Agenda Item 7.12.2
Board Meeting January 23-24, 2020
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Review and Consideration of Current Position Statements with Changes

Summary of Request

Annually, Board Position Statements are reviewed to determine if updates are needed related to changes in national practice trends. To make this determination, throughout the year, Board staff keep apprised of changes in practice nationally through evidence based practice developments, guidelines, and regulation movements. Though Board Position Statements do not have the force of law, they provide guidance for nurses on relevant practice and licensure issues. This report is comprised of those position statements in which Board staff have proposed changes for the Board's consideration.

Current Position Statements with Changes

- 15.3 LVNs Engaging in Intravenous Therapy, Venipuncture, or PICC Lines
- 15.7 The Role of LVNs & RNs in Management and/or Administration of Medications via Epidural or Intrathecal Catheter Routes
- 15.10 Continuing Education: Limitations for Expanding Scope of Practice
- 15.19 Nurses Carrying out Orders from Pharmacists for Drug Therapy Management
- 15.20 Registered Nurses in the Management of an Unwitnessed Arrest in a Resident in a Long Term Care Facility
- 15.27 The Licensed Vocational Nurse Scope of Practice
- 15.28 The Registered Nurse Scope of Practice

Summary of Proposed Changes

Position Statement 15.3, *LVNs Engaging in Intravenous Therapy, Venipuncture, or PICC Lines,* has non-substantive proposed changes which include clarification to the title and grammatical edits.

Position Statement 15.7, *The Role of LVNs & RNs in Management and/or Administration of Medications via Epidural or Intrathecal Catheter Routes,* includes proposed non-substantive changes that help to clarify the position statement, updated references and grammatical edits.

Position Statement 15.10, *Continuing Education: Limitations for Expanding Scope of Practice,* includes proposed non-substantive changes that help to clarify Advance Practice Registered Nurse (APRN) licensure type from authorization.

Position Statement 15.19, *Nurses Carrying out Orders from Pharmacists for Drug Therapy Management*, has proposed non-substantive changes to provide clarity for the reader through the additional wording found in Texas Occupations Code 295.13(b)(4) and (b)(6).

Position Statement 15.20, *Registered Nurses in the Management of an Unwitnessed Arrest in a Resident in a Long Term Care Facility,* includes proposed non-substantive changes to provide consistency, clarity, and to update references.

Position Statement 15.27, *The Licensed Vocational Nurse Scope of Practice*, proposes non-substantive changes to include clarifying the Education section of the Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses table, along with grammatical improvements.

Position Statement 15.28, *The Registered Nurse Scope of Practice*, proposes non-substantive changes to include t clarifying the Education section of the Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses table, along with grammatical improvements.

Pros and Cons

Pros:

Adoption of the current Board Position Statements with changes will allow for continued guidance for nurses and the public related to relevant practice and licensure issues.

Cons:

None noted.

Staff Recommendation:

Move to adopt the current Board Position Statements with changes, along with allowance for non-substantive word editing for purposes of clarity as may be deemed necessary by Board staff.

15.3 LVNs Engaging in Intravenous Therapy, Venipuncture, or Peripherally Inserted Central Catheter (PICC) Lines

The basic educational curriculum for Licensed Vocational Nurses (LVNs) does not mandate teaching of principles and techniques for insertion of peripheral intravenous (IV) catheters, or the administration of fluids and medications via the IV route. Knowledge and skills relating to maintaining patency and performing dressing changes of central line IV catheters is also not mandated as part of basic LVN education. As such, it cannot be presumed that all LVN licensees possess basic competency in the management of IV lines/IV therapy.

Applicable Nursing Standards

LVN practice is guided by the Nursing Practice Act (NPA) and Board Rules. *22 TAC §217.11*, *Standards of Nursing Practice*, is the Board rule most often applied to nursing practice issues. Two standards applicable in all practice scenarios include:

- §217.11(1)(B) Implement measures to promote a safe environment for clients and others, and
- §217.11(1)(T) 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. Additional standards in *22 TAC §217.11* that may be applicable when an LVN chooses to engage in an IV therapy related task include (but are not limited to):
- (1)(C) Know the rationale for and the effects of medications and treatments and correctly administer the same,
- (1)(D) Accurately and completely report and document: (i) client status...(ii) nursing care rendered...(iii) physician, dentist or podiatrist orders...(iv) administration of medications and treatments...(v) client response(s)...,
- (1)(G) Obtain instruction and supervision as necessary when implementing nursing procedures or practices,
- (1)(H) Make a reasonable effort to obtain orientation/training for competency when encountering new equipment and technology or unfamiliar care situations,
- (1)(R) Be responsible for one's own continuing competence in nursing practice and individual professional growth,
- (2)(A) Utilize a systematic approach to provide individualized, goal-directed nursing care...[(i) -(v)], and
- (2)(C) ...perform other acts that require education and training as prescribed by board rules and policies, commensurate with the LVN's experience, continuing education, and demonstrated LVN competencies.

Position Statement 15.27, *The Licensed Vocational Nurse Scope of Practice,* provides additional clarification of the *Standards of Nursing Practice* Rule as it applies to LVN scope of practice. Instruction and skill evaluation relating to LVNs performing insertion of peripheral IV catheters and/or administering IV fluids and medications as prescribed by an authorized practitioner may allow an LVN to expand his/her scope of practice to include IV therapy.

It is the opinion of the Board that the LVN shall not engage in IV therapy related to either peripheral or central venous catheters, including venipuncture, administration of IV fluids, and/or administration of IV push medications, until successful completion of a validation course that instructs the LVN in the knowledge and skills applicable to the LVN's IV therapy practice. The BON does not define or set qualifications for an "IV Validation Course" or for "LVN IV certification." The LVN who chooses to engage in IV therapy must first have been instructed in the principles of IV therapy congruent with prevailing nursing practice standards.

