



P.O. BOX 2129
Raleigh, NC 27602
(919) 782-3211
FAX (919) 781-9461
Nurse Aide II Registry (919) 782-7499
www.ncbon.com

NURSE-IN-CHARGE ASSIGNMENT TO LPN Position Statement for RN and LPN Practice

Issue:

In non-acute health care settings, the Licensed Practical Nurse (LPN) may participate in assuring the implementation of the established health care plan(s) for a specified number of clients as assigned and supervised by the Registered Nurse (RN). This participation in assuring plan of care implementation may be carried out by the LPN in the capacity of a “nurse-in-charge” role (differentiated from a RN Charge Nurse) as long as the following criteria are met:

- (1) Time limited - restricted to a specific assigned tour of duty which shall not exceed the usual 8-12 hours within any 24-hour time frame;
- (2) Geographically limited - restricted to a geographically-defined unit or clinical area within an institutional setting or for a group of clients within a specified program or service area of an agency;
- (3) Client acuity limited - restricted to the care of clients whose health status would be expected to change only over a period of days and weeks, rather than minutes and hours; and
- (4) RN is continuously available, on-site when necessary, for notification of significant changes in client status and consultation regarding further evaluation and care planning decisions.

Definitions:

Charge Nurse - an RN who supervises and manages patient care delivery settings or groups of clients, usually for designated time periods.

Nurse-in-charge - the assigned role and responsibilities of an LPN who participates in assuring the implementation of established health care plans for a designated number of clients under RN supervision

RN Role:

Managing and administering the delivery of nursing care in any practice setting is the responsibility of the RN. The RN assigning the implementation of any “nurse-in-charge” responsibilities to a Licensed Practical Nurse (LPN) is held accountable for assuring the delivery of safe nursing care by all personnel to whom such care is assigned and/or delegated. At a minimum, the RN:

- (1) establishes the plan of nursing care for each client served;
- (2) validates the competencies of all licensed (RN and LPN) and unlicensed assistive personnel (UAP) to whom nursing care is assigned and/or delegated;
- (3) establishes the policies, procedures, and practices that provide the framework in which the LPN may implement the “nurse-in-charge” role; including protocols for communication with the RN on call.
- (4) maintains continuous availability, on-site when necessary, for on-going management of the delivery of nursing care including participation in direct client

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assessment and evaluation, on-going education/teaching, supervision, and performance evaluation of all personnel to whom nursing care is assigned and/or delegated; and

(5) implements disciplinary or corrective actions as necessary to assure the continued delivery of safe nursing care to all clients within the practice setting.

LPN Role:

The LPN:

- (1) functions within the legal boundaries of LPN practice;
- (2) participates in on-going observation of clients and evaluation of client responses to nursing actions;
- (3) communicates with the supervising RN according to the policies, protocols established for the nurse-in-charge assignment;
- (4) maintains accountability for responsibilities accepted, including nursing care given directly and indirectly by all other personnel to whom such care is assigned and/or delegated; and
- (5) assures that nursing activities have been performed as assigned to LPNs and/or delegated to UAP according to established standards of care within the practice setting.

Note: It is beyond LPN scope of practice to function in a broader nursing supervisory or nursing management role in any practice setting. It is beyond LPN scope of practice to supervise or make assignments to RNs.

References:

G.S. 90-171.20 (7) & (8) – Nursing Practice Act

21 NCAC 36.0224 (i) & (j) – Components of Nursing Practice for Registered Nurse (RN Rules)

21 NCAC 36.0225 (d) – Components of Nursing Practice for Licensed Practical Nurse (LPN Rules)
