The Role of the Licensed Practical Nurse:

A complement to the multi-disciplinary team

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Introduction:

Historically, Licensed Practical Nurses (LPNs) have worked mostly in long-term care settings. While staffing is an age-old nursing challenge, the COVID pandemic exposed and emphasized the need to develop new care models in various clinical settings. The nursing profession focuses on client-centered care and values quality and safety. These values are not specific to Registered Nurses (RNs). LPNs have a valuable skillset that contributes to safe and quality care. For this reason, practice settings such as home care, ambulatory care, and acute care are exploring care models that integrate LPNs into the nursing team. Since 2018, there has been an increase across the nation in the percentage of newly licensed LPNs working in acute care settings and a decrease in newly licensed LPNs working in long-term care (NCSBN, 2022). This impacts the entire healthcare landscape from nursing education to nursing practice across the state and emphasizes the importance of understanding the legal scope of practice for the LPN to ensure the delivery of safe and effective nursing care.

The table below provides information on current licensure statistics at www.ncbon.com.

LPN Demographics as of April 17, 2024	
Currently Licensed as LPN	22,875
Employed in Nursing	17,038
Working in NC	15,313
Total Licensed Nurses (including RN and LPN)	181,416

Nursing practice is a scientific process founded on a professional body of knowledge. It is a learned profession based on understanding the human condition across the lifespan and the client's relationship with others within the environment. The practice of nursing is an art dedicated to providing care to clients by developing and implementing a plan to accomplish goals centered around the holistic client. Nursing is a dynamic discipline that increasingly involves more sophisticated knowledge, technologies, and client care activities.

In 2018, as a part of the North Carolina Board of Nursing (NCBON) Strategic Plan, the Education and Practice Committee was charged by the Board to explore the LPN scope of practice. Using the North Carolina (NC) Nursing Practice Act (NPA), information from other states, and stakeholder testimony, it was concluded that there is confusion around the LPN scope of practice from nurses and employers. As a result of the initiative, the NCBON Education and Practice Committee worked to clarify the term *participating in*, in the LPN scope of practice which has been updated in the North Carolina Administrative Code (NCAC) and is provided in the next section.

Definitions

21 NCAC 36.0120 provides definitions of important terms as they relate to understanding the LPN's scope of practice.

- **Participating in**: "to have a part in or contribute to the elements of the nursing process. As nursing process is dependent upon the assignment and supervision by the registered nurse, physician, dentist, or other person authorized by State law to provide the supervision."
- **Supervision**: "the provision of guidance or direction, evaluation, and follow-up by a licensed nurse to accomplish an assigned or delegated nursing activity or set of activities."
- **Delegation**: "transferring to a competent individual the authority to perform a specific nursing activity in a selected situation. The nurse retains accountability/responsibility for the delegation."
- **Assigning**: "designating responsibility for implementation of a specific activity or set of activities to an individual licensed and competent to perform such activities."

Laws & Rules

NC General Statute 90-171, the Nursing Practice Act (NPA), known as the law, and North Carolina Administrative Code (NCAC) Title 21: Chapter 36.0225, known as the rules, define the legal scope of practice for the LPN. The LPN practice involves a directed scope, with or without compensation or personal profit, under the supervision of an RN, Advanced Practice Registered Nurse (APRN), licensed physician, or other healthcare practitioner authorized by the state and is a *dependent* practice. The LPN practice is guided by the NC nursing law and rules, established nursing standards, agency policy, validated knowledge, skill and competency, the complexity and frequency of nursing care needed, and the accessible resources. Each LPN in NC is accountable to clients, the nursing profession, and the NCBON for complying with requirements under the NC nursing law and rules. The LPN is accountable for ensuring quality nursing care is rendered (NCBON, 2024).

The nursing law and rules apply to RNs and LPNs who volunteer or work in all settings, including but not limited to hospitals, home care, ambulatory care, schools, and correctional facilities. Since the legal scope of practice is the same for every nurse in every practice setting across the state, licensed nurses must be knowledgeable of the NPA (law) when practicing in NC. In addition, licensed nurses must recognize the importance of understanding regulations which govern practice in the state where the nurse practices. If the nurse practices outside of NC, the nurse is accountable to know and understand the law and rules of that state to maintain the legal scope of practice.

One of the functions of the NCBON is to interpret nursing law and rules that define the legal scope of practice for the NC nurse. In this interpretation, several references are used to guide nursing practice. First, the NCAC Title 21: Chapter 36, promulgates the NPA and is known as the Rules and provides a specific rule for RN practice (21 NCAC 36.0224) and a specific rule for LPN practice (21 NCAC 36.0225).

