Agenda Item 7.3
Board Meeting January 20, 2022
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Review and Consideration of Current Position Statements with Changes

Summary of Request

Annually, the Texas Board of Nursing (Board or BON) 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

- **Non-substantive Changes:**
  - 15.1 Nurses Carrying out Orders from Physician Assistants
  - 15.3 LVNs Engaging in Intravenous Therapy, Venipuncture, or Peripherally Inserted Central Catheter (PICC) Lines
  - 15.5 Nurses with Responsibility for Initiating Physician Standing Orders
  - 15.7 The Role of LVNs & RNs in Management and/or Administration of Medications via Epidural or Intrathecal Catheter Routes
  - 15.8 Role of the Nurse in Moderate Sedation
  - 15.10 Continuing Education: Limitations for Expanding Scope of Practice
  - 15.11 Delegated Medical Acts
- **Substantive Changes:**
  - 15.25 Administration of Medication & Treatments by LVNs
  - 15.27 The Licensed Vocational Nurse Scope of Practice
  - 15.28 The Registered Nurse Scope of Practice
  - 15.29 Professional Boundaries including Use of Social Media by Nurses

<u>Proposed Changes</u>

Non-substantive:

Position Statement 15.1, *Nurses Carrying out Orders from Physician Assistants*, includes non-substantive proposed changes that reflect an update to the references. The references now include the Nursing Practice Act (NPA) Section §301.002(5), or the definition of vocational nursing. Historically, this Position Statement has only included Section §301.002(2), which refers to the definition of professional nursing, or nursing at the Registered Nurse (RN) level of licensure. This does not change the meaning, intent, or use of the Position Statement, however, does provide clarification to Licensed Vocational Nurses (LVNs) that this Position Statement includes the LVN level of licensure as well.

Position Statement 15.3, *LVNs Engaging in Intravenous Therapy, Venipuncture, or Peripherally Inserted Central Catheter (PICC) Lines*, has been updated to reflect non-substantive proposed changes consistent with National Council of State Boards of Nursing's (NCSBN) Model Rules and

updates to references that are cited within the Position Statement. In August 2021, NCSBN voted to amend model rules at their Delegate Assembly, which included a modernization of the concept of nursing diagnosis to patient diagnosis. This is consistent with changes in literature and a shift toward the nurse's contributory role in the overall patient diagnosis in collaboration with the healthcare team. This does not change the intent or purpose of this Position Statement yet keeps the Position Statement consistent with current trends in nursing education and practice. Additionally, since the resources of other state boards of nursing are cited in the references, these references were updated to reflect each state's most current position on this topic. Staff's review of the updated references confirmed there were no changes inconsistent with the current content of this Position Statement.

Position Statement 15.5, *Nurses with Responsibility for Initiating Physician Standing Orders,* discusses the concepts of Standing Delegation Orders, Standing Medical Orders, and Protocols, to provide clarification to nurses in the use of physician standing orders. The non-substantive proposed changes further clarify that Standing Delegation Orders and Standing Medical Order, per Texas Medical Board's (TMB's) rules do not allow any provider, other than a physician, to issue these types of standing orders.

Position Statement 15.7, *The Role of LVNs & RNs in Management and/or Administration of Medications via Epidural or Intrathecal Catheter Routes*, includes non-substantive proposed changes that reflect the update in title of an organization and edits for consistency to the U.S. Food and Drug Administration's (FDA) communications referenced in the Position Statement. The American Association of Nurse Anesthetists has recently changed their title to American Association of Nurse Anesthesiology; therefore, the Position Statement was updated to reflect this change. Additionally, the FDA has updated their safety communication to now be that of a news release.

Position Statement 15.8, *Role of the Nurse in Moderate Sedation*, similar to Position Statement 15.7, has proposed non-substantive changes that reflect the change in title by The American Association of Nurse Anesthetists to their new name of American Association of Nurse Anesthesiology.

Position Statement 15.10, *Continuing Education: Limitations for Expanding Scope of Practice,* includes proposed non-substantive changes to acknowledge the revisions made to the Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors in January 2021. The DECs Work Group updated the DECs in November 2020 in consideration of current trends in nursing education, practice, and regulation that were adopted by the Board in January 2021. The DECs are referenced in this Position Statement.

Position Statement 15.11, *Delegated Medical Acts,* has a proposed non-substantive change to clarify that Advance Practice Registered Nurses (APRNs) cannot delegate medical aspects of care that are delegated to them by a physician, and they cannot create standing delegation orders for others. However, APRNs may delegate nursing tasks in the capacity of a registered nurse consistent with Delegation Chapters 224 and 225, as appropriate.

Substantive:

Position Statement 15.25, *Administration of Medication & Treatments by LVNs,* has proposed changes that are substantive in nature. Within this Position Statement are Knowledge and Clinical

Behaviors/Judgments related to the administration of medications by LVNs, that are found within the DECs. Since revisions were made to the DECs in January 2021, these proposed changes reflect the updates to the knowledge and clinical behaviors/judgments associated with the administration of medications at the vocational nurse educational preparation.

Position Statement 15.27, *The Licensed Vocational Nurse Scope of Practice,* includes proposed substantive changes that align with current trends in nursing education, practice, and regulation at the LVN level of licensure. The proposed changes include reference to the updated DECs, grammatical changes to clarify expression, and the modernization of the concept of nursing diagnosis to be replaced with the nurse's contribution to the patient diagnosis in collaboration with the healthcare team.

Position Statement 15.28, *The Registered Nurse Scope of Practice,* includes proposed substantive changes that align current trends in nursing education, practice, and regulation at the RN level of licensure. The proposed changes include reference to the updated DECs, grammatical changes to clarify expression, and the modernization of the concept nursing diagnosis to be replaced with the nurse's contribution to the patient diagnosis in collaboration with the healthcare team.

