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**LPN RULES****21-36.0221. LICENSE REQUIRED****21-36.0225. COMPONENTS OF NURSING PRACTICE FOR THE LICENSED PRACTICAL NURSE****21-36.0221. LICENSE REQUIRED**

(a) No cap, pin, uniform, insignia or title shall be used to represent to the public, that an unlicensed person is a registered nurse or a licensed practical nurse as defined in G.S. 90-171.43.

(b) The repetitive performance of a common task or procedure which does not require the professional judgment of a registered nurse or licensed practical nurse shall not be considered the practice of nursing for which a license is required. Tasks that may be delegated to the Nurse Aide I and Nurse Aide II shall be established by the Board of Nursing pursuant to 21 NCAC 36 .0403. Tasks may be delegated to an unlicensed person which:

- (1) frequently recur in the daily care of a client or group of clients;
- (2) are performed according to an established sequence of steps;
- (3) involve little or no modification from one client-care situation to another;
- (4) may be performed with a predictable outcome;
- and
- (5) do not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure(s) itself.

Client-care services which do not meet all of these criteria shall be performed by a licensed nurse.

(c) The registered nurse or licensed practical nurse shall not delegate the professional judgment required to implement any treatment or pharmaceutical regimen which is likely to produce side effects, toxic effects, allergic reactions, or other unusual effects; or which may rapidly endanger a client's life or well-being and which is prescribed by a person authorized by state



law to prescribe such a regimen. The nurse who assumes responsibility for implementing a treatment or pharmaceutical regimen shall be accountable for:

- (1) recognizing side effects;
- (2) recognizing toxic effects;
- (3) recognizing allergic reactions;
- (4) recognizing immediate desired effects;
- (5) recognizing unusual and unexpected effects;
- (6) recognizing changes in client's condition that contraindicates continued administration of the medication;
- (7) anticipating those effects which may rapidly endanger a client's life or well-being; and
- (8) making judgments and decisions concerning actions to take in the event such untoward effects occur.

(d) When health care needs of an individual are incidental to the personal care needs of the individual, nurses shall not be accountable for care performed by clients themselves, their families or significant others, or by caretakers who provide personal care to the individual.

*History Note: Authority G.S. 90-171.23(b); 90-171.43; 90-171.83;*

*Eff. May 1, 1982;*

*Amended Eff. July 1, 2004; April 1, 2002; December 1, 2000; July 1, 2000; January 1, 1996; February 1, 1994; April 1, 1989; January 1, 1984.*

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### **RULES DEFINING COMPONENTS OF PRACTICE FOR THE LICENSED PRACTICAL NURSE**

*Rules which further define the Nursing Practice Act have been established by the Board of Nursing. These rules are considered law and provide the parameters for the legal scope of practice for the licensed nurse; therefore, every nurse should have working knowledge of these rules in order to provide the public with safe nursing care.*

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### **21-36.0225. COMPONENTS OF NURSING PRACTICE FOR THE LICENSED PRACTICAL NURSE**

(a) The licensed practical nurse shall accept only those assigned nursing activities and responsibilities, as defined in Paragraphs (b) through (i) of this Rule, which the licensee can safely perform. That acceptance shall be based upon the variables in each practice setting which include:

(1) the nurse's own qualifications in relation to client need and plan of nursing care, including:

(A) basic educational preparation; and

(B) knowledge and skills subsequently acquired through continuing education and practice;

(2) the degree of supervision by the registered nurse consistent with Paragraph (d)(3) of this Rule;

(3) the stability of each client's clinical condition;

(4) the complexity and frequency of nursing care needed by each client or client group;

(5) the accessible resources; and

(6) established policies, procedures, practices, and channels of communication which lend support to the types of nursing services offered.

(b) Assessment is an on-going process and consists of participation in the determination of nursing care needs based upon collection and interpretation of data relevant to the health status of a client.

(1) collection of data consists of obtaining data from relevant sources regarding the biophysical, psychological, social and cultural factors of the client's life and the influence these factors have on health status, according to structured written guidelines, policies and forms, and includes:

(A) subjective reporting;

(B) observations of appearance and behavior;

(C) measurements of physical structure and physiologic function; and

(D) information regarding available resources.

(2) interpretation of data is limited to:

(A) participation in the analysis of collected data by recognizing existing relationships between data gathered and a client's health status and treatment regimen; and

(B) determining a client's need for immediate nursing interventions based upon data gathered regarding the client's health status, ability to care for self, and treatment regimen consistent with Paragraph (a)(6) of this Rule.

(c) Planning nursing care activities includes participation in the identification of client's needs related to the findings of the nursing assessment. Components of planning include:

(1) participation in making decisions regarding implementation of nursing intervention and medical orders and plan of care through the utilization of assessment data;

(2) participation in multidisciplinary planning by providing resource data; and

(3) identification of nursing interventions and goals for review by the registered nurse.

(d) Implementation of nursing activities consists of delivering nursing care according to an established health care plan and as assigned by the registered nurse or other person(s) authorized by law as specified in G.S. 90-171.20 (8)(c).

(1) Nursing activities and responsibilities which may be assigned to the licensed practical nurse include:

(A) procuring resources;

(B) implementing nursing interventions and medical orders consistent with Paragraph (b) of this Rule and Paragraph (c) of 21 NCAC 36 .0221 and within an environment conducive to client safety;

(C) prioritizing and performing nursing interventions;

(D) recognizing responses to nursing interventions;

(E) modifying immediate nursing interventions based on changes in a client's status; and

(F) delegating specific nursing tasks as outlined in the plan of care and consistent with Paragraph (d)(2) of this

Rule, and 21 NCAC 36 .0401.