Second, agency/employer policies and procedures further define the scope of practice. Agency policy may limit the scope of practice for the nurse, but never expand beyond the legal scope of practice as defined in the law and rules. An example of this is that the law and rules do not require the documentation by an LPN to be co-signed by an RN; however, the agency may choose to have a policy that requires certain types of documentation to be co-signed by an RN. While this practice is not required by law, the agency is limiting LPN practice when a co-signature is required. These limits may be required by other laws and rules that apply to the practice setting such as accreditation requirements, laws through the Division of Health Services Regulation (DHSR), reimbursement requirements, or quality initiatives within the organization.

Thirdly, NCBON Position Statements are developed as a means of providing direction to licensees on specific topics. A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing guidance to licensees and employers who seek to engage in safe nursing practice. Board Position Statements address issues of concern relevant to public protection and are reviewed regularly for relevance and accuracy to the law, rules, and current practice. Examples of current Position Statements include:

- Delegation and Assignment of Nursing Activities
- Office Practice Setting
- Infusion Therapy
- LPN Scope of Practice

Joint Position Statements are also available when the NCBON has worked with other NC entities to provide specific guidance on a topic. An example of a Joint Position Statement covers the topic of Medication Management of Pain in End-of-Life Care which was a collaboration between NCBON, NC Medical Board, and the NC Board of Pharmacy.

Components of the LPN Scope of Practice

The LPN scope of practice is considered a *dependent* practice with seven components. *Dependent* means the LPN must practice under the assignment and supervision by the RN, physician or other person authorized to prescribe care by state law. In some settings, such as the

office practice setting or ambulatory care, the LPN may be supervised by a physician (MD), nurse practitioner (NP), physician's assistant (PA), dentist, or other healthcare practitioner authorized by the state in the absence of an RN.

A key word that distinguishes the RN scope from the LPN scope is the term *participate* and indicates the LPN scope is *dependent* on the appropriate assignment and supervision by the RN, licensed physician or other healthcare practitioner authorized by the state. The LPN must have continuous supervision and the supervision may be direct or indirect.

Accepting an Assignment

The first component of the scope of practice for both RNs and LPNs is accepting an assignment. Nursing law and rules mandate licensed nurses accept only those assignments that the nurse is safe and competent to perform. The decision to accept or decline an assignment is made after considering the criteria provided in NCAC 36.0225: the nurse's qualifications; the complexity and frequency of care required; the stability of the client's clinical condition or rate of change; policies, procedures, communication channels within the agency; accessible resources including the number and qualifications of staff, and the proximity of clients to personnel.

An additional consideration for an LPN deciding to accept an assignment is the degree of supervision available.

A frequent question received by the NCBON is, "what tasks can be assigned to an LPN?" The art and science of nursing is a process rather than a set of tasks. Tasks cannot be separated from the process; the entire situation must be considered when making assignments to an LPN including the acuity of the client and the amount of monitoring involved in meeting client needs. An example would be assigning an LPN to perform a blood transfusion. It may be within the legal scope of practice for an LPN to perform a blood transfusion. While it may be appropriate to assign the LPN to perform a blood transfusion for a client status post abdominal surgery with a decreased hemoglobin level due to expected blood loss, it may not be appropriate to assign the LPN to perform a blood transfusion to a client with an acute GI bleed. Multiple transfusions may cause a change in the client's stability and increase the need for advanced monitoring to maintain hemodynamic stability. In this example, the task cannot be separated from the situation and monitoring that would be needed for each client.

Assessment

After accepting the assignment, the next component of nursing practice for the RN and LPN is assessment. The RN scope of practice in assessment is to perform a comprehensive assessment and to formulate nursing diagnoses. The LPN scope of practice *participates* in the assessment in what the NCBON has termed a focused assessment. The LPN assessment must be guided by structured written guidelines, policies, and forms. The focused assessment is an appraisal of a client's status and situation at hand. The LPN collects data by using the structured written guidelines and forms, then decides who to inform of the information and when to inform them. The LPN's interpretation of data is limited to recognizing the existing relationship between the data

that has been gathered and the client's health status and determining the client's need for immediate nursing intervention. It is not within the LPN scope of practice to formulate a nursing diagnosis. For example, the LPN is assigned to a client with a history of diabetes. The LPN finds the client cold, clammy, and confused, then performs a fingerstick according to the agency's policy and obtains a result of 45 mg/dl. It is within the LPN scope of practice to interpret the data by recognizing the relationship between the client's history of diabetes and current symptoms and determining the need for immediate intervention which is to provide a source of glucose according to the provider order or the agency's policy. It would not be within the LPN scope of practice to develop a nursing diagnosis or alter the nursing plan of care.