Position Statement 15.28, *Professional Boundaries including Use of Social Media by Nurses,* includes proposed substantive changes that align with the leading nursing organizations policy brief regarding nurses spreading misinformation about COVID-19 that was published on November 16, 2021. The proposed substantive changes informed by the policy brief guide nurses in the concept that when they identify themselves by their profession, they are professionally accountable for the information they provide to the public.

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 proposed changes, along with allowance for non-substantive edits for purposes of clarity as may be deemed necessary by Board staff.

Non-Substantive Proposed Changes

15.1 Nurses Carrying Out Orders from Physician Assistants

The purpose of this position statement is to provide guidance to nurses with regard to carrying out orders from Physician Assistants (PAs).

The Nursing Practice Act (NPA) includes the "administration of medications or treatments ordered by a physician, podiatrist or dentist" as part of the practice of nursing.[1,2] There are no other healthcare professionals listed thus leading to questions regarding nurses carrying out orders from other licensed healthcare providers. Although PAs are not included in the NPA, the Board recognizes that nurses work collaboratively with PAs to provide patient care in various practice settings.

The PA is licensed and regulated by the Texas Physician Assistant Board.[3] PAs may provide medical aspects of care, including ordering or prescribing medications and treatments, as delegated by a physician consistent with laws, rules and regulations applicable to the PAs' practice including those of the Texas Medical Board (TMB) Chapter 193.[4] A physician is not required to be present at all times at the location where the PA is providing care and orders are not required to be countersigned by the physician. A nurse may carry out these orders. As with any order, the nurse must seek clarification if he/she believes the order or treatment is inaccurate, non-efficacious or contraindicated by consulting with the PA and physician as appropriate.[5] A list of physician assistants credentialed by the medical staff and policies directing their practice should be available to the nursing staff.

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[1]Nursing Practice Act, TOC §301.002(2) and TOC §301.002(5)

[2]Texas Board of Nursing (20~~17~~22). *Position statement 15.25, Administration of Medication & Treatments by LVNs.*

[3] Physician Assistant Licensing Act, TOC Chapter 204 and 22 TAC Chapter 185

[4] 22 TAC §§185.2(17); 185.10, 193.2(17) & 193.2(18)

[5] 22 TAC §217.11(1)(N)

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~~ the patient's diagnosis 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

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(Board Action: 06/1995; Revised: 09/1999; 01/2005; 01/2011; 01/2012; 01/2014; 01/2015; 01/2018; 01/2019;01/2020; 01/2022)
(Reviewed: 01/2006; 01/2007; 01/2008; 01/2009; 01/2010; 01/2013; 01/2016; 01/2017; 01/2021)

15.5 Nurses with Responsibility for Initiating Physician Standing Orders

According to the Texas Nursing Practice Act [*Tex. Occ. Code Ann. §301.002(3)*], the term "Nurse" means, “a person required to be licensed under this chapter to engage in professional or vocational nursing.” The practice of either professional or vocational nursing frequently involves implementing orders from a physician, podiatrist, or dentist. Timely interventions for various patient populations can be facilitated using physician’s standing orders that authorize the nurse to carry out specific orders for a patient presenting with or developing a condition or symptoms addressed in the standing orders.

The specifics of how authorization occurs for a LVN or RN to implement a set of standing physician’s orders are defined in the Texas Medical Board’s (TMB) Rule 193 (*22 Tex. Admin. Code §§193.1-193.20*) relating to physician delegation. This rule delineates two methods by which nurses may follow a pre-approved set of orders for treating patients:

1) Standing Delegation Orders;
and/or

2) Standing Medical Orders.

These terms are defined in *22 Tex. Admin. Code §193.2* as follows:

> ***(19) Standing delegation order*** *-- Written instructions, orders, rules, regulations, or procedures prepared by a physician and designed for a patient population with specific diseases, disorders, health problems, or sets of symptoms. Such written instructions, orders, rules, regulations or procedures shall delineate under what set of conditions and circumstances action should be instituted. These instructions, orders, rules, regulations or procedures are to provide authority for and a plan for use with patients presenting themselves prior to being examined or evaluated by a physician to assure that such acts are carried out correctly and are distinct from specific orders written for a particular patient, and shall be limited in scope of authority to be delegated as provided in §193.4 of this title (relating to Scope of Standing Delegation Orders). As used in this chapter, standing delegation orders do not refer to treatment programs ordered by a physician following examination or evaluation by a physician, nor to established procedures for providing of care by personnel under direct, personal supervision of a physician who is directly supervising or overseeing the delivery of medical or health care. As used in this chapter, standing delegation orders are separate and distinct from prescriptive authority agreements as defined in this chapter. Such standing delegation orders should be developed and approved by the physician who is responsible for the delivery of medical care covered by the orders.*
>
> *Such standing delegation orders, at a minimum, should:*
>
> *(A) include a written description of the method used in developing and approving them and any revision thereof;*
> *(B) be in writing, dated, and signed by the physician;*

(C) specify which acts require a particular level of training or licensure and under what circumstances they are to be performed;

(D) state specific requirements which are to be followed by persons acting under same in performing particular functions;

(E) specify any experience, training, and/or education requirements for those persons who shall perform such orders;

(F) establish a method for initial and continuing evaluation of the competence of those authorized to perform same;

(G) provide for a method of maintaining a written record of those persons authorized to perform same;

(H) specify the scope of supervision required for performance of same, for example, immediate supervision of a physician;

(I) set forth any specialized circumstances under which a person performing same is to immediately communicate with the patient's physician concerning the patient's condition;

(J) state limitations on setting, if any, in which the plan is to be performed;

(K) specify patient record-keeping requirements which shall, at a minimum, provide for accurate and detailed information regarding each patient visit; personnel involved in treatment and evaluation on each visit; drugs, or medications administered, prescribed or provided; and such other information which is routinely noted on patient charts and files by physicians in their offices; and

(L) provide for a method of periodic review, which shall be at least annually, of such plan including the effective date of initiation and the date of termination of the plan after which date the physician shall issue a new plan.