Insertion and Removal of PICC Lines or Midline Catheters

The Board has further determined that vocational nursing programs do not provide the LVN with the educational foundation to assure client safety in insertion and removal of Peripherally Inserted Central Catheters (PICC lines) or midline catheters, inclusive of vein selection, insertion/advancement/retraction of the catheter, determining placement, and monitoring of the client for untoward reactions in relation to catheter insertion and removal. The LVN scope of practice is a directed scope of practice utilizing a focused assessment for patients with predictable healthcare needs. Patients having PICC lines either inserted or removed are at risk for complications, e.g., air embolism, nerve damage, infection[1], and could potentially become unpredictable needing a comprehensive assessment, as well as changes to nursing diagnoses and plan of care to ensure vascular access. This position of the Board aligns with boards of nursing across the nation[2,3,4,5,6,7,8,9].Position Statement 15.27, *The Licensed Vocational Nurse Scope of Practice*, and Position Statement 15.10, *Continuing Education: Limitations for Expanding Scope of Practice*, further maintains that continuing education that falls short of an educational program of study leading to a degree and licensure as a registered nurse would be insufficient to assure vocational nurse competency and patient safety with regard to insertion and removal of PICC lines or midline catheters. Therefore, it is the Board's position that insertion and removal of PICC lines or midline catheters is beyond the scope of practice for LVNs.[1]

Administration of IV Fluids and Medications

The ability of an LVN to administer specific IV fluids or drugs, to prepare and/or administer IV "piggy-back" or IV "push" medications, or to monitor and titrate "IV drip" medications of any kind is up to facility policy. The LVN's practice relative to IV therapy must also comply with any other regulations that may exist under the jurisdiction of other regulatory agencies or entities. The LVN who accepts an assignment to engage in any aspect of IV therapy is responsible for adhering to the NPA and Board rules, particularly *22 TAC §217.11, Standards of Nursing Practice*, including excerpted standards listed above and any other standards or rules applicable to the individual LVN's practice.

All nursing actions related to peripheral and/or central intravenous lines, as well as IV administration of medications, must be completed in accordance with the orders of the prescribing practitioner, as well as written policies, procedures and job descriptions approved by the health care employer.

References

[1] Gorski, L., Hadaway, L., Hagle, M. E., McGoldrick, M., Orr, M., & Doellman, D. (2016). Infusion therapy: Standards of practice. *Journal of Infusion Nursing 39*(1S).

[2] Alabama Board of Nursing. (2016). *Alabama Board of Nursing approved standardized procedures.* Retrieved from https://www.abn.alabama.gov/wp-content/uploads/2016/03/Approved-Standardized-Procedures.pdf

[3] Connecticut Board of Examiners for Nursing. (1997). *Suggested guidelines for registered nurses in the insertion and removal of specialized intravenous catheters.* Retrieved from https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/phho/Nursing_Board/Guidelines/Specialcathpdf.pdf?la=en

[4] Iowa Board of Nursing. (2011). *Chapter 6: Nursing practice for registered nurses/licensed practical nurses*. Retrieved from https://www.legis.iowa.gov/docs/iac/chapter/09-27-2017.655.6.pdf

[5] Massachusetts Board of Registration in Nursing. (2015). *Peripherally inserted central catheters (PICC).* Retrieved from http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/nursing/nursingpractice/advisory-rulings/peripherally-inserted-central-catheters.html

[6] Mississippi Board of Nursing. (2000). *Insertion, maintenance and removal of peripherally inserted central catheters (PICC).* Retrieved from http://www.msbn.ms.gov/Documents/PICC_2000.pdf

[7] South Dakota Board of Nursing. (2012). *IV therapy education.* Retrieved from https://doh.sd.gov/boards/nursing/LPNscope.aspx

[8] Vermont Board of Nursing. (2012). *The role of the license practical nurse in intravenous infusion therapy.* Retrieved from https://www.sec.state.vt.us/media/369316/ps-role-of-the-lpn-in-iv-therapy.pdf

[9] Wyoming State Board of Nursing. (2017). *Advisory Opinion LPN IV certified (IV-C) scope of practice.* Retrieved from https://nursing-online.state.wy.us/Resources/AO_LPN%20IVC%20Scope%20of%20Practice.pdf

(Board Action: 06/1995; Revised: 09/1999; 01/2005; 01/2011; 01/2012; 01/2014; 01/2015; 01/2018; 01/2019;01/2020)
(Reviewed: 01/2006; 01/2007; 01/2008; 01/2009; 01/2010; 01/2013; 01/2016; 01/2017)

15.7 The Role of LVNs & RNs in Management and/or Administration of Medications via Epidural or Intrathecal Catheter Routes

Role of the LVN

The LVN can provide basic nursing care to patients with epidural or intrathecal catheters. It is the opinion of the Board that the LVN shall not be responsible for the management of a patient's epidural or intrathecal catheter, including administration of any medications via either epidural or intrathecal catheter routes. Management of epidural or intrathecal catheters requires the mastery of complex nursing knowledge and skills that are beyond the competencies of the vocational nursing program or a continuing education course.

Role of the RN

The Board has determined that it may be within the scope of practice of a registered professional nurse to administer analgesic and anesthetic agents via the epidural or intrathecal routes for the purposes of pain control. As with all areas of nursing practice, the RN must apply the Nursing Practice Act (NPA) and Board Rules to the specific practice setting and must utilize good professional judgment in determining whether to engage in a given patient-care related activity.

The Board believes that only licensed anesthesia care providers, as described by the American Society of Anesthesiologists and the American Association of Nurse Anesthetists, as authorized by applicable laws, should perform insertion and verification of epidural or intrathecal catheter placement. Consistent with state law, the attending physician or the qualified provider must order the drugs, dosages, and concentrations of medications to be administered to the patient through the catheter. These interventions are beyond the scope of the registered professional nurse in that independent medical judgment and formal advanced education, skills and training are required to achieve and maintain competence in performing these procedures.