Except for acute care dialysis, it is within the LPN's legal scope of practice to perform an admission assessment, on-going assessment, or focused assessment provided structured, written guidelines, and/or forms guide the LPN's assessment and provided the agency's policy allows the LPN to perform that specific assessment. An agency may limit the LPN's scope of practice according to accreditation standards or other state laws and rules and not allow the LPN to perform certain assessments. The key is an assessment by an LPN must be guided by guidelines and forms. It is not appropriate for the LPN to decide what to assess.

To compare, the RN responsibilities in assessment include interpreting and analyzing all data and formulating and prioritizing nursing diagnoses which is different from the LPN scope of assessment. The law holds the RN accountable for verifying the information is complete and determining if further information is needed. As a result, some agencies may choose to require a co-signature by the RN for assessments completed by the LPN even though a co-signature is not required by nursing law and rules.

Planning

The next component of nursing practice is planning. The LPN participates in planning by suggesting interventions to be included in the plan of care and providing resource information for the planning team. In the example of the client with low blood sugar, it is within the LPN scope of practice to determine the immediate need for glucose. In the planning component of nursing practice, the LPN would provide information to the RN and potentially suggest a bedtime snack to prevent low blood sugar in the mornings. It would not be within the LPN scope to develop a care plan, update an existing care plan, or modify the plan of care in response to the client's condition.

Many agencies have implemented an electronic medical record (EMR) of which the care plan is a part. The LPN's responsibility is to document the implementation of interventions as care is provided. It is not appropriate for an LPN to document how the care plan is progressing or not progressing. It is also not appropriate for an LPN to add or resolve certain templates/nursing diagnoses that may be included in the plan of care.

The RN is responsible to determine the appropriateness of any suggestions by the LPN and modify the plan of care accordingly. This includes evaluating the client's response to the care provided, determining the client's progression, and making revisions based on the client's response to the interventions.

Implementation

Implementation is the component of nursing practice where care is provided. The RN scope of practice for implementation is to assign, delegate, and supervise other personnel, both licensed and un-licensed, in the delivery of care and to participate in implementing the plan of care.

The LPN scope of practice in implementation is to implement nursing interventions and medical orders as assigned by the RN or other healthcare practitioner authorized by the state and according to the established plan of care. Responsibilities of an LPN include recognizing the client's response to nursing interventions and medical orders and modifying immediate nursing interventions based on changes in the client's status. The key word is immediate. Applying this component of nursing practice to the client with a blood sugar of 45 mg/dl, consider the client is scheduled to be transported to radiology for an x-ray post-procedure. Should the LPN allow the client to leave the unit? No, the LPN would alter the x-ray intervention by delaying it until the client's blood sugar stabilizes because low blood sugar is an immediate need.

During implementation, an LPN can assign nursing activities to other LPNs and delegate nursing activities to unlicensed assistive personnel (UAP) as indicated in the nursing plan of care. Licensed nurses often use the terms assign and delegate interchangeably; however, 21 NCAC 36.0120 provides specific definitions for each of these terms. Assigning refers to licensed personnel while delegation refers to a competent individual or UAP. In addition to assigning and delegating nursing activities, an LPN is responsible to ensure tasks are performed according to the standard of care and the agency's policies and procedures and to ensure RN supervision is available for their shift. It is beyond the LPN scope of practice to assign nursing responsibilities to an RN.

Evaluation

The next component of nursing practice is evaluation. The LPN participates in evaluation by collecting data according to written guidelines, policies, and forms, recognizing the effectiveness of the plan of care, identifying the client's response to nursing interventions and suggesting to the RN revisions of interventions for the plan of care. In evaluation, the RN is responsible to collect evaluative data from all relevant sources, one of which may be an LPN, analyze effectiveness of interventions and then modify the plan of care based on all the data.

Reporting & Recording

Reporting and Recording are components of both the RN and LPN scope of nursing practice. Reporting refers to the communication of information whether it be verbal, written, electronic, telephonic, or other modes of communication. Recording refers to the documentation of information. Both RNs and LPNs are responsible for accurate and timely reporting and recording of care that is provided.

