

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:

- (a) Regulate the scope and practice of nursing for APRN, RN, LPN, and the role of the CNA;
- (b) Provide standards of nursing practice that integrate knowledge, skills, abilities, and judgment;
- (c) Establish acceptable standards of safe delegation of nursing tasks; and
- (d) Provide clear direction and standardization of the delegation process, from a systems (employer) and client care perspective.

Section 2. Definitions.

- (a) "Delegatee" means the person who is delegated a nursing responsibility by either and APRN, RN, or LPN, is competent to perform it, and verbally accepts the responsibility. A delegate may be either an RN, LPN or UAP.
- (b) "Delegation" means the transition of a performance of an activity, skill or procedure by a licensed nurse to a Delegatee. Pervasive functions of clinical reasoning, nursing judgment, or critical decision making cannot be delegated.
- (c) "Employer/Nurse Leader" means the person responsible for the oversight of delegated responsibilities for the facility.
- (d) "Licensed Nurse" mean those persons holding an active Wyoming license as an APRN, RN, or LPN.
- (e) "UAP" means unlicensed assistive personnel trained to function in a supportive role, regardless of title, to which a nursing responsibility may be delegated. This includes, but is not limited to CNAs, patient care technicians, certified medication aides, and home health aides.

Section 3. 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 upon application for licensure, 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, order, procure, administer, dispense and furnish over the counter, legend and controlled substances pursuant to applicable state and federal laws and within the APRN's role and population focus.

(ii) Authorized prescriptions by an APRN shall:

(A) Comply with all current 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.

(iii) APRNs may receive, sign for, record, and distribute samples to clients. Distribution of drug samples shall be in accordance with state law and Drug Enforcement Agency laws, regulations, and guidelines.

(iv) 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.

(v) 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, who is authorized 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 section limits or enhances the usual and customary practice of an RN or LPN in the State.

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

(a) Accountability. The RN/LPN shall:

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

(ii) Demonstrate honesty, integrity and ethical behaviors in nursing practice;

(iii) Base nursing decisions on nursing knowledge, evidence-based practice, skills, standards, and the needs of the clients;

(iv) Accept responsibility for judgments, individual nursing actions, competence, decisions and behavior in the course of nursing practice;

(v) Seek clarification of orders or direction when needed;

(vi) Maintain competence through ongoing learning and application of knowledge in nursing practice;

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

(viii) Take preventative measures to protect the client, others, and self;

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

(x) Report violations of the Nurse Practice Act or Rules by self or other licensees. Report unsafe conditions for practice to recognized legal authorities.

(b) Client Advocacy. The RN/LPN have the responsibility for the client and shall:

(i) Conduct practice without discrimination on the basis of age, race, religion, sex, life style, national origin, culture, medical diagnosis, or disability;

(ii) Respect the dignity and rights of clients and their significant others, regardless of social or economic status, personal attributes, culture or nature of health problems;

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

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

(v) Promote a safe and therapeutic environment by;

(A) Monitoring and surveillance of the care environment;

(B) Identifying unsafe care situations; and

(C) Correcting problems or referring problems to appropriate management level when needed.

Section 5. Scope and Standards of Nursing Practice for the RN.

(a) RN Standard. The RN has the responsibility to organize, manage, and supervise the practice of nursing.

(b) RN Scope of Practice. The RN shall:

(i) Retain professional accountability for nursing care;

(ii) Participate as a member of the inter disciplinary healthcare team;

(iii) Implement the nursing process:

(A) Conduct a comprehensive assessment;

(B) Plan nursing care and nursing interventions consistent with the client's overall health care plan;

(C) Utilize decision-making, critical thinking and clinical judgment to

make independent nursing decisions and nursing diagnosis;

(D) Implement treatment and therapy, including medication administration and delegated medical and independent nursing functions; and

(E) Evaluate the client's response to nursing care and other therapy.

(iv) Identify changes in the client's health status and comprehend clinical implications of the client's signs, symptoms and changes as part of expected or unexpected client course and emergent situations;

(v) Document nursing care;

(vi) Communicate and consult with other health team members;

(vii) Provide comprehensive nursing and health care education in which the RN:

(A) Assesses and analyzes educational needs of learners;

(B) Plans educational programs based on learning needs and teaching-learning principles;

(C) Ensures implementation of an educational plan either directly or by delegating selected aspects of the education to other qualified persons; and

(D) Evaluates the education to meet the identified goals.

(viii) Provide delegation to the RN, LPN, and UAP. Match the client needs with personnel qualifications, available resources and appropriate supervision using delegation guidelines in this Chapter, Sections nine (9) through eleven (11).

Section 6. Scope and Standards of Nursing Practice for the LPN.

(a) LPN Standard.

(i) Practice under the supervision of an APRN, RN, licensed physician, or other authorized licensed independent health care provider.

(ii) Participate in nursing care, health maintenance, patient teaching, counseling, collaborative planning and rehabilitation, to the extent of his/her generic and continuing education and experience.