(20) Standing medical orders *- Orders, rules, regulations or procedures prepared by a physician or approved by a physician or the medical staff of an institution for patients which have been examined or evaluated by a physician and which are used as a guide in preparation for and carrying out medical or surgical procedures or both. These orders, rules, regulations or procedures are authority and direction for the performance for certain prescribed acts for patients by authorized persons as distinguished from specific orders written for a particular patient or delegation pursuant to a prescriptive authority agreement.*

It is important to note that neither the definition of standing delegation orders nor the definition of standing medical orders authorizes any provider other than a physician to issue these types of standing orders.

A third term, "Protocols", is defined narrowly by the TMB and applies to RNs with advanced practice licensure (APRN) by the BON, or to Physician Assistants only:

> ***(18) Protocols*** *- Written authorization delegating authority to initiate medical aspects of patient care, including delegation of the act of prescribing or ordering a drug or device at a facility-based practice. The term protocols is separate and distinct from prescriptive authority agreements as defined under the Act and this chapter. However, prescriptive authority agreements may reference or include the terms of a protocol(s). The protocols must be agreed upon and signed by the physician, the physician assistant and/or advanced practice registered nurse, reviewed and signed at least annually, maintained on site, and must contain a list of the types or categories of dangerous drugs and controlled substances available for prescription, limitations on the number of dosage units and refills permitted, and instructions to be given the patient for follow-up monitoring or contain a list of the types or categories of dangerous drugs and controlled substances that may not be prescribed. Protocols shall be defined to promote the exercise of professional judgment by the advanced practice registered nurse and physician assistant commensurate with their education and experience. The protocols used by a reasonable and prudent physician exercising sound medical judgment need not describe the exact steps that an advanced practice registered nurse or a physician assistant must take with respect to each specific condition, disease, or symptom.*

By definition, both vocational and professional nursing excludes “acts of medical diagnosis or the prescription of therapeutic or corrective measures” [*Tex. Occ. Code Ann. §301.002(2)* and *(5)*]. Based on the above definitions in the TMB rules, RNs who do not have advanced practice licensure from the BON may not utilize "protocols" to carry out physician orders. Likewise, LVNs are also prohibited from utilizing protocols as defined by the TMB, as neither LVNs nor RNs may engage in acts that require independent medical judgment.

A nurse responsible for initiating physician's standing medical orders or standing delegation orders may select specific tasks or functions for patient management, including the administration of a medication required to implement the selected order provided such selection be within the scope of the standing orders. The selection of such tasks or functions for patient management constitutes a nursing decision that may be carried out by a LVN or RN. In addition, this position statement should not be construed to preclude the use of the term “protocol” for a standard set of orders covering the monitoring and treatment of a given clinical condition (e.g., insulin protocol, heparin protocol, ARDS protocol, etc.) provided said standard orders meet the requirements for standing delegation or standing medical orders as defined by the TMB.

The written standing orders under which nurses function shall be commensurate with each nurse’s educational preparation and experience. The nurse initiating any form of standing orders must act within the scope of the Nursing Practice Act, Board Rules and Regulations, and any other applicable local, state, or federal laws.

(Board Action 07/1988; Revised: 01/1992; 07/2001; 01/2005; 01/2006; 01/2007; 01/2009; 01/2011; 01/2014;
01/2016; 01/2018; 01/2022)
(Reviewed: 01/2008; 01/2010; 01/2012; 01/2013; 01/2015; 01/2017; 01/2019; 01/2020; 01/2021)

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~~ Anesthesiology, 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 appropriate for administration of medications via the epidural or intrathecal routes;
- Know the medication and medication concentrations approved for use for the specific type of pump;
- Maintain awareness that certain medications are not U.S. Food & Drug Administration (FDA) approved for intrathecal administration (e.g., hydromorphone, bupivacaine, fentanyl, and clonidine);
- Recognize that mixtures of two or more different 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, and catheter monitoring;

    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~~ Anesthesiology 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~~ Anesthesiology has a similar position. Nurses should also be aware of FDA ~~safety~~ communications regarding intrathecal administration of pain medication. The Board 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~~ Anesthesiology. (2017). *Care of patients receiving analgesia by catheter 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

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(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; 01/2021; 01/2022)
(Reviewed: 01/2006; 01/2007; 01/2008; 01/2009; 01/2010; 01/2012; 01/2013; 01/2015; 01/2017)

15.8 Role of the Nurse in Moderate Sedation

Note: *This position statement is* ***not*** *intended to apply to:*

1) *The practice of the registered nurse who holds licensure as an advanced practice registered nurse in the role and population focus of nurse anesthetist (CRNA) functioning within his/her authorized scope of practice;*
2) *The registered nurse practicing in an acute care setting, such as critical care, where the patient in question is intubated, receiving mechanical ventilatory support, and continuously monitored by the patient care RN; or*
3) *Adjunct or off label use of low dose agents for pain management or other indications.*

Role of the LVN

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

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

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

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

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

All licensed nurses practicing in Texas are required to "know and comply" with the Nursing Practice Act (NPA) and Board Rules. *22 TAC §217.11(1)(B)* requires the nurse to "promote a safe environment for clients and others." This standard establishes the nurse's duty to the

patient/client, which **supersedes any physician order or any facility policy.** This "duty" to the patient requires the nurse to use informed professional judgment when choosing to assist or engage in a given procedure. [See Position Statement 15.14, *Duty of a Nurse in Any Practice Setting*].