Teaching & Counseling

The next component of nursing practice is client teaching and counseling. An LPN may participate in teaching as assigned by the RN and according to the established teaching plan developed by the RN. It is not within the LPN scope of practice to develop the teaching plan. An LPN may participate in client teaching by providing information, demonstration and guidance to clients and families. An example of an LPN's participation is providing discharge instructions to clients. Using physician orders, nursing knowledge and the multi-disciplinary care plan, the RN is responsible to develop and prepare the discharge teaching for a client and then an LPN participates in the teaching by reviewing the information with the client and providing demonstrations, as needed. It is not within the LPN scope to develop the teaching plan, but it is within the LPN scope to participate according to an established teaching plan developed by the RN. An LPN would also recognize the effectiveness of the teaching and provide feedback to the RN.

Exceeding LPN scope - Managing & Administering Nursing Services

The component of practice for managing nursing care is only within the RN scope of practice. It is not within the LPN scope of practice to have responsibilities for nursing management, assistant management, or supervisory roles. Activities that exceed the LPN scope include the on-going supervision, teaching, and evaluation of nursing personnel and administering nursing services. The RNs responsibilities for managing nursing services include ongoing supervision, teaching, and evaluation of nursing personnel; being onsite when necessary to provide continuous availability for direct participation in nursing care; and evaluating the nursing care being provided. Other RN responsibilities in nursing management include assessing the capabilities of personnel in relation to care needs of the client population and assigning or delegating care to personnel qualified to accept and perform those activities. The RN nurse manager maintains the overall accountability for the nursing care that is delivered by the person to whom that care is assigned and delegated.

Administering nursing services is a component of nursing practice also specific to the RN scope. This component holds the RN responsible to determine the learning and educational needs of all personnel; ensure appropriate educational and development opportunities are available according to the job responsibilities of each role and ensure the validation of competencies, both initial and on-going, is complete for all staff providing care. Also involved in administering nursing services is developing a process of evaluating the delivery of nursing care by way of policies, procedures, standards of care, staff evaluations, quality measures and other evaluation tools.

Staff Education

An LPN's role in staff education differs from the role in client education. An LPN participates in staff development by demonstrating for other LPNs and UAP the performance of an activity according to the agency's procedure or checklist. For example, when an RN provides education on blood transfusions during orientation, an LPN may participate by demonstrating how to set up the equipment for the transfusion.

It is not within LPN scope of practice to provide clinical education or in-services for licensed or

un-licensed personnel on the healthcare team. For example, it is not within the LPN scope to provide a diabetes update to staff or provide education related to the indications of a blood transfusion. It is within the scope of practice for an LPN to participate in staff development by providing information on non-nursing clinical activities. An LPN who is also an American Heart Association Basic Life Support instructor could teach CPR classes for a facility. In this situation, the CPR instructor is not required to be a nurse, therefore, the LPN could provide the training. The participation of an LPN in staff development does not allow an LPN to be the primary preceptor for licensed or unlicensed employees due to the involvement of teaching clinical activities. An LPN may participate in orienting employees to non-clinical activities such as locating supplies and resources and non-clinical processes involved in the role responsibilities.

Competency Validation

"Nursing competency includes the core abilities that are required to understand the needs of the patient, the ability to provide care, the ability to collaborate and the ability to support decision making" (McGarity, et al., 2023, p. 553). Nursing competencies within the agency should be clearly defined to establish a foundation for nursing practice within the agency. It is only within the RN scope of practice to validate competencies for clinical staff. An LPN may participate in the limited capacity of observing activities according to a checklist to ensure all steps are completed according to the agency's policies and procedures. An LPN provides these observations to the RN who is responsible for determining the level of competency of the employee.

Considerations for Nurse Leaders

1. Orientation of LPNs

Given the focus on long-term care in many LPN programs, and the transition of LPNs into various practice settings, nurse leaders must evaluate the orientation needs of LPNs employed in settings other than long-term care. The orientation process for an LPN may need to differ from the orientation of an RN and will need to be defined to guide the orientation process and success of the LPN.

2. Degree of supervision

Who is responsible for determining what is appropriate supervision for the LPN?

The RN is responsible for determining the type and amount of supervision required for the LPN to perform the assigned nursing activities. Direct supervision is when the RN is onsite and available to assist the LPN as appropriate. Indirect supervision is when the RN is available by phone for the LPN's entire shift and able to go to the location of the LPN, if needed. The rules provide criteria to guide the RN in the determination of the appropriate supervision which are like the criteria considered when accepting an assignment.

