



Wyoming State Board of Nursing  
 130 Hobbs Avenue, Suite B  
 Cheyenne, WY 82002  
 Phone (307) 777-7601 Fax (307) 777-3519  
 E-Mail: [wsbn-info-licensing@wyo.gov](mailto:wsbn-info-licensing@wyo.gov)  
 Home Page: <https://nursing-online.state.wy.us/>

**OPINION:** LPN AND RN SCOPE OF PRACTICE  
**APPROVED DATE:** JULY 2014  
**REVIEWED DATE:** JULY 2016  
**REVISED DATE:** MAY 2018  
**ORIGINATING COMMITTEE:**  
 PRACTICE COMMITTEE

An advisory opinion adopted by WSBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of WSBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training and supervision to assure the safety of their patient population and/or decrease risk.

Within the Scope of Practice/Role of \_\_\_APRN \_\_\_X\_\_\_RN \_\_\_X\_\_\_LPN \_\_\_CNA

**ADVISORY OPINION  
 LPN AND RN SCOPE OF PRACTICE**

**Intent of Advisory Opinion:**

In accordance with W.S. 33-21-122 (c) (iii) of the Wyoming Nursing Practice Act (NPA), the Wyoming State Board of Nursing (WSBN) has approved the following Advisory Opinion on LPN and RN Scope of Practice.

RNs have the responsibility to organize, manage, and supervise the practice of nursing. LPNs practice under the supervision of an APRN, RN, licensed physician, or other authorized licensed independent health care provider.

**COMPARISON OF LPN AND RN STANDARDS RELATED TO SCOPE OF PRACTICE**

LPN STANDARDS RELATED TO SCOPE	RN STANDARDS RELATED TO SCOPE
<i>Rules Wyo. Dept. of Admin and Info., Bd. Of Nursing, Ch. 3 (Dec. 2017) – In participating in the nursing process and implementing client care across the lifespan, a LPN shall:</i>	<i>Rules Wyo. Dept. of Admin and Info., Bd. Of Nursing, Ch. 3 (Dec. 2017) – In participating in the nursing process and implementing client care across the lifespan, a RN shall:</i>
ASSESSMENT	ASSESSMENT
1. Contribute to the assessment of the health status of clients by:	1. Conduct a nursing assessment of a client in which the nurse:
a. Recognize client characteristics that may affect the client’s health status;	a. Recognize client characteristics that may affect the client’s health status;
b. Gather and record focused assessment data; and	b. Gather or review comprehensive subjective and objective data and detect changes or missing information;
c. Demonstrate attentiveness by observing, monitoring, and reporting signs, symptoms and changes in client	c. Apply nursing knowledge in the integration of the biological, psychological, and social aspects of the

condition in an ongoing manner to the supervising registered nurse (RN) or Provider.	client's condition; and
	d. Demonstrates attentiveness by providing ongoing client surveillance and monitoring.
<b><u>NURSING DIAGNOSIS</u></b>	<b><u>NURSING DIAGNOSIS</u></b>
2. Utilize/apply nursing diagnosis (formulated by RN) as a foundation for implementing interventions.	2. Use critical thinking and nursing judgment to analyze client assessment data to:
	a. Make independent nursing decisions and formulate nursing diagnoses; and
	b. Determine the clinical implications of client signs, symptoms, and changes, as either expected, unexpected, or emergent situations.
<b><u>PLANNING</u></b>	<b><u>PLANNING</u></b>
3. Contribute to the development and modifications of the plan of care by:	3. Based on assessment and analysis of client data, plan strategies of nursing care and nursing interventions in which the nurse:
a. Plan episodic nursing care for a client whose condition is stable and predictable;	a. Identify client needs and goals;
b. Assist the RN or supervising Provider in identification of client needs and goals; and	b. Formulate strategies to meet identified client needs and goals;
c. Determine priorities of care together with the supervising RN or <u>Provider</u> .	c. Modify defined strategies to be consistent with the client's overall health care plan; and
	d. Prioritize strategies based on client needs and goals.
<b><u>IMPLEMENTATION</u></b>	<b><u>IMPLEMENTATION</u></b>
4. Implement aspects of a client's care consistent with the LPN scope of practice in a timely and accurate manner including:	4. Provide nursing care within the RN scope of practice in which the nurse:
a. Follow nurse and Provider orders and seek clarification of orders when needed;	a. Administer prescribed aspects of care including treatments, therapies, and medications;
b. Administer treatments, medications, and procedures;	b. Clarify health care provider orders when needed;
c. Attend to client and family concerns or requests;	c. Implement independent nursing activities consistent with the RN scope of practice;
d. Provide health information to clients as directed by the supervising RN or <u>Provider</u> or according to an established education plan; and	d. Institute preventive measures to protect client, others and self;
e. Promote a safe client environment;	e. Intervene on behalf of a client when problems are identified;
f. Institute preventive measures to protect client, others, and self;	f. Promote a safe client environment;
g. Intervene on behalf of a client when problems are identified;	g. Attend to client concerns or requests;
h. Communicate client information to health team members including: 1. Client concerns and special needs; 2. Client status and progress; 3. Client response or lack of response to	h. Communicate client information to health team members including: 1. Client concerns and special needs; 2. Client status and progress; 3. Client response or lack of response