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

These organizations include the American Association of Nurse ~~Anesthetists~~ Anesthesiology (AANA)[1], the American Nurses Association (ANA)[2], the Association of periOperative Registered Nurses (AORN)[3], and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN).[4] Statements published by the American Society of Anesthesiologists (ASA) also support the positions of the above nursing organizations.[5] The Board advises the nurse use caution in applying moderate sedation standards of any individual or specialty group who are not also experts in the field of advanced airway management/anesthesia. The Board encourages the use of the BON's Scope of Practice Decision-Making Model (DMM).

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

- Performance of a pre-sedation health assessment by the individual ordering the sedation and the RN or non-CRNA advanced practice registered nurse administering the sedation;
- Guidelines for patient monitoring, drug administration, and a plan for managing potential complications or emergency situations developed in accordance with currently accepted standards of practice;
- Accessibility of emergency equipment and supplies;
- Documentation and monitoring of the level of sedation and physiologic measurements

(e.g. blood pressure, oxygen saturation, cardiac rate and rhythm); and

- Documentation/evidence of initial education and training and ongoing competence of the RN or non-CRNA advanced practice registered nurse administering and/or monitoring patients receiving moderate sedation

Use of Specific Pharmacologic Agents

It is up to facilities and physicians to determine specific pharmacologic agents to be used to induce moderate sedation. The Board advises the RN or non-CRNA advanced practice registered nurse use caution, however, when deciding whether s/he has the competency to administer the specific pharmacologic agents ordered by the physician. What is within the scope of practice for one RN is not necessarily within the scope of practice for another RN. (See references to *22 TAC §217.11* & Scope of Practice Decision-Making Model (DMM) above). With regard to this issue, the Board recommends the RN also take into consideration:

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

Moderate Sedation versus Deep Sedation Anesthesia

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

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

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

Of concern to the Board is the growing number of inquiries related to RNs and non-CRNA advanced practice registered nurses administering Propofol, Ketamine, or other drugs commonly used for anesthesia purposes to non-intubated patients for the purpose of moderate sedation in a variety of patient care settings. It is critical for any RN who chooses to engage in moderate sedation to appreciate the differences between *moderate sedation* and *deep sedation/anesthesia.*

Although Propofol is classified as a sedative/hypnotic/anesthetic, according to the FDA product information, it is intended for use as an anesthetic agent or for maintaining sedation of an intubated, mechanically ventilated patient. The product information brochure for Propofol further includes a warning that "only persons trained to administer general anesthesia and not involved in the conduct of the surgical/diagnostic procedure should administer Propofol for purposes of general anesthesia or for monitored anesthesia care/sedation." The clinical effects for patients receiving anesthetic agents such as Propofol may vary widely within a negligible dose range. Though reportedly "short-acting", it is also noteworthy that there are ***no*** reversal agents for Propofol.

As the US Food and Drug Administration (FDA) approves computer-assisted personalized sedation systems, a nurse is encouraged to use the Scope of Practice Decision-Making Model (DMM) to reach a sound decision whether to engage in nursing practice utilizing such a device in accordance with the US FDA approval requirements. US FDA approval requirements for computer assisted personalized sedation systems include requirements for completion of training in addition to safety requirements, such as the immediate availability of anesthesia providers. A nurse is required to complete training prior to using any computer-assisted personalized sedation system and is encouraged to retain proof of training.

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

Though the RN or non-CRNA advanced practice registered nurse may have completed continuing education in advanced cardiac life support (ACLS) and practiced techniques during the training program, this process does not ensure ongoing expertise in airway management and emergency intubation. The American Heart Association (AHA)[6] has identified factors that contribute to misplacement of the endotracheal tube during resuscitation including: "inadequate training, lack of experience" and patient characteristics such as physiology and movement. It is also important to note that no continuing education program, including ACLS programs, will ensure that the RN or non-CRNA advanced practice registered nurse has the knowledge, skills and abilities to rescue a patient from deep sedation or general anesthesia. Furthermore, it is the joint position of the AANA and ASA that, "because sedation is a continuum, it is not always possible to predict how an individual patient will respond." These organizations state only qualified anesthesia providers who are trained in the administration of general anesthesia should administer anesthetic agents, including induction agents.

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

- when assisting in the physical presence of a CRNA or anesthesiologist (the CRNA or anesthesiologist may direct the RN to administer

anesthetic agents in conjunction with the CRNA or anesthesiologist intubating or otherwise managing the patient's airway)

- when administering these medications as part of a clinical experience within an advanced educational program of study that prepares the individual for licensure as a nurse anesthetist (i.e. when functioning as a student nurse anesthetist)
- when administering these medications to patients who are intubated and mechanically ventilated in critical care settings
- when assisting an individual with current competence in advanced airway management, including emergency intubation procedures
- when utilizing a US FDA approved computer-assisted personalized sedation system in accordance with the US FDA approval requirements, where appropriate safety requirements are met (such as immediate availability of anesthesia providers) after completing appropriate training.

Recommended Reference Document: The American Association of Nurse ~~Anesthetists~~ Anesthesiology developed an informational advisory document in 2016 to guide policy development for the safe administration of procedural sedation by a non-anesthesia sedation team in a hospital, ambulatory surgical center, or office setting.[1] The anesthetic agents ketamine and propofol are both mentioned within the document in the context of procedural sedation.

