



## **Scopes of Practice: Registered Nurses (RNs) and Licensed Practical Nurses (LPNs)**

This document is to provide guidance regarding the scopes of practice for RNs and LPNs based on the requirements in the Nurse Practice Act (NPA) and administrative rules. The Nurse Practice Act and administrative rules can be found on the “law and rules” page of the Board website at [www.nursing.ohio.gov](http://www.nursing.ohio.gov).

Section 4723.01, Ohio Revised Code (ORC), specifies scopes of practice for RNs and LPNs. Chapter 4723-4, Ohio Administrative Code (OAC), specifies RN and LPN standards of practice, and addresses patient safety and the nursing process.

### Registered Nurses

Section 4723.01(B), ORC, defines the scope of RN 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.”

RNs have independent licensed authority to engage in all aspects of practice specified in Section 4723.01(B), ORC, except that, when providing nursing care pursuant to Section 4723.01(B)(5), ORC, the RN must have an order from an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice for administration of medication or treatments or for the regimen that is to be executed. Rule 4723-4-03(D), OAC.

The RN determines the data to be collected to “assess the patient’s health status for the purpose of providing nursing care,” 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 the “health status assessment” RNs determine the nursing care needs of the patient and the resulting nursing regimen that will be executed in accordance with Section 4723.01(B)(2), ORC. Nursing regimen is defined in Section 4723.01(C), ORC, in that it “may include preventative, restorative, and health-promotion activities.” The definition of patient, set forth in Rule 4723-4-01(A)(4), OAC is “the recipient of nursing care, which may include an individual, a group, or a community.” Therefore, the nursing regimen determined by RNs is not limited to individual patients, but may be established for specific populations or defined groups. Rule 4723-4-03, OAC, provides further information about the implementation of the nursing regimen and the standards of RN practice.

### RN Role/Nursing Process

The following examples of RN practice are in the NPA and administrative rules. 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.

### Licensed Practical Nurses

Section 4723.01(F), ORC, defines the scope of LPN practice 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 registered nurse or any of the following who is authorized to practice in this state: a physician, physician assistant, dentist, podiatrist, optometrist, or chiropractor. 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.”

LPNs have a "dependent" practice, which means the LPN is authorized to practice **only** when the practice is directed by a registered nurse or any of the following who is authorized to practice in this state: a physician, physician assistant, 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" in Rule 4723-4-01(B)(6), OAC. A physician, physician assistant, dentist, podiatrist, optometrist or chiropractor, or the RN may provide LPNs verbal or written direction of the plan that each of these health care providers have established for the patient. LPNs are authorized to execute the plan in accordance with the standards of LPN practice in accordance with 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. Rule 4723-4-04, OAC, further explains that the direction provided by RNs to LPNs about nursing practice is not meant to imply the RN is supervising the LPN in the employment context. The LPN is accountable to identify the RN or other authorized health care provider who is directing the LPN's practice. Otherwise, the LPN may be engaging in practice beyond the LPN authorized scope.

### LPN Practice Prohibitions

The following are specific LPN practice prohibitions contained in the NPA and rules:

- 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 the directing authorized 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.

### LPN Role/Nursing Process

The following are examples of LPN practice in the NPA and administrative rules. 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 provider.
- Implements the current plan of nursing care at the direction of the RN, or the medication or treatment authorized by the directing physician, physician assistant, 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.

### LPN IV Therapy

Chapter 4723-17, OAC, addresses LPN IV therapy for the LPN who is IV therapy certified. The Chapter defines terms, IV therapy procedures IV therapy certified LPNs may perform, and IV therapy procedures that LPNs are prohibited from performing. It also establishes the minimum

curriculum requirements for LPNs to obtain their IV therapy certification.

### Supervision of Nursing Practice

The supervision of nursing practice is specified within the definition of RN practice, noting that RNs teach, administer, supervise, delegate, and evaluate nursing practice (Section 4723.01(B)(6), ORC). The LPN is authorized to delegate nursing practice when directed to do so by a RN, to teach a nursing task, and to make observations and provide patient teaching (Section 4723.01(F)(1), (F)(5), and (F)(6), ORC). Regarding the RN supervision of nursing practice, it is the “practice” of nursing that the RN supervises and evaluates, rather than a person’s employment performance. Supervision and evaluation of nursing practice is further addressed in Rule 4723-4-06, OAC.

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 supervising RN must be continuously available through some form of telecommunication with the supervised nurse. Although the supervising RN 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 supervising RN is required to take all action necessary, including but not limited to conducting periodic on-site visits, in order to insure the supervised nurse is practicing in accordance with acceptable and prevailing standards of safe nursing care. There are circumstances when on-site supervision by a RN is explicitly required by nursing law and rule. For example, on-site supervision is required in certain environments in which a qualified LPN performs IV therapy (Section 4723.18(B) and (C), ORC).

Supervision of employee performance and other employment requirements are established by the employer and may encompass responsibilities beyond the licensed practice of nursing.

### Implementing Health Care Provider Orders

Both the RN and the LPN administer medications and treatments authorized by an authorized prescriber/health care provider, such as a physician or an advanced practice registered nurse. The RN is also authorized to execute a regimen authorized by an authorized health care provider. When administering medications and treatments, or when a RN is executing an authorized regimen, the licensed nurse must practice within their statutorily defined scope. An authorized health care provider’s order does not expand the licensed nurse’s scope. For example, an order from a physician does not authorize a LPN to intravenously administer a dose of Lasix because Section 4723.18, ORC, prohibits it. Similarly, an order does not authorize an RN to engage in activities that constitute advanced practice registered nursing or the practice of medicine or surgery, as prohibited by Section 4723.151(A), ORC.

### Implementing the Nursing Process

Both the RN and LPN implement the nursing process in the provision of nursing care in accordance with Rules 4723-4-07 and 4723-4-08, OAC, respectively. The scope of LPN practice does not include assessing health status for purposes of providing nursing care that is included in the RN scope. Although it is the RN who reviews and assimilates the patient’s health status data and information into the nursing assessment for purposes of providing nursing care, the LPN is authorized to contribute 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.

## Delegation

Chapter 4723-13, OAC, addresses delegation of nursing tasks to an unlicensed person. The rules in this chapter provide general information about the delegation of nursing tasks; specific prohibitions regarding delegation of nursing tasks; criteria and standards for a licensed nurse delegating to an unlicensed person; minimum curriculum requirements for teaching a nursing task; and supervision of the performance of a nursing task performed by an unlicensed person.

### **FAQs**

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

A. Whether it is an initial or ongoing assessment of a patient, the LPN's role is the same, which is to collect only objective and subjective data. 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. The law and rules regulating the practice of nursing do not require that the RN co-sign the LPN's documentation. It is within the LPN scope of practice and a requirement of nursing standards that LPNs accurately and timely document their observations of the patient, the nursing care they provide, and the patient's response to the nursing care.

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 provision of nursing care for individuals or groups 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.”

### *Additional practice resources*

Additional practice resources are available on Practice RN and LPN page of the Board's website.

These include a RN LPN FAQ and a Decision Making Model adopted by the Board to assist nurses “in determining whether a specific procedure, task or activity is within the RN's or LPN's scope of practice and, if so, whether the specific procedure, task or activity is consistent with standards of practice, appropriate to perform based on the individual nurse's knowledge and skills, and is appropriate based on the clinical setting.” Questions that cannot be addressed by reference to the RN LPN FAQ and/or the Decision Making Model, may be emailed to [PracticeRNandLPN@nursing.ohio.gov](mailto:PracticeRNandLPN@nursing.ohio.gov).