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

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

(b) LPN Scope of Practice. The LPN shall:

(i) Conduct a focused nursing assessment, which is an appraisal of the client's health status and needs that contributes to ongoing data collection;

(ii) Recognize patient characteristics that may affect the patient's health status;

(iii) Contribute to the plan of care by:

(A) Gathering, observing, recording, and communicating patient responses to nursing interventions; and

(B) Contributing to the plan of care in collaboration with a RN based on an analysis of patient responses.

(iv) Function as a member of the health care team, contributing to the implementation of an integrated patient-centered health care plan;

(v) Implement nursing interventions and prescribed medical regimes in a timely and safe manner;

(vi) Collaborate and communicate relevant and timely patient information with patients and other health team members to ensure quality and continuity of care;

(vii) Document nursing care;

(viii) Teach and counsel clients and families in accordance with the nursing care plan; and

(ix) Provide delegation to the UAP. Match client needs with personnel qualification, available resources and appropriate supervision using delegation guidelines in this Chapter, Sections nine (9) through eleven (11).

Section 7. Role of the CNA

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

(b) CNA Role. After appropriate client assessment and delegation by the APRN, RN or LPN, the CNA shall utilize knowledge of client's rights, legal and ethical concepts, communications skills, and safety and infection control practices while performing the

following:

- (i) Basic nursing skills;
- (ii) Personal care skills;
- (iii) Basic restorative skills;
- (iv) Mental health and psychological support;
- (v) Communication skills; and
- (vi) Nursing team member technical skills of the CNA.

Section 8. Expanded Role for the LPN IV, MA-C and CNA II. With successful completion of a Board-approved program, the LPN or CNA may obtain certification which expands the LPN scope of practice or CNA role.

Section 9. Standards of Delegation

(a) All decisions related to delegation and assignment shall be based on the fundamental principles of protection of the health, safety, welfare of the public and doctrine of client rights.

(b) The licensed nurse must delegate only those tasks that are within his/her area of responsibility and scope of practice.

(c) Delegation shall be at the discretion of the licensed nurse, with consideration of the particular situation.

(d) The RN may delegate components of assessment and care tasks, but shall retain responsibility for the nursing process itself.

(e) The licensed nurse shall maintain accountability for the client, while the Delegatee shall be responsible for the designated activity, skill, task, or intervention. The employer has responsibility for delegation policies and procedures that guide the delegation process.

(f) It shall be considered assignment rather than delegation if the particular activity or task is already within the legally recognized scope of practice or role of the individual Delegatee.

(g) Transfer of responsibility of care between licensed nurses shall be considered a handoff of care rather than delegation.

Section 10. Responsibilities of Delegation and Assignment. The employer, individual licensed nurse, and Delegatee each shall have specific responsibilities within the

delegation assignment process.

- (a) Employer Responsibilities. The Employer shall:
 - (i) Identify a nurse leader responsible for oversight of delegated responsibilities for the facility;
 - (ii) Develop policies for delegation; and
 - (iii) Assess, monitor, and verify competency of staff.
- (b) Licensed Nurse Responsibilities. The licensed nurse shall:
 - (i) Direct care and determine appropriate assignment and delegation in client care;
 - (ii) Assign or delegate to another, those nursing skills the individual has the education, legal authority, and demonstrated competency to perform safely including:
 - (A) The APRN or RN may assign or delegate nursing care to the RN, LPN, or UAP; and
 - (B) The LPN may assign or delegate nursing care to the LPN or UAP;
 - (iii) Provide direction, guidance, and evaluation for assignment or delegation;
 - (iv) Be readily available in person, by telecommunication, text or other alternative method of communication; and
 - (v) Maintain accountability for any assigned or delegated nursing measures.
- (c) Delegatee Responsibilities. The Delegatee shall:
 - (i) Accept only assignments and delegated responsibilities for which they have adequate training, skills, and education;
 - (ii) Maintain competency for the assigned or delegated responsibility;
 - (iii) Communicate questions and concerns to the licensed nurse creating the assignment or delegation; and
 - (iv) Be accountable for carrying out the delegated or assigned responsibility or contact the assigning/delegating nurse.

Section 11. Criteria for Delegation and Assignment. The following criteria shall determine what nursing tasks, functions, or activities may be delegated or assigned:

- (a) Legal authority, knowledge, skills, and scope of practice of the Delegatee;
- (b) Verification of the clinical competence of the Delegatee by the employing agency;
- (c) Stability of the client's condition that involves predictability, absence of risk or complications, and rate of change; and
- (d) Variables in the clinical setting including, but not limited to:
 - (i) The accessible resources and established policies that lend support to the type of nursing tasks, functions, and activities being delegated;
 - (ii) The complexity and frequency of care by a given client population;
 - (iii) The proximity of the client to staff;
 - (iv) The number and qualifications of staff; and
 - (v) The accessibility of a licensed nurse.