RNs who choose to engage in administration of properly ordered medications via the epidural or intrathecal routes must have documentation that the RN has participated in educational activities to gain and maintain the knowledge and skill necessary to safely administer and monitor patient responses, including the ability to:

- Demonstrate knowledge of the anatomy, physiology, and pharmacology ~~of patients receiving~~ appropriate for administration of medications via the epidural or intrathecal routes;
- Know the medication and medication ~~medicines and medicine~~ concentrations approved for use for the specific type of pump;
- Maintain awareness ~~Be aware~~ that certain medications are not U.S. Food & Drug Administration (FDA) approved for intrathecal administration (e.g., hydromorphone, bupivacaine, fentanyl, and clonidine);
- Recognize that ~~M~~mixtures of two or more differen~~t~~t~~ee~~ kinds of medications and compounded medications are not FDA approved for intrathecal administration;
- Anticipate and recognize potential complications of the analgesia relative to the type of infusion device and catheter used;
- Recognize emergency situations and institute appropriate nursing interventions to stabilize the patient and prevent complications;
- Implement appropriate nursing care of patients to include:

a) observation and monitoring of sedation levels and other patient parameters;

b) administration of medications and monitoring of effectiveness of medication, catheter maintenance, and catheter placement checks;

c) applicable teaching for both patients and their family/significant others related to expected patient outcomes/responses and possible side effects of the medication or treatment; and

d) maintenance of the knowledge and skill to remove catheters, when applicable.

Appropriate nursing policies and procedures that address the education and skills of the RN and nursing care of the patient should be developed to guide the RN in the administration of epidural and/or intrathecal medications. RNs and facilities should consider evidence-based practice guidelines put forth by professional specialty organizations(s), such as the American Association of Nurse Anesthetists and the American Society of Anesthesiologists, when developing appropriate guidance for the RN in a particular practice setting. For example, the Association of Women's Health, Obstetric and Neonatal Nurses' (AWHONN) has a clinical position statement on "Role of the Registered Nurse in the Care of the Pregnant Woman Receiving Analgesia and ~~/~~Anesthesia by Catheter Techniques." This nationally recognized practice guideline states that it is beyond the scope of practice of the obstetrical nurse to institute or change the rate of continuous infusions via epidural or intrathecal catheters. The American Association of Nurse Anesthetists has a similar position. Nurses should also be aware of FDA safety communications regarding intrathecal administration of pain medication.

The Board ~~also~~ encourages the use of the BON's Scope of Practice Decision-Making Model (DMM) Finally, standing medical orders approved by the medical and/or anesthesia staff of the facility should include, but not necessarily be limited to, the following:

1) The purpose and goal of treatment;

2) The dosage range of medication to be administered, including the maximum dosage;

3) Intravenous access;

4) Treatment of respiratory depression and other side effects, including an order for a narcotic antagonist;

5) Options for inadequate pain control; and

6) Physician/CRNA availability and backup.

References

American Association of Nurse Anesthetists. (2017). *Care of ~~P~~patients ~~R~~receiving ~~A~~analgesia by ~~C~~catheter ~~T~~techniques*. Retrieved from https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/care-of-patients-receiving-analgesia-by-catheter-techniques.pdf?sfvrsn=d30049b1_2

Association of Women's Health, Obstetric, and Neonatal Nurses. (2015). *Role of the registered nurse in the care of the pregnant woman receiving analgesia and anesthesia by catheter techniques*. Retrieved from http://www.jognn.org/article/S0884-2175(15)31771-8/fulltext

US Food and Drug Administration. (2018). *Implanted Pumps: Safety Communication—Use Caution When Selecting Pain Medicine for Intrathecal Administration.* Retrieved from: ~~https://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm625862.htm?utm_campaign=FDA%20MedWatch%20-%20Implanted%20Pumps%3A%20Safety%20Communication&utm_medium=email&utm_source=Eloqua.~~ https://www.fda.gov/medical-devices/safety-communications/use-caution-implanted-pumps-intrathecal-administration-medicines-pain-management-fda-safety

(LVN role: BVNE 1994; Revised BON 01/2005)
(RN role: BON 06/1991; Revised: 01/2003; 01/2004; 01/2005; 01/2011; 01/2014; 01/2016; 01/2018; 01/2019; 01/2020)
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15.10 Continuing Education: Limitations for Expanding Scope of Practice

Foundation for Initial Licensure and/or APRN licensure

The Board's Advisory Committee on Education states in its *"Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgements, and Behaviors, October 2010"* that: "The curricula of each of the nursing programs differ, and the outcomes of the educational levels dictate a differentiated set of essential competencies of graduates. The competencies of each educational level build upon the previous level." The National Council of State Boards of Nursing (NCSBN) develops and administers two national nurse licensure examinations; the National Council Licensure Examination for Practical Nurses (NCLEX-PN®) and the National Council Licensure Examination for Registered Nurses (NCLEX-RN®). These two examinations are used by all U.S. state and territorial boards of nursing to test entry-level nursing competence of candidates for licensure as Registered Nurses and as Licensed Practical/Vocational Nurses.

Licensure as an Advanced Practice Registered Nurse (APRN) in Texas requires completion of a master's or postmaster's advanced practice program, as well as national certification in the advanced role and population focus. To gain licensure as an APRN in Texas, the nurse must first be licensed as a RN in Texas or have privilege to practice in Texas using a valid, unencumbered RN multistate license from a compact state. The nurse must then submit an application to the Board for licensure in the advanced practice role and population focus.

Limitations of "Continuing Education"

The nursing shortage is creating ever-greater challenges for those who must fill nursing vacancies at all levels of licensure and in various specialties. As efforts to invent new ways to fill this growing void expand, the Board is receiving a growing number of calls to clarify the term "continuing education" in relation to how far a nurse can expand his/her practice with informal continuing education offerings.

