



## Scopes of Practice: Registered Nurse and Licensed Practical Nurse

### Introduction

The purpose of this publication is to assist in identifying and differentiating between the scopes of practice of the registered nurse (RN) and the licensed practical nurse (LPN). This is not an all-inclusive list and summary. Board of Nursing licensees have a responsibility to review and apply Chapter 4723 of the Ohio Revised Code (ORC) and the administrative rules adopted thereunder when engaged in nursing practice. The Nurse Practice Act and the administrative rules can be reviewed and downloaded from the Board's website: [www.nursing.ohio.gov](http://www.nursing.ohio.gov) in the "law and rules" link. This publication does not announce a new policy but is intended to provide guidance to licensees regarding existing law and rules.

### Scopes of Practice

The scopes of practices for the RN and the LPN are set forth in Section 4723.01, ORC.

Practice as a Registered Nurse. Section 4723.01(B), ORC, defines the scope of registered nurse practice as: "Providing to individuals and groups nursing care requiring specialized knowledge, judgment, and skill derived from the principles of biological, physical, behavioral, social, and nursing sciences. Such nursing care includes:

- (1) Identifying patterns of human responses to actual or potential health problems amenable to a nursing regimen;
- (2) Executing a nursing regimen through the selection, performance, management, and evaluation of nursing actions;
- (3) Assessing health status for the purpose of providing nursing care;
- (4) Providing health counseling and health teaching;
- (5) Administering medications, treatments, and executing regimens authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice;
- (6) Teaching, administering, supervising, delegating, and evaluating nursing practice."

Practice as a Licensed Practical Nurse. Section 4723.01(F), ORC, defines the scope of practical nursing as: “Providing to individuals and groups nursing care requiring the application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences at the direction of a licensed physician, dentist, podiatrist, optometrist, chiropractor, or registered nurse. Such nursing care includes:

(1) Observation, patient teaching, and care in a diversity of health care settings;

(2) Contributions to the planning, implementation, and evaluation of nursing;

(3) Administration of medications and treatments authorized by an individual who is authorized to practice in this state and is acting within the course of the individual’s professional practice, except that administration of intravenous therapy shall be performed only in accordance with section 4723.18 or 4723.181 of the Revised Code. Medications may be administered by a licensed practical nurse upon proof of completion of a course in medication administration approved by the board of nursing.

(4) Administration to an adult of intravenous therapy authorized by an individual who is authorized to practice in this state and is acting within the course of the individual’s professional practice, on the condition that the licensed practical nurse is authorized under section 4723.18 or 4723.181 of the Revised Code to perform intravenous therapy and performs intravenous therapy only in accordance with those sections;

(5) Delegation of nursing tasks as directed by a registered nurse;

(6) Teaching nursing tasks to licensed practical nurses and individuals to whom the licensed practical nurse is authorized to delegate nursing tasks as directed by a registered nurse.”

Chapter 4723-4 Ohio Administrative Code (OAC) requires the RN and LPN to maintain current knowledge of the duties, responsibilities and accountabilities for practicing within their respective scopes of practice and for safe nursing practice.

### Similarities and Differences

Registered Nurse. The RN is authorized to engage in all aspects of nursing practice. It is the RN who determines the data to be collected to determine the patient’s health status. This is “assessing the patient’s health status” as identified in Section 4723.01(B)(3), ORC. Assessing health status is further defined in Section 4723.01(D), ORC, as “the collection of data through nursing assessment techniques, which may include interviews, observation, and physical evaluations for the purpose of providing nursing care.” Based on this “health status assessment” the RN determines the nursing care that should be provided to the patient in accordance with Section 4723.01(B)(2), ORC. Nursing regimen is also

further defined in Section 4723.01(C), ORC, in that it “may include preventative, restorative, and health-promotion activities.” The definition of patient is set forth in Rule 4723-4-01(A)(4), OAC. “Patient” means “the recipient of nursing care, which may include an individual, a group, or a community.” Therefore, the nursing regimen prepared and implemented is not limited to individual patients, but may be established for specific populations or defined groups. Rule 4723-4-03, OAC, provides further detail concerning the implementation of the nursing regimen and the standards of RN practice.

Licensed Practical Nurse. The LPN has a dependent role and may provide nursing care only at the direction of a registered nurse, physician, dentist, podiatrist, optometrist or chiropractor (Section 4723.01(F), ORC). The “direction” required for LPN practice is further defined as “communicating a plan of care to a licensed practical nurse” (Rule 4723-4-01(B)(6), OAC). This Rule further explains that the direction provided by an RN to an LPN concerning nursing practice “is not meant to imply the [RN] is supervising the [LPN] in the employment context.” A physician, dentist, podiatrist, optometrist or chiropractor, or the RN may provide to an LPN verbal or written direction of the plan that each of these health care providers have established for the patient. The LPN is then authorized to execute the plan in accordance with the standards in Rule 4723-4-04, OAC. When the RN communicates the plan of care to the LPN, it may be verbally, in the form of an established nursing plan of care, or both. An LPN is accountable to readily identify the RN or other authorized health care provider that is directing the LPN’s practice. Otherwise, the LPN may be engaging in practice beyond the LPN authorized scope.