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

The Board again stresses that the nurse's duty to assure patient safety [*22 TAC §217.11(1)(B)*] is an independent obligation under his/her professional licensure that supersedes any physician order or facility policy.[7] It is important to note that the nurse's duty to the patient obligates him/her to decline orders for medications or doses of medications that have the potential to cause the patient to reach a deeper level of sedation or anesthesia. The nurse's duty is outlined in detail in Board Position Statement 15.14, *Duty of a Nurse In Any Practice Setting.*

References

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[4]Association of Women's Health, Obstetric and Neonatal Nurses (2020). *Role of the registered nurse in the care of the pregnant woman receiving analgesia and anesthesia by catheter techniques.* Retrieved from-https://www.jognn.org/article/S0884-2175(20)30012-5/fulltext

[5] American Association of Nurse ~~Anesthetists~~ Anesthesiology and American Society of Anesthesiologists. (2013) *AANA–ASA Joint Position Statement Regarding Propofol Administration. Retrieved from* ~~https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/aana-asapropofol-joint-ps.pdf?sfvrsn=f80049b1_2~~ https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/professional-practice-manual/aana-asa-propofol-joint-ps.pdf?sfvrsn=f80049b1_6

[6] American Heart Association (2020). *American Heart Association CPR & ECC guidelines*. Retrieved from https://eccguidelines.heart.org/circulation/cpr-ecc-guidelines/

[7] Lunsford v. BNE, 648 S.W. 391, (Tex. App–Austin 1983)

Additional Resources

Texas Board of Nursing. (2012). Nurses on guard- best practices in patient safety: Off-label administration of Ketamine for pain management by a nurse. *Texas Board of Nursing Bulletin, 43*(4), 5-6.

Texas Board of Nursing. (2017). *FAQ: Off label use of medication*.

(Board Action 01/1992; Revised: 01/2003; 01/2004; 01/2006; 01/2007; 01/2009; 01/2012; 01/2013; 01/2014; 01/2016; 01/2017; 01/2018; 01/2019; 1/2020; 01/2021; 01/2022)

(Reviewed: 01/2008; 01/2010; 01/2011; 01/2015)

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~~ January 2021"* 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 APRN licensure type 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.

(Adopted 01/2005; Revised: 01/2009; 01/2011; 01/2013; 01/2014; 01/2017; 01/2018; 01/2022)
(Reviewed: 01/2006; 01/2007; 01/2008; 01/2010; 01/2012; 01/2015; 01/2016; 01/2019; 01/2020; 01/2021)

15.11 Delegated Medical Acts

In carrying out orders from physicians, podiatrists, or dentists for the administration of medications or treatments, nurses are usually engaged in the practice of vocational or professional nursing in accordance with the applicable licensure of the individual nurse. In carrying out some physician orders, however, LVNs or RNs may perform acts not usually considered to be within the scope of vocational or professional nursing practice, respectively. Such tasks are delegated and supervised by physicians, podiatrists, or dentists. RNs who lack licensure as advanced practice registered nurses (APRNs) in a specified role and population focus, and LVNs may not engage in "acts of medical diagnosis or prescription of therapeutic or corrective measures" [NPA, Section 301.002(2) and (5)] as these acts require independent medical judgment, which is beyond the scope of practice of the vocational or registered nurse.

Pursuant to physician delegation, APRNs may engage in medical aspects of care. APRNs cannot create standing delegation orders for others to engage in medical aspects of care. Put simply, what is delegation to an APRN by a physician cannot be delegated by the APRN to others. However, APRNs may delegate nursing tasks in the capacity of a registered nurse consistent with Delegation Chapters 224 and 225, as appropriate.

In carrying out the delegated medical function, the nurse is expected to comply with the Standards of Nursing Practice just as if performing a nursing procedure. The Board's position is that a LVN or RN may carry out a delegated medical act if the following criteria are met:

1. The nurse has received appropriate education and supervised practice, is competent to perform the procedure safely, and can respond appropriately to complications and/or untoward effects of the delegated medical act [refer to Standards in *22 TAC §217.11 (1)(C), (1)(G), (1)(M), (1)(N), (1)(R),* and *(1)(T)*];
2. The nurse's education and skills assessment are documented in his/her personnel record;
3. The nursing and medical staffs have collaborated in the development of written policies/procedures/practice guidelines for the delegated acts, these are available to nursing staff practicing in the facility, and the guidelines are reviewed annually, if applicable;
4. The procedure has been ordered by an appropriate licensed practitioner; and
5. Appropriate medical and nursing support is available.

The Board recognizes that nursing practice is dynamic and that acts which today may be considered delegated medical acts may in the future be considered within the scope of either vocational or professional nursing practice. The Board, therefore, advises nurses that they must comply with the Board's Standards of Nursing Practice and any other applicable regulations when carrying out nursing and/or delegated medical acts.

(Board Action 09/1993; Revised: 03/1994; 01/2001; 01/2003; 01/2004; 01/2005; 01/2011; 01/2014; 01/2017; 01/2018; 01/2022)

(Reviewed: 01/2006; 01/2007; 01/2008; 01/2009; 01/2010; 01/2012; 01/2013; 01/2015; 01/2016; 01/2019; 01/2020; 01/2021)

Substantive Proposed Changes

15.25 Administration of Medication & Treatments by LVNs

The definition of "Vocational Nursing" in the Texas Occupations Code states:

> "Vocational Nursing" means a directed scope of nursing practice, including the performance of an act that requires specialized judgment and skill, the proper performance of which is based on knowledge and application of the principles of biological, physical, and social science as acquired by a completed course in an approved school of vocational nursing. The term does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures.
>
> Vocational nursing involves:
>
> (A) collecting data and performing focused nursing assessments of the health status of an individual;
>
> (B) participating in the planning of the nursing care needs of an individual;
>
> (C) participating in the development and modification of the nursing care plan;
>
> (D) participating in health teaching and counseling to promote, attain, and maintain the optimum health level of an individual;
>
> (E) assisting in the evaluation of an individual's response to a nursing intervention and the identification of an individual's needs; and
>
> (F) engaging in other acts that require education and training, as prescribed by board rules and policies, commensurate with the nurse's experience, continuing education, and demonstrated competency [TOC 301.002(5)]. Educational preparation leading to initial licensure as a nurse in Texas is described in the *Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgements, and Behaviors (DECs) (~~Oct 2010~~ Jan 2021)*. This document lists the minimum competency expectations for graduates of Vocational (VN), Diploma/Associate Degree (Diploma/ADN), and Baccalaureate Degree (BSN) nursing programs. According to the DECs, educational preparation for Vocational Nurses includes the following related to administration of medications:

