



WOUND CARE

POSITION STATEMENT for RN and LPN Practice

A Position Statement is not a regulation of the NC Board of Nursing and does not carry the force and effect of law and rules. A Position Statement is not an interpretation, clarification, or other delineation of the scope of practice of the Board. A Position Statement is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

Issue:

Wound care and debridement of wounds, including surgical debridement, is within the scope of practice for the licensed nurse (RN and LPN). Prior to performing these activities, RN and LPN must have formal education and competency validated by an RN and function within agency policies addressing these activities.

RN Role:

1. RN retains responsibility for the overall care of the client at all times.
2. When assigning wound care to LPN, or delegating wound care activities as noted below to UAP, RN is responsible for:
 - a) periodic wound assessment;
 - b) verification of data collected and reported by LPN or UAP; and
 - c) evaluation of wound care regimen and outcomes to assure the treatment implemented is effective and appropriate.

LPN Role:

1. Under assignment by RN, LPN may participate in wound assessment, staging, and treatment (including debridement) provided the employing facility has written policies and procedures:
 - a) allowing this practice by LPNs;
 - b) specifying assessment data to be gathered; and
 - c) defining wound stages (including measurements).
2. May implement nursing and prescribed medical interventions including wound treatments and debridement per the plan of care.
3. May implement facility-approved wound treatments/protocols for each of the defined wound stages; and, may delegate wound care activities as noted below to competent UAP.

Both RN and LPN Roles:

Using the NCBON Decision Tree for Delegation to UAP, may delegate application of topical medications, sterile dressing changes, and/or cleansing wound irrigations for stable wounds over 48 hours old to nurse aides and other unlicensed assistive personnel (UAP) provided agency written policy/procedures allow this practice and UAP received formal education/training in applying topical medications, sterile technique, applying sterile dressings, and performing cleansing wound irrigations by an RN, and with validation of competency by an RN. (Note: NA II curriculum [available on NCBON website] includes education in sterile technique, applying sterile dressings, and performing cleansing wound irrigations. Some NA I + 4s may have received education for these NAII tasks within their agency. Application of topical medications is not included in the NA II curriculum.)

Note:

Delegation of wound debridement to UAP via topical medications and/or mechanical/irrigation means is **prohibited** within current standards of practice.

References:

21 NCAC 36.0224 (b-e) - RN Rule

21 NCAC 36.0225 (b) (d) - LPN Rule

NCBON Decision Tree for Delegation to UAP available at www.ncbon.com

Delegation of Medication Administration to UAP Position Statement

Origin: 5/2006

Revised 4/07; 5/09; 12/09, 5/2014

Reviewed: 2/2013