurse who elects to accept physician delegation in the use of nonablative laser therapy include:

(1) Appropriate education related to use of laser technologies for medical purposes, including laser safety standards of the American National Standards Institute and FDA intended-use labeling parameters;

(2) The nurse's education and skill assessment is documented in his/her personnel record;

(3) The procedure has been ordered by a currently licensed physician, podiatrist, or dentist or by an Advanced ~~Health Practitioner~~ Practice Registered Nurse or Physician Assistant working in collaboration with one of the aforementioned practitioners; and

(4) Appropriate medical, nursing, and support service back up is available, since remedies for untoward effects of laser therapy may go beyond the scope of practice of the nurse performing the procedure.

As in carrying out any delegated medical act, the nurse is expected to comply with the Nursing Practice Act and the Board's Rules and Regulations.

Additional Reference in relation to physician delegation: Position Statement 15.11, Delegated Medical Acts.

(Board Action, 05/1992; revised 11/1997; 01/2003; 04/2004; 01/2006; 01/2008; 01/2009; 01/2011; 01/2013)
(Reviewed - 01/2005; 01/2007; 01/2010; 01/2012)

15.13 Role Of LVNs and RNs As School Nurses

The Board of Nursing (BON) recognizes that the youth of Texas are our most valuable natural resource. The BON acknowledges that although students come to school with complex and diverse health care needs, they should be provided an education in the least restrictive environment. The BON recognizes that the school children of Texas have the right to receive safe, appropriate, specialized health services that may be required to assure the child's inclusion in the school environment.

Registered Nurses in the School Setting

The Board of Nursing (BON) believes that school nursing is a professional registered nursing (RN) specialty. School nursing involves the identification, prevention and intervention to remedy or modify students' health needs. The RN has the educational preparation and critical thinking skills as well as clinical expertise which are essential to nursing in the school setting. These activities involve the comprehensive assessment of the nursing/health care needs of the student, the development of a plan of care, implementation of the plan, and evaluation of the outcomes. The provision of these services by the RN contributes directly to the students' education and to the successful outcome of the educational process. These essential components of professional nursing practice are the responsibility of the RN in compliance with Rule 217.11(3)(A).

Vocational Nurses in the School Setting

~~The entry level graduates of clinically intensive vocational nursing programs provide nursing care within~~ The vocational nurse has a directed scope of practice under ~~appropriate~~ supervision of a registered nurse, advanced practice registered nurse, physician, physician assistant, podiatrist, or dentist[1]. ~~"The vocational nurse uses a systematic problem-solving process in the care of multiple patients with predictable health care needs to provide individualized, goal directed nursing care" *(Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs)*, p. 8).~~ The provision of nursing care when provided by a Licensed Vocational Nurse (LVN) in a school setting should be under the supervision of the RN. The RN, in compliance with the BON's Standards of Nursing Practice [Rule 217.11], assigns those aspects and activities to the LVN that are within the LVN's educational preparation and demonstrated competency to provide. The RN monitors, coordinates, and evaluates the provision of health services necessary to meet individual student health needs essential in achieving educational objectives.

When LVNs are utilized in the school setting and are supervised by the RN, the RN needs to consider how closely they can supervise the LVN and how the RN will direct, guide, and influence the outcome of the LVN's performance[2] and respond to any situations where the LVN needs onsite supervision.

RN Delegation to Unlicensed Personnel

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[1]Tex. Occ. Code, Section 301.353 and 22 Tex. Admin. Code §217.11 (2)

[2]22 Tex. Admin. Code § 217.11 (2)

Due to the growing number of students entering the school system with special health care needs, the BON recognizes that not all health-related services can be provided by a RN or LVN. Therefore, the RN may delegate tasks in the school setting in compliance with the BON's Delegation Rules 224 and 225. School is considered an independent living environment as defined in Rule 225; however, acute or emergency situations in the school setting may be delegated in accordance with Rule 224 as applicable. For example, emergency administration of Epi-pens, Glucagon, Diastat, ~~and~~ oxygen, ~~M~~metered ~~D~~dose ~~I~~inhalers, or nebulizer treatments for the relief of acute respiratory symptoms and the use of a hand held magnet to activate a vagus nerve stimulator to prevent or control seizure activity may be administered by an unlicensed person under §224.6(4) in order to stabilize the child and prevent complications from delaying treatment. The decision to delegate a specific task is always at the discretion of the RN in accordance with §224.8(b)(1)(C) or §225.9(c).