(2) The licensed practical nurse may participate, consistent with 21 NCAC 36 .0224(d)(6), in implementing the health care plan by assigning nursing care activities to other licensed practical nurses and delegating nursing care activities to unlicensed personnel qualified and competent to perform such activities and providing all of the following criteria are met:

(A) validation of qualifications of personnel to whom nursing activities may be assigned or delegated;

(B) continuous availability of a registered nurse for supervision consistent with 21 NCAC 36 .0224(i) and Paragraph (d)(3) of this Rule;

(C) accountability maintained by the licensed practical nurse for responsibilities accepted, including nursing care given by self and by all other personnel to whom such care is assigned or delegated;

(D) participation by the licensed practical nurse in on-going observations of clients and evaluation of clients' responses to nursing actions; and

(E) provision of supervision limited to the validation that tasks have been performed as assigned or delegated and according to established standards of practice.

(3) The degree of supervision required for the performance of any assigned or delegated nursing activity by the licensed practical nurse when implementing nursing care is determined by variables which include, but are not limited to:

(A) educational preparation of the licensed practical nurse, including both the basic educational program and the knowledge and skills subsequently acquired by the nurse through continuing education and practice;

(B) stability of the client's clinical condition, which involves both the predictability and rate of change. When

a client's condition is one in which change is highly predictable and would be expected to occur over a period of days or weeks rather than minutes or hours, the licensed practical nurse participates in care with minimal supervision. When the client's condition is unpredictable or unstable, the licensed practical nurse participates in the performance of the task under close supervision of the registered nurse or other person(s) authorized by law to provide such supervision;

(C) complexity of the nursing task which is determined by depth of scientific body of knowledge upon which the action is based and by the task's potential threat to the client's well-being. When a task is complex, the licensed practical nurse participates in the performance of the task under close supervision of the registered nurse or other person(s) authorized by law to provide such supervision;

(D) the complexity and frequency of nursing care needed by a given client population;

(E) the proximity of clients to personnel;

(F) the qualifications and number of staff;

(G) the accessible resources; and

(H) established policies, procedures, practices and channels of communication which lend support to the types of nursing services offered.

(e) Evaluation, a component of implementing the health care plan, consists of participation in determining the extent to which desired outcomes of nursing care are met and in planning for subsequent care. Components of evaluation by the licensed practical nurse include:

(1) collecting evaluative data from relevant sources according to written guidelines, policies and forms;

(2) recognizing the effectiveness of nursing interventions; and

(3) proposing modifications to the plan of care for review by the registered nurse or other person(s) authorized by law to prescribe such a plan.

(f) Reporting and recording are those communications required in relation to the aspects of nursing care for which the licensed practical nurse has been assigned responsibility.

(1) Reporting means the communication of information to other persons responsible for or involved in the care of the client. The licensed practical nurse is accountable for:

(A) directing the communication to the appropriate person(s) and consistent with established policies, procedures, practices and channels of communication which lend support to types of nursing services offered;

(B) communicating within a time period which is consistent with the client's need for care;

(C) evaluating the nature of responses to information reported; and

(D) determining whether further communication is indicated.

(2) Recording means the documentation of information on the appropriate client record, nursing care plan or other documents. This documentation must:

(A) be pertinent to the client's health care including client's response to care provided;

(B) accurately describe all aspects of nursing care provided by the licensed practical nurse;

(C) be completed within a time period consistent with the client's need for care;

(D) reflect the communication of information to other persons; and

(E) verify the proper administration and disposal of controlled substances.

(g) Collaborating involves communicating and working cooperatively in implementing the health care plan with individuals whose services may have a direct or indirect effect upon the client's health care. As delegated by the registered nurse or other person(s) authorized by law, the licensed practical nurse's role in collaborating in client care includes:

- (1) participating in planning and implementing nursing or multidisciplinary approaches for the client's care;
- (2) seeking and utilizing appropriate resources in the referral process; and
- (3) safeguarding confidentiality.

(h) "Participating in the teaching and counseling" of clients as assigned by the registered nurse, physician or other qualified professional licensed to practice in North Carolina is the responsibility of the licensed practical nurse. Participation includes:

- (1) providing accurate and consistent information, demonstrations, and guidance to clients, their families or significant others regarding the client's health status and health care for the purpose of:
  - (A) increasing knowledge;
  - (B) assisting the client to reach an optimum level of health functioning and participation in self care; and
  - (C) promoting the client's ability to make informed decisions.
- (2) collecting evaluative data consistent with Paragraph (e) of this Rule.

(i) Accepting responsibility for self for individual nursing actions, competence and behavior which includes:

- (1) having knowledge and understanding of the statutes and rules governing nursing;
- (2) functioning within the legal boundaries of licensed practical nurse practice; and
- (3) respecting client rights and property, and the rights and property of others.

*History Note: Authority G.S. 90-171.20(7), (8);  
90-171.23(b); 90-171.43(4);  
Eff. January 1, 1991;  
Amended Eff. January 1, 1996;  
Temporary Amendment Eff. October 24, 2001;  
Amended Eff. August 1, 2002.*

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