CHAPTER 3

SCOPE AND STANDARDS OF NURSING PRACTICE AND CNA ROLE

Section 1. **Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to regulate the scope and practice of nursing and provide guidance for APRN, RN, LPN and the role of the CNA.

Section 2. **Scope and Standards of Nursing Practice for the APRN.**

(a) **Scope and Standards for APRN:**

   (i) The APRN is subject at all times to the standards and scope of practice established by national professional organizations and/or accrediting agencies representing the various core, role and population focus areas for APRNs, and the NPA.

   (ii) The Board recognizes APRN core, role and population focus areas described in the scope of practice statements for APRNs issued by national professional organizations and/or accrediting agencies.

   (iii) Role and population focus of the APRN shall be declared, and the role and population focus to be utilized shall be the title(s) granted by nationally recognized professional organization(s) and/or accrediting agency(ies) or the title(s) of the role and population focus of nursing practice in which the APRN has received postgraduate education preparation.

   (iv) In order to practice in one of the four roles and in a defined population, the APRN shall be recognized by the Board in that particular role with a population focus of advanced practice nursing.

(b) **Prescriptive Authority:**

   (i) The Board may authorize an APRN to prescribe medications and devices, within the recognized scope of APRN’s role and population focus, and in accordance with all applicable state and federal laws including, but not limited to, the WPA, WCSA, the FCSA, and their applicable Rules and Regulations.

   (ii) The Board shall transmit to the Board of Pharmacy a list of all APRNs who have prescriptive authority. The list shall include:

      (A) The name of the authorized APRN;

      (B) The RN license number, role and population focus of the APRN recognized by the Board; and

      (C) The effective date of prescriptive authority authorization.

   (iii) Authorized prescriptions by an APRN shall:

      (A) Comply with all current and applicable state and federal laws; and
(B) Be signed by the APRN with the initials "APRN" or the initials of the nationally recognized role and population focus.

(iv) Prescriptive authorization will be terminated if the APRN has:

(A) Not maintained current recognition as an APRN;

(B) Prescribed outside the scope of recognized APRN's role and population focus or for other than therapeutic purposes;

(C) Not completed four hundred (400) hours of practice as an APRN within the past two (2) years;

(D) Not documented fifteen (15) contact hours of pharmacology within the past two (2) years; or

(E) Violated the standards of practice, Board Rules, or the NPA.

(v) APRN's prescriptive authority shall be renewed biennially.

(vi) The Board will notify the Board of Pharmacy within two working days after termination of or change in the prescriptive authority of an APRN.

(c) Applicability:

(i) The provisions of this chapter are only applicable to an APRN who is recognized as an APRN, whose authorization to perform advanced and specialized acts of nursing practice, advanced nursing and medical diagnosis, and the administration and prescription of therapeutic and corrective measures comes from educational preparation, national certification, and recognition to practice in compliance with Board Rules.

(ii) Nothing in this chapter prohibits the usual and customary practice of an APRN in the State from directly administering prescribed controlled substances under derived authority. In addition, the direct administration, or the ordering of controlled substances preoperatively, intraoperatively or postoperatively, by an APRN (certified registered nurse anesthetist) does not involve prescribing within the meaning of 21 CFR 1308.02(f) or the Board Rules. These rules do not require any changes in the current practice and procedures of APRN who are certified registered nurse anesthetists or the institutional and individual practitioners with whom they may practice.

(iii) Nothing in this chapter prohibits the usual and customary practice of APRNs in the State from providing/dispensing drugs in accordance with applicable state and federal laws.

(iv) Nothing in this section limits or enhances the usual and customary practice of a RN or LPN in the State.