The formal education for entry into nursing practice in Texas is differentiated between vocational and professional (registered) nursing. Formalized education for advanced practice also requires completion of a formal program of education in the advanced practice role and population focus at the master's or postmaster's level.

The Board believes that for a nurse to successfully make a transition from one level of nursing licensure to the next requires the completion of a formal program of education as defined in the applicable board rule [Board Rules 217.2 and 221.4]. The Board also believes that completion of on-going, informal continuing education offerings, such as workshops or online offerings in a specialty area, serve to expand and maintain the competency of the nurse at the current level of licensure. No amount of informal or on-the-job-training can qualify a LVN to perform the same level of care as the RN. Likewise, the RN cannot engage in aspects of care that require independent medical judgement in a given APRN role and population focus without the formal education, national certification, and proper licensure in that APRN role and population focus.

For example, a LVN with 10 years of home care experience cannot perform the comprehensive assessment and initiate the nursing care plan on a patient newly admitted to the services of a home care agency where the LVN is employed. This is precluded in both BON *22 TAC §217.11* as well as in the home care regulations.

Attending a workshop and/or spending time under the supervision of a RN does not qualify the LVN to engage in practice that is designated in statue or rule as being exclusive to the next level of licensure. Therefore, any nurse, regardless of experience, who engages in nursing practice that would otherwise require a higher level of licensure or a different ~~level of~~ APRN licensure type ~~authorization~~ is practicing outside of his/her scope of practice and may be subject to disciplinary action congruent with the NPA and Rules applicable to LVNs, RNs, and/or RNs with APRN licensure in a given role and population focus.

In summary, a nurse functions under his/her own nursing license and, as such, has a duty to patients that is separate from any employment relationship. In other words, a nurse's duty is to keep a patient safe and uphold the standards of nursing practice. A nurse never works under the license of another provider. The nurse must individually assess his/her own education, training, experience, knowledge, abilities, and employment setting policies to determine if the act or task is within his/her scope of practice, and take accountability for acceptance of the assignment and the resultant patient outcomes.

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15.19 Nurses Carrying out Orders from Pharmacists for Drug Therapy Management

In response to Senate Bill 659 enacted in 1995 during the 74th Legislative Session, the Texas State Board of Pharmacy and the Texas Medical Board (TMB) entered into a joint rule-making effort to delineate the processes by which a pharmacist could engage in drug therapy management (DTM) as delegated by a physician. The result of this joint effort was the adoption of rules by both the Pharmacy Board [*22 TAC §295.13*, 1997], and the Texas Medical Board [*22 TAC §193.7*, 1999]. The TMB amended its rules subsequent to the adoption of §157.101 *Delegation to Pharmacist,* in the Medical Practice Act during the 76th Legislative Session (1999).

According to definitions listed in the Pharmacy Act [*Tex. Occ. Code Ann. §551.003*], the "Practice of Pharmacy" includes "(F) performing for a patient a specific act of drug therapy management delegated to a pharmacist by a written protocol from a physician licensed in this state in compliance with Subtitle B." The Pharmacy rules further define DTM as

> "the performance of specific acts by pharmacists as authorized by a physician through written protocol. Drug therapy management does not include the selection of drug products not prescribed by the physician, unless the drug product is named in the physician initiated protocol or the physician initiated record of deviation from a standing protocol. Drug therapy management may include the following:
> (A) collecting and reviewing patient drug use histories;
> (B) ordering or performing routine drug therapy related patient assessment procedures including temperature, pulse, and respiration;
> (C) ordering drug therapy related laboratory tests;
> (D) implementing or modifying drug therapy following diagnosis, initial patient assessment, and ordering of drug therapy by a physician as detailed in the protocol; or
> (E) any other drug therapy related act delegated by a physician" [*22 TAC §295.13(b)(4)*].

Rule 295.13(b)(6) further adds the clarification that a written protocol is

> a physician's order, standing medical order, standing delegation order, or other order or protocol as defined by rule of the Texas Medical Board under the Medical Practice Act.
> (A) A written protocol must contain at a minimum the following:
> (i) a statement identifying the individual physician authorized to prescribe drugs and responsible for the delegation of drug therapy management;
> (ii) a statement identifying the individual pharmacist authorized to dispense drugs and to engage in drug therapy management as delegated by the physician;
> (iii) a statement identifying the types of drug therapy management decisions that the pharmacist is authorized to make which shall include:
> (I) a statement of the ailments or diseases involved, drugs, and types of drug therapy management authorized; and
> (II) a specific statement of the procedures, decision criteria, or plan the pharmacist shall follow when exercising drug therapy management authority;
> (iv) a statement of the activities the pharmacist shall follow in the course of exercising drug therapy management authority, including the method for documenting decisions made and a plan for communication or feedback to the authorizing physician concerning specific decisions made.

Documentation shall be recorded within a reasonable time of each intervention and may be performed on the patient medication record, patient medical chart, or in a separate log book; and
(v) a statement that describes appropriate mechanisms and time schedule for the pharmacist to report to the physician monitoring the pharmacist's exercise of delegated drug therapy management and the results of the drug therapy management.

(B) A standard protocol may be used or the attending physician may develop a drug therapy management protocol for the individual patient. If a standard protocol is used, the physician shall record what deviations, if any, from the standard protocol are ordered for that patient.

The TMB Rule [*22 TAC §193.15*] reflects similar language to the Pharmacy Board rules.