Knowledge:

- ~~Common medical diagnoses, drug and other therapies and treatments.~~
- Common disease process, medication administration, and other therapies and treatments
- Principles of a culture of safety including safe disposal of mediations and hazardous materials

- Effects of misuse of prescription and nonprescription medications and other substances

Clinical Behavior/Judgments:

- ~~Administer medications and treatments and perform procedures safely, and~~
- ~~Monitor, document, and report responses to medications, treatments, and procedures and communicate the same to other health care professionals clearly and accurately.~~

- Safely administer medications and treatments.

- Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner.

- Document and report reactions untoward effect to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals.

- Use evidence-based information to contribute to development of interdisciplinary policies and procedures related to a safe environment including safe disposal

The Standards of Nursing Practice (*22 TAC §217.11*) applicable to LVNs (as well as RNs) includes the following standards that specifically relate to medication administration:

- (1)(C) Know the rationale for and effects of medications and treatments, and shall correctly administer the same;
- (1)(D) Accurately and completely report and document: (iv) administration of medications and treatments;
- (1)(N) Clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious or contraindicated by consulting with the appropriate licensed practitioner and notifying the ordering practitioner when the nurse makes the decision not to administer the medication or treatment.

[Note that other standards may apply to administration of medications within a given practice circumstance.]

The Board's position, therefore, is that LVNs are educationally prepared to administer medications and treatments as ordered by a physician, podiatrist, dentist, or any other practitioner legally authorized to prescribe the ordered medication. LVNs may also administer medications and treatments ordered by PAs and APRNs as established under Position Statements 15.1 and 15.18, relating to nurses accepting orders from Physician Assistants (PAs) and Advanced Practice Registered Nurses (APRNs), respectively.

Each LVN has different experiences, knowledge, level of competence, and abilities; therefore, it is up to the individual LVN to use sound judgment when determining the individual LVN's

scope of practice. The following documents on the Board's web page may be helpful for a LVN concerned about his/her scope of practice for administration of medications or other nursing practice concerns:

- Rule 217.11, Standards of Nursing Practice
- Scope of Practice Decision-Making Model (DMM)
- Decision making for Determining Nursing Scope of Practice
- Position Statements:
    - Position Statement 15.3, LVNs Engaging in Intravenous Therapy, Venipuncture, or Peripherally Inserted Central Catheter Lines
    - Position Statement 15.8, Role of the Nurse in Moderate Sedation
    - Position Statement 15.27, The Licensed Vocational Nurse Scope of Practice

(Adopted 10/2005; Revised: 01/2009; 01/2011; 01/2012; 01/2013; 01/2016; 01/2018; 01/2022)
(Reviewed: 01/2007; 01/2008; 01/2010; 01/2014; 01/2015; 01/2017; 01/2019; 01/2020; 01/2021)

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 job position, policy, or 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~~ Jan 2021)*[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~~ in assisting 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 serve~~s~~ 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. ~~The Board believes that for a nurse to successfully~~ When an LVN seeks to make a transition from one level of nursing practice to another, Board rules require~~s~~ the nurse to complete a formal education program to ensure that the nurse is prepared for the RN level of practice.[3]

The LVN Scope of Practice

The LVN ~~is~~ serves as 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~~ This represents a focused assessment, and ~~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 written documentation must be accurate and complete, and according to policies, procedures, and guidelines for the employment setting.[8]

~~Nursing~~ Patient Diagnosis/Problem Identification/Planning

The second step in the nursing process is ~~nursing diagnosis~~ analyzing data gathered during the assessment and ~~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.

In t~~The~~ third step ~~in~~ of the nursing process, ~~in which~~ the LVN participates and contributes ~~to the nursing process is~~ in planning the 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~~ participation in determining patient 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 Board 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 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 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~~ clinical judgment 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 (20~~10~~ 21). *Differentiated essential competencies of graduates of Texas Nursing Programs evidenced by knowledge, clinical judgements, and behaviors (DECs).*

[3]Texas Board of Nursing (20~~15~~21). *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	Education
LVN Scope of Practice *Directed/Supervised Role*	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: 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. 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.
ADN/Diploma RN Scope of Practice *Independent Role*	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. 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 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.
BSN RN Scope of Practice *Independent Role*	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. BSN programs are usually 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	Supervision
LVN Scope of Practice *Directed/Supervised Role*	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.
ADN/Diploma RN Scope of Practice *Independent Role*	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.
BSN RN Scope of Practice *Independent Role*	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.

Nursing Practice	Setting
LVN Scope of Practice *Directed/Supervised Role*	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.
ADN/Diploma RN Scope of Practice *Independent Role*	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.
BSN RN Scope of Practice *Independent Role*	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	Assessment
LVN Scope of Practice *Directed/Supervised Role*	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.
ADN/Diploma RN Scope of Practice *Independent Role*	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.
BSN RN Scope of Practice *Independent Role*	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

Nursing Practice	Patient Diagnosis/ Problem Identification/ Planning
LVN Scope of Practice *Directed/Supervised Role*	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.
ADN/Diploma RN Scope of Practice *Independent Role*	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.
BSN RN Scope of Practice *Independent Role*	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

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

Nursing Practice	Implementation
LVN Scope of Practice *Directed/Supervised Role*	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.
ADN/Diploma RN Scope of Practice *Independent Role*	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.
BSN RN Scope of Practice *Independent Role*	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.