Section 3. Scope and Standards of Nursing Practice for the RN.
(a) The RN shall retain professional accountability for nursing care:

(i) Have knowledge of the statutes and regulations governing nursing;

(ii) Practice within the legal boundaries for nursing through the scope of practice authorized in the NPA and the Board Rules;

(iii) Take preventive measures to protect the client, others, and self;

(iv) Base professional decisions on nursing knowledge and skills, the needs of clients and the expectations delineated in professional standards;

(v) Maintain continued competence through ongoing learning and application of knowledge to nursing practice;

(vi) Report unfit or incompetent nursing practice to recognized legal authorities;

(vii) Participate in the evaluation of nursing practice through quality and safety activities including peer review;

(viii) Maintain appropriate professional boundaries, including sexual boundaries;

(ix) Maintain client confidentiality unless obligated by law to disclose the information; and

(x) Conduct practice without discrimination on the basis of age, race, religion, sex, lifestyle, national origin, medical diagnosis, or handicap.

(b) The RN shall participate of an interdisciplinary healthcare team and organize, manage, and supervise the practice of nursing.

(c) The RN shall advocate for the client.

(d) The RN shall implement the nursing process:

(i) Conduct a comprehensive health assessment that is an extensive data collection (initial and ongoing) regarding individuals, families, groups, and communities; and

(ii) Collect objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner.

Section 4. Scope and Standards of Nursing Practice for the LPN.

(a) Standards related to the LPN's contribution to the nursing process. The LPN shall:

(i) Contribute to the nursing assessment by collecting, reporting, and recording objective and subjective data in an accurate and timely manner. Data collection includes observations about the condition or change in condition of the client.
Participate in the development and modification of the plan of care by:

(A) Provide data;

(B) Contribute to the identification of priorities;

(C) Contribute to setting realistic and measurable goals;

(D) Assist in the identification of measures to maintain comfort, support human functions and responses, maintain an environment conducive to well-being, and provide health teaching and counseling; and

(E) Base nursing decisions on nursing knowledge, skills, and needs of clients.

Participate in the implementation of the plan of care by:

(A) Provide care for clients under the direction of a licensed physician, dentist, APRN, or RN.

(B) Initiate appropriate standard emergency procedures established by the institution until a licensed physician, dentist, APRN or RN is available.

Accountability. The LPN shall:

(i) Have knowledge of the statutes and regulations governing nursing;

(ii) Accept individual responsibility and accountability for nursing actions and competency;

(iii) Accept client care assignments from the licensed physician, APRN, dentist, or RN only for which they are educationally prepared and adequately trained;

(iv) Contribute to the formulation, interpretation, implementation, and evaluation of the objectives and policies relating to practical nursing practice within the employment setting;

(v) Participate in the evaluation of nursing practice through quality and safety activities;

(vi) Report unfit or incompetent nursing practice to the board. Report unsafe conditions for practice to recognized legal authorities;

(vii) Conduct practice without discrimination on the basis of age, race, religion, sex, life-style, national origin, or disability;

(viii) Respect the dignity and rights of clients and their significant others, regardless of social or economic status, personal attributes, or nature of health problems;
(ix) Protect confidential information, unless obligated by law to disclose the information;

(x) Maintain boundaries, including sexual boundaries;

(xi) Maintain continued competency through ongoing learning and application of knowledge to nursing practice;

(xii) Participate in the development of continued competency in the performance of nursing care activities for nursing personnel and students; and

(xiii) Implement appropriate aspects of client care in a timely manner.

(c) Implementation. The LPN shall:

(i) Participate in nursing management;

(ii) Take preventive measures to protect client, others, and self; and

(iii) Teach and counsel clients and families in accordance with the nursing care plan.

Section 5. **Expanded Role for LPN IV, MA-C and CNA II.** With successful completion of a Board-approved curriculum, the LPN or CNA may obtain certification which expands the LPN scope of practice or CNA role.

Section 6. **Role of CNA.**

(a) A CNA, regardless of title or care setting shall be under the direction of an APRN, RN, or LPN;

(b) After appropriate client assessment and delegation by the an APRN, RN, or LPN, the CNA shall utilize knowledge of client’s rights, legal and ethical concepts, communication skills, safety, and infection control while performing the following:

(i) Basic Nursing Skills;

(ii) Personal Care Skills;

(iii) Basic Restorative Skills Assistance;

(iv) Mental Health and Psychosocial Skills;

(v) Communication Skills; and

(vi) Nursing Team Member Skills of the CNA.