Nurses frequently communicate and collaborate with both the client's physician and the pharmacist in providing optimal care to clients. It is, therefore, the Board's position that a nurse may carry out orders written by a pharmacist for DTM provided the order originates from a written protocol authorized by a physician. Any nurse carrying out DTM orders from a pharmacist may wish to review the TMB Rule193, *Physician Delegation*, in its entirety. The components of the rule related to physician delegation for a pharmacist to engage in DTM are set forth in §193.15(e) as follows:

1) A written protocol must contain at a minimum the following listed in subparagraphs (~~a~~A)-(~~e~~E) of this paragraph:

   (A) a statement identifying the individual physician authorized to prescribe drugs and responsible for the delegation of drug therapy management;

   (B) a statement identifying the individual pharmacist authorized to dispense drugs and to engage in drug therapy management as delegated by the physician;

   (C) a statement identifying the types of drug therapy management decisions that the pharmacist is authorized to make which shall include:

      i a statement of the ailments or diseases, drugs, and type of drug therapy management authorized; and
      ii a specific statement of the procedures, decision criteria, or plan the pharmacist shall follow when exercising drug therapy management authority;

   (D) a statement of the activities the pharmacist shall follow in the course of exercising drug therapy management authority, including the method for documenting decisions made and a plan for communication or feedback to the authorizing physician concerning specific decisions made. Documentation shall be recorded within a reasonable time of each intervention and may be performed on the patient medication record, patient medical chart, or in a separate log book; and

   (E) a statement that describes appropriate mechanisms and time schedule for the pharmacist to report to the physician monitoring the pharmacist's exercise of delegated drug therapy management and the results of the drug therapy management.

2) A standard protocol may be used, or the attending physician may develop a drug therapy management protocol for the individual patient. If a standard protocol is used, the physician shall record, what deviations if any, from the standard protocol are ordered for that patient [*22 TAC §193.15(e)*].

The protocol under which a pharmacist initiates DTM orders for a patient should be available to the nurse at the facility, agency, or organization in which it is carried out. As with any order, the nurse must seek clarification if he/she believes the order is inappropriate, inaccurate, non-efficacious, or contraindicated by contacting the pharmacist and/or the physician who authorized the DTM protocol as appropriate [*22 TAC §217.11(1)(N)*]. The nurse carrying out an order for DTM written by a pharmacist is responsible and accountable for his/her actions just as he/she would be with any physician order.

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(Reviewed: 01/2008; 01/2009; 01/2010; 01/2012; 01/2013; 01/2015; 01/2016; 01/2019)

15.20 Registered Nurses in the Management of an Unwitnessed Arrest in a Resident in a Long-Term Care Facility

The Texas Board of Nursing (BON) has approved this position statement, ***only applicable to long-term care settings***, in an effort to provide guidance to **registered nurses (RN) in long-term care facilities** and to clarify issues of compassionate end-of-life care. In 2002, the Texas Nurses Association (TNA) through its Long-Term Care (LTC) Committee identified that RNs ~~registered nurses~~ were concerned about the inappropriate initiation of cardiopulmonary resuscitation (CPR) when a resident without a "do-not-resuscitate" order (DNR) experiences an unwitnessed arrest. There is growing sentiment on the part of the long-term care nurse community that the initiation of CPR would appear futile and inappropriate given the nursing assessment of the resident.

The nursing community generally considers that initiation of CPR in such cases is not compassionate, and is not consistent with standards requiring the use of a systematic approach to provide individualized, goal-directed nursing care [BON Standards of Nursing Practice, *22 TAC §217.11(3)*]. This position statement is intended to provide guidance~~,~~ for RNs ~~registered nurses,~~ in the management of an unwitnessed resident arrest without a DNR order **in a long-term care (LTC) setting**. This position statement also addresses the related issues of:

- Obligation (or duty) of the RN ~~registered nurse~~ to the resident;
- Expectation of supportive policies and procedures in LTC facilities; and
- The RN role in pronouncement of death.
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These related issues are addressed in this position statement because the BON is often required to investigate cases of death where it appears there is a lack of clarity about a ~~registered nurse~~ RN's obligation when there is no DNR order. The BON will evaluate cases involving the failure of an RN to initiate CPR in the absence of a DNR based on the following premise:

> A DNR is a medical order that must be given by a physician and in the absence thereof, it is generally outside the standard of nursing practice to determine that CPR will not be initiated.

However, there may be instances when LTC residents without a DNR order experience an unwitnessed arrest, and it is clear according to the comprehensive nursing assessment that CPR intervention would be a futile and inappropriate intervention given the condition of the resident. In the case of an unwitnessed resident arrest without DNR orders, determination of the appropriateness of CPR initiation should be undertaken by the RN ~~registered nurse~~ through a resident assessment, and interventions appropriate to the findings should be initiated.

Assessment of death in which CPR would be a futile and inappropriate intervention requires that all seven of the following signs be present and that the arrest is unwitnessed:

Presumptive Signs of Death

1) The resident is unresponsive;
2) The resident has no respirations;
3) The resident has no pulse;
4) The resident's pupils are fixed and dilated;

5) The resident's body temperature indicates hypothermia: skin is cold relative to the resident's baseline skin temperature;
6) The resident has generalized cyanosis; and

Conclusive Sign of Death

7) There is presence of livor mortis (venous pooling of blood in dependent body parts causing purple discoloration of the skin).

There may be other circumstances and assessment findings that could influence a decision on the part of the RN ~~registered nurse~~ not to initiate CPR. However, evaluation of the prudence of such a decision would occur on a case-by-case basis by the BON.

Documentation

After assessment of the resident is completed and appropriate interventions are taken, documentation of the circumstances and the assessment of the resident in the resident's medical record ~~are a~~ is require~~dment~~. The rules of the BON establish legal documentation standards, [BON Standards of Nursing Practice, *22 TAC §217.11 (1)(D)*]. Examples of important documentation elements include:

- Description of the discovery of the resident
- Any treatment of the resident that was undertaken
- The findings for each of the assessment elements outlined in the standards
- All individuals notified of the resident's status (e.g., 9-1-1, the health care provider, the administrator of the facility, family, coroner, etc.)
- Any directions that were provided to staff or others during the assessment and/or treatment of the resident
- The results of any communications
- Presence or absence of witnesses

Documentation should be adequate to give a clear picture of the situation and all of the actions that were taken or not taken on behalf of the resident.