Nursing Practice	Evaluation
LVN Scope of Practice *Directed/Supervised Role*	Participates in evaluating and reporting effectiveness of nursing interventions. Participates in making referrals to resources to facilitate continuity of care.
ADN/Diploma RN Scope of Practice *Independent Role*	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.
BSN RN Scope of Practice *Independent Role*	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.

(Adopted: 07/2011)
(Revised: 01/2013; 01/2016; 01/2018; 01/2019; 01/2020; 01/2022)
(Reviewed: 01/2012; 01/2014; 01/2015; 01/2017; 01/2021)

5.28 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 job position, policy, or 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, 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 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 Jan 2021)*[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~~ When an RN seeks to successfully make a transition from one level of nursing practice to another, Board rules require~~s~~ the nurse to complete a formal education program to ensure that the nurse is prepared for licensure and practice as an advance practice registered nurse (APRN).[4]

The RN Scope of Practice

The professional RN ~~is~~ serves as 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~~ Patient Diagnosis/Problem Identification/Planning

The second step in the nursing process is analyzing data gathered during the assessment ~~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, as appropriate for their educational background and scope.

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~~ participate in the patient 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 fourth step in the nursing process. The RN may begin, deliver, assign, or delegate certain nursing tasks ~~interventions~~ within the plan of care for patients within legal, ethical, and regulatory parameters and in consideration of health restoration, disease prevention, patient independence, 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 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 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~~ clinical judgments in response to and in collaboration with patients, their families, and the healthcare ~~environment~~ team. 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 (20~~10~~21). *Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgements, and Behaviors (DECs).*

[4] Texas Board of Nursing (20~~17~~21). 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	Education
LVN Scope of Practice *Directed/Supervised Role*	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: 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. 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.
ADN/Diploma RN Scope of Practice *Independent Role*	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. 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 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.
BSN RN Scope of Practice *Independent Role*	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. BSN programs are usually 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	Supervision
LVN Scope of Practice *Directed/Supervised Role*	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.
ADN/Diploma RN Scope of Practice *Independent Role*	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.
BSN RN Scope of Practice *Independent Role*	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.

Nursing Practice	Setting
LVN Scope of Practice *Directed/Supervised Role*	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.
ADN/Diploma RN Scope of Practice *Independent Role*	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.
BSN RN Scope of Practice *Independent Role*	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	Assessment
LVN Scope of Practice *Directed/Supervised Role*	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.
ADN/Diploma RN Scope of Practice *Independent Role*	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.
BSN RN Scope of Practice *Independent Role*	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

Nursing Practice	Patient Diagnosis/ Problem Identification/ Planning
LVN Scope of Practice *Directed/Supervised Role*	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.
ADN/Diploma RN Scope of Practice *Independent Role*	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.
BSN RN Scope of Practice *Independent Role*	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

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

Nursing Practice	Implementation
LVN Scope of Practice *Directed/Supervised Role*	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.
ADN/Diploma RN Scope of Practice *Independent Role*	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.
BSN RN Scope of Practice *Independent Role*	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.

Nursing Practice	Evaluation
LVN Scope of Practice *Directed/Supervised Role*	Participates in evaluating and reporting effectiveness of nursing interventions. Participates in making referrals to resources to facilitate continuity of care.
ADN/Diploma RN Scope of Practice *Independent Role*	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.
BSN RN Scope of Practice *Independent Role*	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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15.29 Professional Boundaries including Use of Social Media by Nurses

The purpose of this Position Statement is to provide guidance to nurses regarding expectations related to professional boundaries, inclusive of social media, and to provide nurses with guidance to prevent boundary violations.

The Texas Board of Nursing (BON or Board), in keeping with its mission to protect the public health, safety, and welfare, holds nurses accountable for knowing, recognizing, and maintaining professional boundaries of the nurse-patient/client relationship [*22 TAC §217.11 (1)(J)*]. The term professional boundaries is defined as: the appropriate limits which should be established by the nurse in the nurse/client relationship due to the nurse's power and the patient's vulnerability. Professional boundaries refers to the provision of nursing services within the limits of the nurse/client relationship which promote the client's dignity, independence and best interests and refrain from inappropriate involvement in the client's personal relationships and/or the obtainment of the nurse's personal gain at the client's expense [*22 TAC §217.1(29)*].

The National Council of State Boards of Nursing (NCSBN) defines professional boundaries as the spaces between the nurse's power and the patient's vulnerability. The power of the nurse comes from the nurse's professional position and access to sensitive personal information. The difference in personal information the nurse knows about the patient versus personal information the patient knows about the nurse creates an imbalance in the nurse-patient relationship. Nurses should make every effort to respect the power imbalance and ensure a patient-centered relationship.

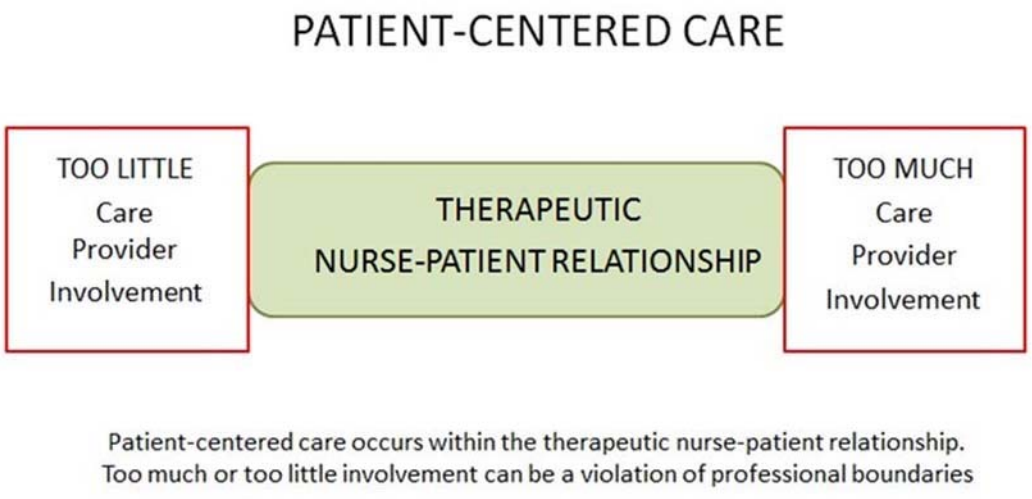
Common to the definition of professional boundaries from the Texas Board of Nursing and from the NCSBN is that a nurse abstains from personal gain at the client's expense and the nurse refrains from inappropriate involvement with the patient or the patient's family.