<p>interventions; and</p> <p>4. Significant changes in client condition; and</p>	<p>to interventions; and</p> <p>4. Significant changes in client condition; and</p>
<p>i. Document the nursing care the LPN provided.</p>	<p>i. Document the nursing care the RN provided.</p>
<b>EVALUATION</b>	<b>EVALUATION</b>
<p>5. Contribute to evaluation of the plan of care by:</p>	<p>5. Evaluate the impact of nursing care including the:</p>
<p>a. Gather, observe, record, and communicate client responses to nursing interventions; and</p>	<p>a. Client's response to interventions;</p>
<p>b. Modify the plan of care in collaboration with an RN based on analysis of client responses.</p>	<p>b. Need for alternate interventions;</p>
	<p>c. Need to communicate and consult with other health team members; and</p>
	<p>d. Need to revise the plan of care.</p>
<b>EDUCATION</b>	<b>EDUCATION</b>
<p>6. Providing health information to clients as directed by the supervising RN or <u>Provider</u> or according to an established educational plan; (as stated above in IMPLEMENTATIONS 4d)</p>	<p>6. Provide comprehensive nursing and health care education in which the RN:</p>
	<p>a. Assesses and analyzes educational needs of learners;</p>
	<p>b. Plans educational programs based on learning needs and teaching-learning principles;</p>
	<p>c. Ensures implementation of an educational plan either directly or by delegating selected aspects of the education to other qualified persons; and</p>
	<p>d. Evaluates the education to meet the identified goals.</p>
<b>DELEGATION</b>	<b>DELEGATION</b>
<p>7. A LPN assigns and delegates nursing activities. The LPN shall:</p>	<p>7. A RN assigns and delegates nursing activities. The RN shall:</p>
<p>a. Assign nursing care within the LPN scope of practice;</p>	<p>a. Assign nursing care within the RN scope of practice;</p>
<p>b. Delegate nursing tasks to CNAs, CNA IIs and MA-Cs. In maintaining accountability for the delegation, the LPN shall ensure that the:</p> <ol style="list-style-type: none"> <li>1. CNA, CNA II or MA-Cs has the education, legal authority and demonstrated competency to perform the delegated task;</li> <li>2. Tasks delegated are consistent with the CNA, CNA II or MA-C's job description and can safely be performed according to clear, exact, and unchanging directions;</li> <li>3. Results of the task are reasonably predictable;</li> <li>4. Task does not require assessment, interpretation, or independent decision</li> </ol>	<p>b. Assign nursing care to a LPN with the LPN scope of practice based on the RN's assessment of the client and the LPN's ability;</p>

<p>making during its performance or at completion;</p> <ol style="list-style-type: none"> <li>5. Selected client and circumstances of the delegation are such that delegation of the task poses minimal risk to the client and the consequences of performing the task improperly are not life-threatening;</li> <li>6. LPN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the CNA, CNA II or MA-C follows each written facility policy or procedure when performing the delegated task;</li> <li>7. LPN provides supervision and feedback to the CNA, CNA II or MA-C; and</li> <li>8. LPN observes and communicates the outcomes of the delegated task.</li> </ol>	
	<ol style="list-style-type: none"> <li>c. Supervise, monitor, and evaluate the care assigned to a LPN; and</li> </ol>
	<ol style="list-style-type: none"> <li>d. Delegate nursing tasks to CNAs, CNA IIs, and MA-Cs. In maintaining accountability for the delegation, the RN shall ensure that the:             <ol style="list-style-type: none"> <li>1. CNA, CNA II or MA-Cs has the education, legal authority and demonstrated competency to perform the delegated task;</li> <li>2. Tasks delegated are consistent with the CNA, CNA II or MA-C's job description and can be safely performed according to clear, exact, and unchanging directions;</li> <li>3. Results of the task are reasonably predictable;</li> <li>4. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;</li> <li>5. Selected client and circumstances of the delegation are such that delegation of the task poses minimal risk to the client and the consequences of performing the task improperly are not life threatening;</li> <li>6. RN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the CNA, CNA II or MA-C follows each written facility policy or procedure when performing the delegated task;</li> <li>7. RN provides supervision and feedback to the CNA, CNA II or</li> </ol> </li> </ol>

	MA-C; and 8. RN observes and communicates the outcomes of the delegated task.
--	--

**APPENDIX A:**

For assistance in locating a list of interventions relating to LPN or RN scope of practice, please review topics from the National Council of State Boards of Nursing documents titled and reference the WSNB Advisory on “[Delegation](#)” and the “[Decision Tree Model](#)”;

2017 NCLEX-PN Detailed Test Plan-Candidates [https://www.ncsbn.org/PN\\_Det\\_Test\\_Plan\\_2017.pdf](https://www.ncsbn.org/PN_Det_Test_Plan_2017.pdf)

2016 NCLEX-RN Detailed Test Plan-Candidates [https://www.ncsbn.org/2016\\_RN\\_Test\\_Plan\\_Candidate.pdf](https://www.ncsbn.org/2016_RN_Test_Plan_Candidate.pdf)

**References**

Arizona Board of Nursing (2014) *Comparison of RN and LPN Standards Related to Scope*. Retrieved from: <https://www.azbn.gov/documents/education/COMPARISON%20OF%20RN%20AND%20LPN%20STANDARDS%20RELATED%20TO%20SCOPE.pdf>

National Council of State Board of Nursing. (2016). Detailed Candidate Test Plan – NCLEXP, NCLEXR

Wilkinson, J. & Van Leuven, K. (2007). *Fundamentals of Nursing, Thinking and Doing. Volume Two*. F.A. Davis Company/Publishers. Philadelphia, PA.