Other Laws Impacting School Health Care

In a school setting, the administration of medication may be assigned to an unlicensed person by the public school official in accordance with the rules of the Texas Education Code. The RN's obligation under §225.13 is to (1) verify the training of the unlicensed person, and (2) verify the competency of the unlicensed person to perform the task safely. If the RN is unable to assure (1) and (2) have been met, the RN must (b) notify the public school official of the situation.

Summary

Given the complexity, the current number, and the future projections of increasing numbers of children entering the school system with complex nursing and health-related needs, the BON believes that the RN must establish an individualized nursing care plan for each child as applicable. The RN may be assisted by LVNs and unlicensed assistive personnel in the delivery of services to ensure the delivery of safe, effective health care to the school children of Texas.

(Adopted 11/1996, Revised 11/1997; 01/2003; 01/2005; 01/2008; 01/2009; 01/2011; 01/2013)
(Reviewed - 01/2006; 01/2007; 01/2010; 01/2012)

15.15 Board's Jurisdiction Over ~~Nursing Titles And Practice~~ A Nurse's Practice in Any Role and Use of the Nursing Title

An individual who holds licensure as a licensed vocational nurse (LVN) or as a registered professional nurse (RN) or as an advanced practice registered nurse (APRN) in Texas is responsible and accountable to adhere to the Nursing Practice Act and Board Rules which have the force of law with regard to licensed nursing practice in the state of Texas. Standards of Nursing Practice ~~(~~[22 TAC§217.11(1)(T)~~)~~] require that each nurse practice within the level of his/her educational preparation, experience, knowledge, and physical and emotional ability. The Standards of Nursing Practice establish the nurse's duty to the client. This "duty" requires the nurse to intervene appropriately to protect and promote the health and well being of the client or others for whom the nurse is responsible [22 TAC§217.11(1)(B)].

RNs Functioning in LVN Positions/ RNs or LVNs Functioning in Unlicensed Positions/Nurse Functioning in another role

The Nursing Practice Act (NPA) and Board Rules do not preclude a RN, including a RN/APRN, from seeking employment in lower positions (such as LVN, unlicensed, or technical positions), with purportedly fewer responsibilities or in roles the nurse has the knowledge, education, experience, and valid certificate or license to perform. The Board holds a licensed registered professional nurse, who is working in a lower level position, or other role, responsible and accountable to the level of education and competency of a RN. Likewise, a LVN working as an unlicensed person, or in another role, is responsible and accountable to the educational preparation and knowledge of a LVN. This expectation does not apply to individuals formerly licensed as LVNs or RNs or APRNs whose nursing license has been retired, placed on inactive status, surrendered, or revoked.

Use of the Title "LVN" or "RN" when Providing Related Services

The use of the titles "Licensed Vocational Nurse," or "LVN," or "Registered Nurse," "RN," or any designation tending to imply that one is a licensed nurse is limited to those individuals appropriately licensed by the Board. The use of titles implying that an individual holds licensure as a nurse in the State of Texas is restricted by law (Tex. Occ. Code Ann. § 301.351, and Board Rule, 22 Tex. Admin. Code § 217.10). A RN is not automatically a LVN and may not use the title LVN unless the RN also holds an active LVN license. The dually licensed RN/LVN will be held to the standards of the RN license even when working as an LVN. The dually licesned RN/APRN will be held to the standards applicable to the APRN role and specialty when working as an RN in that role and specialty. Use of any protected nursing title by an individual who is not duly licensed as either a LVN or RN in Texas, or who does not hold a valid compact license to practice nursing poses a potential threat to public safety related to this act of deception and misrepresentation to the public who may be seeking the services of a licensed nurse.

In the opinion of the Board, the expressed or implied use of the title "LVN," or "RN," or any other title that implies nursing licensure requires compliance with the NPA and Board Rules. As stated in Rule 217.11(1)(A), the nurse is accountable to adhere to any state, local, or federal laws impacting the nurse's ~~practice setting~~ area of practice.

(Board Action 09/1998; Revised. 01/2001; 01/2003; 01/2004; 01/2005; 01/2008; 1/2013)
(Reviewed - 01/2006; 01/2007; 01/2009; 01/2010; 01/2011; 01/2012)