Duty of a Nurse in Maintenance of Professional Boundaries

There is a power differential between the nurse and the patient. The patient depends on the knowledge of the nurse and relies on the nurse to advocate for the patient and to ensure actions are taken in the patient's best interest. The nurse has a duty to protect the patient including establishing and maintaining professional boundaries in the nurse-patient/client relationship. Under or over involvement can be harmful to the patient and may interfere with the nurse-patient relationship. Visualizing the two ends of the spectrum may assist the nurse in knowing, recognizing and maintaining the professional boundaries of nurse-patient relationships.

Patients each have their own unique needs and abilities. The boundary line for any one particular patient may change over time and may not be the same as the boundary line for another patient. It is up to the nurse to assess the patient and recognize the patient’s needs, adjusting the nursing

care accordingly. Every nurse is responsible for knowing, recognizing, and maintaining the professional boundaries of the nurse-client relationship [*§217.11(1)(J)*].



Patient-centered care occurs within the therapeutic nurse-patient relationship.
Too much or too little involvement can be a violation of professional boundaries

Boundary Violations

A violation of professional boundaries is one element of the definition of "conduct subject to reporting" [*Tex. Occ. Code Sec. 301.401(1)(C)*]. A professional boundary violation is also considered unprofessional conduct [*22 TAC §217.12 (6)(D)*]. Some of the specific categories of professional boundary violations include, but are not limited to physical, sexual, emotional, or financial boundary violations.

Use of Social Media and the Protection of Health Information

The use of social media and other electronic communication is expanding exponentially as the number of social media outlets, platforms and applications available continue to increase. Nurses play a significant role in the identification, interpretation, and transmission of knowledge and information within healthcare. As technological advances continue to expand connectivity and communication, rapid knowledge exchange and dissemination can pose risks to both patients and nurses. While the Board recognizes that the use of social media can be a valuable tool in healthcare, there are potentially serious consequences if used inappropriately. A nurse's use of social media may cause the nurse to unintentionally blur the lines between the nurse's professional and personal life.

Online postings may harm patients if protected health information is disclosed. In addition, social media postings may reflect negatively on individual nurses, the nursing profession, the public's trust of the nursing profession, or the employer and may jeopardize careers. In a survey by the NCSBN, many of the responding boards reported that they had received complaints about nurses inappropriately using social media sites. The survey results indicated that nurses have

been disciplined by boards, fired by employers, and criminally charged for the inappropriate or unprofessional use of social media (NCSBN, 2012).

To ensure the mission to protect and promote the welfare of the people of Texas, the Texas Board of Nursing supports both the guidelines and principles of social media use by the NCSBN and American Nurses Association. In accordance with the NCSBN guidelines and Board rules, it is the Board's position that:

- Nurses have an ethical and legal obligation to maintain patient privacy and confidentiality at all times. When using social media, nurses do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy. Nurses must promptly report any identified breach of confidentiality or privacy [Board Rule 217.11(1) (E) and (K)].
- Nurses maintain professional boundaries in the use of electronic media. The nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Nurses do not refer to patients in a disparaging manner, even if the patient is not identified, or transmit information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient [Board Rule 217.11(1) (J)].
- Nurses must provide nursing services without discrimination and do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments [Board Rules 217.11(1) (L) and 217.12 (6)(C), (D), and (F)].
- Nurses must be aware of and comply with all laws and rules, including employer policies regarding the use of electronic devices including employer-owned computers, cameras and use of personal devices in the work place. In addition, nurses must ensure appropriate and therapeutic use of all patient-related electronic media, including patient-related images, photos, or videos in accordance with applicable laws, rules, and institutional policies and procedures [Board Rule 217.11(1)(A)].

~~The use of social media can be of tremendous benefit to nurses and patients alike, for example dissemination of public safety announcements. However,~~ N~~n~~urses must be aware of the potential consequences of disclosing patient-related information via social media. Nurses must always maintain professional standards, boundaries, and compliance with local, state, and federal laws as stated in *22 TAC §217.11(1)(A)*. All nurses have an obligation to protect their patient's privacy and confidentiality (as required by *22 TAC §217.11(1)(E))* which extends to all environments, including the social media environment.

Use of Social Media and the Dissemination of Public Health Information

The use of social media can be of tremendous benefit to nurses and patients alike, for example dissemination of public health and safety announcements. When engaging in the dissemination

of such information via social media it is imperative that nurses provide the public with factual, evidence-based information and avoid the dissemination of misinformation. According to NCSBN (2021):

- Misinformation is defined by NCSBN as "distorted facts, inaccurate or misleading information not grounded in the peer-reviewed scientific literature and counter to information being disseminated by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA)"
- "When identifying themselves by their profession, nurses are professionally accountable for the information they provide to the public"
- Any nurse participating in the dissemination of misinformation, must again be aware of the potential consequences. "Nurses are urged to recognize that dissemination of misinformation not only jeopardizes the health and well-being of the public, but may place their license and career in jeopardy as well"

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(Adopted: 04/2012)

(Revised: 01/2013; 01/2014; 01/2017; 01/2018; 01/2019; 01/2021; 01/2022)
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