Even if the RN ~~registered nurse~~'s decision not to initiate CPR was appropriate, failure to accurately and completely document can result in an action against a nurse's license by the BON. Furthermore, lack of documentation places the nurse at a disadvantage should the nurse be required to explain the circumstances of the resident's death. RNs ~~Registered nurses~~ should be aware that actions documented at the time of death provide a more credible and accurate clinical description. Documentation that is absent, incomplete or inaccurate reveals gaps in care, requiring the nurse to prove actions not appropriately documented were actually taken. As stated in Position Statement 15.2, The Role of the Licensed Vocational Nurse in the Pronouncement of Death, it is beyond the scope of practice of the LVN to legally determine death, diagnose death, or otherwise pronounce death in the State of Texas. Therefore, the LVN cannot make a determination to withhold CPR.

Obligation ("Duty") of the Nurse to the Resident

Whether CPR is initiated or not, it is important for the nurse to understand that the nurse may be held accountable if the nurse failed to meet standards of care to assure the safety of the resident, prior to the arrest such as:

- Failure to monitor the resident's physiologic status;
- Failure to document changes in the resident's status and to adjust the plan of care based on the resident assessment;
- Failure to implement appropriate interventions which might be required to stabilize a client's condition such as: reporting changes in the resident's status to the resident's primary care provider and obtaining appropriate orders; and/or
- Failure to implement procedures or protocols that could reasonably be expected to improve the resident's outcome.

Care Planning and Advanced Directives

Proactive policies and procedures, that acknowledge the importance of care planning with the inclusion of advanced directives, are also important. Evidence indicates that establishing the resident's wishes at the end of life and careful care planning prevents confusion on the part of nursing staff and assures that the resident's and family's wishes in all aspects of end of life care are properly managed.

The admission process to long-term care facilities in Texas requires that residents be provided information on self-determination and given the option to request that no resuscitation efforts be made in the event of cardiac and/or respiratory arrest. Facilities are required to have policies and adequate resources to assure that every resident and resident's family upon admission to a long term care facility not only receive such information, but have sufficient support to make an informed decision about end of life issues.

It is further expected that advanced care planning is an ongoing component of every resident's care and that the nursing staff should know the status of such planning for each resident.

The Board recognizes that end of life decisions on the part of residents and families can be difficult. However, the Board believes that principled and ethical discussion about CPR with the resident and family~~,~~ is an essential element of the resident's care plan.

RN Role in Pronouncement of Death

Texas law provides for RN pronouncement of death [*Health & Safety Code §§ 671.001-.002*]. The law requires that in order for an RN ~~registered nurse~~ to pronounce death, the facility must have a written policy that is jointly developed and approved by the medical staff or medical consultant and the nursing staff~~,~~ specifying under what circumstances an RN can make a pronouncement of death.

It is important that nurses understand that the assessment that death has occurred and that CPR is not an appropriate intervention are not equivalent to the pronouncement of death. Texas statutory law governs who can pronounce death, and only someone legally authorized to pronounce death may do so. If the RN does not have the authority to pronounce death, upon assessment of death, the RN must notify a person legally authorized to pronounce death.

Conclusion

This position statement is intended to guide RNs ~~**registered nurses**~~ **in long-term care facilities** who encounter an **unwitnessed resident arrest** without a DNR order. It is hoped that by clarifying the responsibility of the RN ~~registered nurse~~, and using supportive facility policies and procedures, ~~that~~ registered nurses will be better able to provide compassionate end of life care.

Qualifier to Position

The BON evaluates "failure to initiate CPR cases" based on the premise that in the absence of a physician's DNR order it is generally outside the standard of nursing practice not to initiate CPR. Consequently, RNs who decide~~ing~~ not to initiate CPR must assure themselves that not initiating CPR complies with their respective standards of practice, when their assessment determines that not all seven signs of death are present. ~~must assure themselves that not initiating CPR complies with their respective standards of practice.~~ Depending on the circumstances, a nurse's failure to initiate CPR when not all seven signs are present may constitute failure to comply with standards of nursing care. This position statement is limited to situations when all seven signs are present and should not be construed as providing guidance on the appropriateness of not initiating CPR when not all seven signs are present.

References

Texas Health and Safety Code §§ 671.001-671.002 https://statutes.capitol.texas.gov/Docs/HS/htm/HS.671.htm

American Heart Association (201~~7~~9). ~~*2017 *~~*American Heart Association* ~~*guidelines for *~~*CPR & ECC* *guidelines*. Retrieved from ~~https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/~~ https://eccguidelines.heart.org/circulation/cpr-ecc-guidelines/

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(Reviewed: 01/2006; 01/2009; 01/2010; 01/2015; 01/2017)

15.27 The Licensed Vocational Nurse Scope of Practice

The BON recommends that all nurses utilize the Scope of Practice Decision-Making Model (DMM) [1] when deciding if an employer's assignment is safe and legally within the nurse's scope of practice.

The Texas Board of Nursing (BON or Board) 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 (LVNs). 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, and regulations. In addition, the LVN must comply with policies, procedures, and guidelines of the employing healthcare 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 LVNs and to promote an understanding of the differences between the LVN and registered nurse (RN) levels of licensure. The RN scope of practice is interpreted in Position Statement 15.28.