Supervision of Nursing Practice. The supervision of nursing practice is contained within the definition of RN practice, noting that RNs teach, administer, supervise, delegate, and evaluate nursing practice (Section 4723.01(B)(6), ORC). LPNs are authorized to delegate nursing practice when directed to do so by a RN. It is the “practice” of nursing that the RN supervises and evaluates, rather than a person’s employment performance. The supervision and evaluation of nursing practice is further addressed in Rule 4723-4-06, OAC. Supervision of employee performance and other employment requirements are established by the employer and may encompass responsibilities beyond the licensed practice of nursing. For example, the supervision of nursing practice may include a determination by the RN that a particular nursing intervention is no longer appropriate for a patient and that the nursing regimen should be changed in response to the patient’s needs. The RN may base this change on information communicated by the LPN and the RN may further direct the LPN to implement the revised nursing regimen, or the RN may implement the revision him/herself. The RN must minimally be continuously available to the LPN, but is not required to be on site on a routine basis to supervise the LPN in all of the nursing practice activities performed by the LPN. The exception is when on-site supervision is explicitly required by nursing law and rule, or is determined necessary by the directing RN. For example, on-site supervision is required in certain environments in which a qualified LPN may perform IV therapy (Section 4723.18, ORC)..

Implementing Health Care Provider Orders. Both the RN and the LPN administer medications and treatments authorized by an authorized prescriber/health care provider, such a physician or an advanced practice nurse, and the RN executes a regimen authorized by health care providers. When administering medications and treatments, or executing the authorized regimen, the licensed nurse must practice within their scope; the authorized regimen does not expand the licensed scope. For example, an order from a physician does not authorize a LPN to administer an intravenously pushed medication; and an order from an advanced practice nurse, does not authorize an RN to engage in activities that constitute advanced practice nursing.

Implementing the Nursing Process. Both the RN and LPN implement the nursing process in the delivery of nursing care in accordance with Rules 4723-4-07 and 4723-4-08, OAC. The scope of LPN practice does not contain a provision for assessing health status for purposes of providing nursing care as discussed in the RN scope. Although it is the RN who reviews and assimilates the patient's health status information into the nursing regimen, the LPN contributes to this process by obtaining responses to health questions posed to the patient, performing physical examinations, recognizing changes in patient status or complications that occur and communicating information collected to the RN or to the authorized health care provider who is directing the LPN's practice.

LPN Prohibitions The following are specific LPN practice prohibitions contained in law and rule:

- Engaging in nursing practice without RN or authorized health care provider direction.
- Administering IV push medications (IV medications other than Heparin or Saline to flush an intermittent infusion device).
- Teaching the "practice of nursing."
- Supervising and evaluating "nursing practice."
- Assessing health status for purposes of providing nursing care.

The LPN contributes to all steps of the nursing process by communicating with the RN or directing health care provider concerning the patient's status and needs. When a RN is directing LPN practice, it is the RN who establishes the nursing regimen and communicates the nursing practice needs of the patient.

#### RN Role / Nursing Process

The following are specific examples of the RN role contained in law and rule. The RN:

- Collects patient health data from patient, patient family, and LPN or other health care providers.
- Analyzes data to determine nursing regimen.
- Establishes, accepts, or modifies a nursing diagnosis or problem.
- Implements and communicates the plan of nursing care.

- Evaluates and documents the patient's response to the nursing care.
- Reassesses and revises the nursing plan of care as appropriate.

#### LPN Role / Nursing Process

The following are specific examples of the LPN role contained in law and rule.

The LPN:

- Collects and documents objective and subjective data and observations about the patient.
- Contributes observations and health information to the nursing assessment and reports all data to the RN or authorized directing health care practitioner.
- Implements the current plan of nursing care at the direction of the RN, or the medication or treatment authorized by the directing physician, dentist, podiatrist, optometrist or chiropractor.
- Documents the patient's response to the nursing plan of care or the medication or treatment.
- Contributes to the revision of the nursing plan of care.
- Contributes to the evaluation of the patient's response to the plan of care through documentation and verbal communication with other members of the health care team.

#### FAQ's

Q. Can an LPN do an initial assessment of a patient who has just been admitted to the unit?

A. Whether it is an "initial assessment" or an ongoing assessment of a patient, the LPN's role remains the same: the collection of objective and subjective data only. The assimilation and analysis of the data and the formulation of the plan of nursing care is always the RN's responsibility.

Q. Is the RN required to co-sign the documentation of the LPN?

A. There is nothing in the law and rules regulating the practice of nursing that would require that the RN co-sign the LPN's documentation. It is within the LPN's scope of practice and a requirement of nursing standards that LPNs document their observations of the patient, the nursing care they provide to the patient and the patient's response to the nursing care, all in an accurate and timely manner.

Q. What is meant by directing the nursing care provided by the LPN?

A. Direction means communicating a plan of care to a LPN (Rule 4723-4-01(B)(6), OAC). The LPN has a scope of practice defined in law. The RN directs the LPN in the performance of nursing care for individuals or group of individuals within the scope of practice of the LPN. Rule 4723-4-03(K), OAC, requires a RN to assess certain aspects of the clinical situation and the LPN's knowledge skill and ability when directing a specific LPN's practice:

(K) “When a registered nurse provides direction to a licensed practical nurse in accordance with Chapters 4723-1 to 4723-23 of the Administrative Code, the registered nurse shall first assess:

- (1) The condition of the patient who needs nursing care, including, but not limited to, the stability of the patient;
- (2) The type of nursing care the patient requires;
- (3) The complexity and frequency of the nursing care needed;
- (4) The training, skill, and ability of the licensed practical nurse who will be performing the specific function or procedure, to perform the specific function or procedure; and
- (5) The availability and accessibility of resources necessary to safely perform the specific function or procedure.”

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