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 of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgements, and Behaviors (DECs)(Oct 2010)*[2]. These competencies are included in the program of study so that every graduate has the knowledge, clinical judgment and behaviors 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 training in an 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 and parameters 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 another ~~the next~~ requires the nurse to complete a formal education program.[3]

The LVN Scope of Practice

The LVN is an advocate for the patient and the patient's family and promotes safety by practicing in accordance with 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.[4] The practice of vocational nursing must be performed under the supervision of an RN, advanced practice registered nurse (APRN), physician, physician assistant, podiatrist or dentist.[5] Supervision is defined as the process of directing, guiding, and influencing the

outcome of an individual's performance of an activity.[6] 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.[7] 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 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 cannot perform independent assessments as the LVN has a directed scope of practice under supervision. 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 an RN or another appropriate clinical supervisor. For example, an RN may utilize the data and information collected and reported by the LVN in the formation of the nursing plan of care; 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. The LVN must also document this data and information, the w~~W~~ritten documentation must be accurate and complete, and according to policies, procedures, and guidelines for the employment setting.[8]

Nursing Diagnosis/Problem Identification/Planning

The second step in the nursing process is nursing diagnosis or the identification of problems. The role of the LVN is to report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.

The third step in the nursing process in which the LVN participates and contributes to the nursing process is planning nursing care needs of patients. After the focused assessment, the LVN reports data and other information such as changes in patient conditions to the appropriate clinical supervisor, such as an 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~~;~~, however, the LVN participates in the development and modification of the nursing care plan.

Implementation

Implementing the plan of care is the fourth 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).[6] 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 final step in the nursing process is evaluation. The LVN participates in the evaluation process by 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 to the RN any modifications to the plan of care that may be necessary and making appropriate referrals to facilitate continuity of care.

Essential Skills Used 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 communicate and ~~cooperate~~ collaborate 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.

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. 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. 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 an LVN to supervise the nursing practice of an 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 an 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 level of urgency in 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 the quality of care provided to patients and their families according to the standards of nursing practice. 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.

[1]Texas Board of Nursing (2019). *Scope of practice decision-making model (DMM).*

[2]Texas Board of Nursing (2010). *Differentiated essential competencies of graduates of Texas Nursing Programs evidenced by knowledge, clinical judgements, and behaviors (DECs).*

[3]Texas Board of Nursing (2015). *Position statement 15.10, Continuing education: Limitations for expanding scope of practice*.

[4] Texas Nursing Practice Act, *TOC § 301.002(5).*

[5]Texas Nursing Practice Act, *TOC § 301.353*.

[6]*22 TAC §217.11(2).*

[7]Texas Board of Nursing (2015). *Rules and guidelines governing the graduate vocational and registered nurse candidates or newly licensed vocational or registered nurse*.

[8]22 TAC *§217.11(1),*

Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Education	~~The curriculum for the VN education is in a clinically intensive certificate program of approximately one year in length.~~ A program of study preparing graduates who are competent to practice safely and who are eligible to take the NCLEX-PN® examination. 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.~~ children; maternity; aged; adults; and individuals with mental health problems. Clinical experiences are required in children, maternity, aged, and adults, but is optional for psychiatric nursing. ~~Required support courses should provide instruction in biological, physical, social, behavioral, and nursing sciences, including body~~	~~ADN and Diploma 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 72 credit hours with approximately half the program requirements in nursing courses.~~ ~~The Texas BON approved curriculum includes requirements for didactic instruction and clinical experiences in five content areas: medical-surgical, maternal/child health, pediatrics, geriatrics and mental health nursing.~~ A program of study that offers courses and learning experiences preparing graduates who are competent to practice nursing safely and who are eligible to take the NCLEX-RN® examination, often referred to as a pre-licensure nursing program. ADN and Diploma programs are usually presented in a format equivalent to two academic years, integrating a balance between nursing and non-nursing courses including courses in liberal arts; natural, social, and behavioral sciences; and nursing. The academic education usually consists of 60 credits with approximately half the	~~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 must also include nursing courses which include didactic content and supervised clinical learning experiences, as appropriate, in the community health, basic research, and management/leadership with preparation and skills to practice evidence-based nursing.~~ A program of study that offers courses and learning experiences preparing graduates who are competent to practice nursing safely and who are eligible to take the NCLEX-RN® examination, often referred to as a pre-licensure nursing program. BSN programs are usually

	~~structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development, vocational adjustments, and nursing skills.~~ Instruction shall be provided in nursing roles; biological, physical, social, behavioral, and nursing sciences, including body structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development, vocational nursing scope of practice, and nursing skills. Courses shall be integrated or separate.	program requirements in nursing courses. Nursing courses include didactic and clinical learning experiences in five content areas: medical-surgical, geriatric, maternal/child health, pediatrics, and mental health nursing. .	presented in a format equivalent to four academic years, integrating a balance between nursing and non-nursing courses including courses in liberal arts; natural, social, and behavioral sciences; and nursing. The academic education usually includes 120 credits with approximately half the program requirements in nursing courses. BSN education must also include learning activities in basic research and management/leadership, and didactic and clinical learning experiences in community health nursing. Nursing courses include didactic and clinical learning experiences in five content areas: medical-surgical, geriatric, maternal/child health, pediatrics, and mental health nursing. Instruction shall be provided in nursing roles; biological, physical, social, behavioral, and nursing sciences, including body structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development, vocational

			nursing scope of practice, and nursing skills. Courses shall be integrated or separate.

Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Supervision	Supervision is required for the LVN scope of practice. LVNs are not licensed for independent nursing practice. An 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.	Provides supervision to other RNs, LVNs and UAPs. Supervision of LVN staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance of an activity.	Provides supervision to other RNs, LVNs and UAPs. Supervision of LVN staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance of an activity.

Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Setting	Provides focused nursing care to individual patients with predictable health care needs under the direction of an appropriate clinical supervisor. 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 guide the LVN practice.	Provides independent, direct nursing 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.	Provides independent, direct nursing 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.

Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Assessment	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. Documents and reports 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.

Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Nursing Diagnosis/ Problem Identification/ Planning	Uses clinical reasoning based on established evidence-based policies, procedures and guidelines for decision-making. Report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team. May assign specific daily tasks to and supervise nursing care by 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. May assign tasks and activities to other nurses. May delegate tasks to UAPs.

Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Implementation	Provides safe, compassionate and focused nursing care to patients with predictable 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.	Provides safe, compassionate, comprehensive nursing care to 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.	Provides safe, compassionate, comprehensive nursing care to 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.

Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Evaluation	Participates in evaluating effectiveness of nursing interventions. Participates in making referrals to resources to facilitate continuity of care.	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.	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.

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15.28 The Registered Nurse Scope of Practice

The BON recommends that all nurses utilize the Scope of Practice Decision-Making Model (DMM) [1] when deciding if an employer's assignment is safe and legally within the nurse's scope of practice.

The Texas Board of Nursing (BON or Board) 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).[2] 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. In addition, the RN ~~the licensed vocational nurse (LVN)~~ must comply with 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 programs of study and between the RN and LVN levels of licensure. The LVN scope of practice is interpreted in Position Statement 15.27.

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 of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgements, and Behaviors (DECs)(Oct 2010)*[3]. These competencies are included in the program of study so that every graduate has the knowledge, clinical judgement and behaviors 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 training in an 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 another ~~the next~~ requires the nurse to complete a formal education program.[4]

The RN Scope of Practice

The professional RN 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.[2] 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 findings. 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 determine when reassessments are needed.

Nursing Diagnosis/Problem Identification/Planning

The second step in the nursing process is nursing diagnosis and problem identification. The role of the RN is to synthesize comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and published research in collaboration with these groups and the interdisciplinary health care team.

The third step in the nursing process is planning. The RN synthesizes the data collected during the comprehensive assessment to identify problems; to 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~~ fourth 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 or other RNs. Supervision of LVN staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance and activity.[5] The RN may have to directly observe and evaluate the nursing care provided depending on the LVN's skills and competence, patient conditions, and level of urgency in 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 final ~~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 an 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. 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. 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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[1]Texas Board of Nursing (2019). *Scope of practice decision-making model (DMM).*

[2]Nursing Practice Act, *TOC §301.002(2)*

[3] Texas Board of Nursing (2010). *Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgements, and Behaviors (DECs).*

[4] Texas Board of Nursing (2017). Position statement 15.10, *Continuing education: Limitations for expanding scope of practice.*

[5] *22 TAC §217.11(2)*

Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Education	~~The curriculum for the VN education is in a clinically intensive certificate program of approximately one year in length.~~ A program of study preparing graduates who are competent to practice safely and who are eligible to take the NCLEX-PN® examination. 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.~~ children; maternity; aged; adults; and individuals with mental health problems. Clinical experiences are required in children, maternity, aged, and adults, but is optional for psychiatric nursing. ~~Required support courses should provide instruction in biological, physical, social, behavioral, and nursing sciences, including body~~	~~ADN and Diploma 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 72 credit hours with approximately half the program requirements in nursing courses.~~ ~~The Texas BON approved curriculum includes requirements for didactic instruction and clinical experiences in five content areas: medical-surgical, maternal/child health, pediatrics, geriatrics and mental health nursing.~~ A program of study that offers courses and learning experiences preparing graduates who are competent to practice nursing safely and who are eligible to take the NCLEX-RN® examination, often referred to as a pre-licensure nursing program. ADN and Diploma programs are usually presented in a format equivalent to two academic years, integrating a balance between nursing and non-nursing courses including courses in liberal arts; natural, social, and behavioral sciences; and nursing. The academic education usually	~~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 must also include nursing courses which include didactic content and supervised clinical learning experiences, as appropriate, in the community health, basic research, and management/leadership with preparation and skills to practice evidence-based nursing.~~ A program of study that offers courses and learning experiences preparing graduates who are competent to practice nursing safely and who are eligible to take the NCLEX-RN® examination, often referred to as a pre-licensure nursing program. BSN programs are usually

	~~structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development, vocational adjustments, and nursing skills.~~ Instruction shall be provided in nursing roles; biological, physical, social, behavioral, and nursing sciences, including body structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development, vocational nursing scope of practice, and nursing skills. Courses shall be integrated or separate.	consists of 60 credits with approximately half the program requirements in nursing courses. Nursing courses include didactic and clinical learning experiences in five content areas: medical-surgical, geriatric, maternal/child health, pediatrics, and mental health nursing. .	presented in a format equivalent to four academic years, integrating a balance between nursing and non-nursing courses including courses in liberal arts; natural, social, and behavioral sciences; and nursing. The academic education usually includes 120 credits with approximately half the program requirements in nursing courses. BSN education must also include learning activities in basic research and management/leadership, and didactic and clinical learning experiences in community health nursing. Nursing courses include didactic and clinical learning experiences in five content areas: medical-surgical, geriatric, maternal/child health, pediatrics, and mental health nursing. Instruction shall be provided in nursing roles; biological, physical, social, behavioral, and nursing sciences, including body structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development, vocational nursing scope of practice,

			and nursing skills. Courses shall be integrated or separate

Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Setting	Provides focused nursing care to individual patients with predictable health care needs under the direction of an appropriate clinical supervisor. 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 guide the LVN practice.	Provides independent, direct nursing 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.	Provides independent, direct nursing 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.

Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Assessment	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. Documents and reportsinformation 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.

Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Nursing Diagnosis/ Problem Identification/ Planning	Uses clinical reasoning based on established evidence-based policies, procedures and guidelines for decision-making. Report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team. May assign specific daily tasks to and supervise nursing care by 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. May assign tasks and activities to other nurses. May delegate tasks to UAPs.

Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Implementation	Provides safe, compassionate and focused nursing care to patients with predictable 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.	Provides safe, compassionate, comprehensive nursing care to 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.	Provides safe, compassionate, comprehensive nursing care to 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.

Synopsis of Differences in Scope of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Evaluation	Participates in evaluating effectiveness of nursing interventions. Participates in making referrals to resources to facilitate continuity of care.	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.	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.

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