The level of supervision required is determined by criteria:

(a) the knowledge, skill, and competency of the LPN. Consider an LPN with ten years of experience in long-term care, recently employed in ambulatory care. While the LPN has significant experience

in long-term care, they are new to the ambulatory care setting and may require direct supervision for a period.

(b) the stability of the client's condition which refers to the predictability and rate of change. When change is expected over days or weeks such as in long-term care rather than minutes and hours as in acute care, the LPN participates in the care with minimal supervision. Consider the previous example of the post-operative abdominal surgery client and the acute GI bleed. The LPN assigned to these clients may require a different level of supervision regardless of the LPN's experience because of the patient's needs for monitoring.

(c) The complexity of the task(s) is another criterion for consideration. When tasks are complex, more supervision is needed.

(d) the proximity of clients to personnel. Consider where patients are located. In some practice settings, patients may be located in different buildings or in home care, different towns. The RN must consider this when deciding the appropriate type and amount of supervision in order to maintain availability to support the LPN on location, if needed;

(e) the qualifications and number of staff;

(f) accessible resources; and

(g) established policies, procedures and communication channels that support the delivery of nursing services.

3. Communication

In providing appropriate supervision of the LPN practice, it is important for the LPN to know who is providing supervision of their practice. In addition, the supervising RN must understand the expectations of supervision of the LPN's practice. It would not be appropriate supervision if the LPN calls the nurse on-call or the supervising RN for assistance and does not receive a response. Nurse leaders must develop communication channels that facilitate the transfer of this information.

Communication is also a crucial component of competency validation since licensed nurses make decisions on assignment and delegation by considering the competencies of the individuals of the team. In addition to developing policies related to the frequency of competency validation, nurse leaders should also develop communication channels for licensed nurses to be knowledgeable of individual competencies as they relate to the care being delivered through the assignment and delegation processes. Consider a nurse who floats to another unit, how does the team know the competencies of the floating nurse when making decisions related to assignment and delegation?

4. Care models

Nurse leaders must understand the care needs of the client population and, in tandem with the agency's mission, vision, policies and procedures, be innovative and creative in establishing a care model most conducive to safe effective care and appropriate utilization of human resources. Nursing care models include but may not be limited to the "task-oriented method of functional nursing and client-centered methods of individual, team nursing and primary nursing" (Parreira,

et al., 2021, p. 1). In a pilot program in an acute care hospital, a team model was implemented on a medical/surgical unit and then into the emergency department. "LPNs brought welcomed, strong bedside skills and were good 'team players,' as they had come from environments where team-based care is well established. The RNs found the LPN role supportive, productive, and more than another set of hands." (Robinson, et al., 2023, p. 30). The same model may not work for every setting; however, it is important to consider what model meets the goals of quality safe care and achieving the objectives of the agency.

NCBON Resources

The NCBON offers valuable resources to enhance understanding of the LPN scope of practice. These and other resources are available at www.ncbon.com under the Practice tab.

- Nursing Law & Rules
- NCBON Guidance on Specific Topics - Position Statements
- Position Statement: LPN Scope of Practice - Clarification
- Scope of Practice Decision Tree for the RN/LPN
- Workshop - Nurse Leader Regulatory Orientation

Scenario: Acute Care

Darby, LPN is an experienced nurse who has recently joined the medical/surgical unit at County Hospital. Darby has 10 years' experience in a long-term care setting. This is Darby's first job in acute care and onboarding orientation is complete. The charge nurse assigned Darby an admission from the post-anesthesia care unit status post AV fistula creation for hemodialysis. It is common for this type of patient to be admitted to this unit; however, Darby has not cared for this type of client since being hired. Dialysis is not scheduled to begin during this admission. Provider orders include assessing for bruit and thrill every shift.

What must Darby, LPN consider when making the decision to accept the assignment?

Darby must first consider individual knowledge, training, and competency as they relate to the client's needs, ordered pharmaceutical regimens, and treatments. Darby must also consider the stability of the client. Policies, procedures, and protocols for this type of client must also be considered, in addition to the amount of supervision that will be available to Darby in providing care to this client.

Should Darby, LPN accept this assignment?

Darby's knowledge, training and competency would be a determining factor in accepting this assignment. If tasks outside of the nurse's skill set are ordered, Darby will need to negotiate with the Charge RN to have a plan of meeting these needs. It would not be appropriate for Darby to accept the assignment, feeling worried about how to provide care for this client and not meeting the criteria set forth in 21 NCAC 36.0225 for the decision to accept the assignment. Another consideration is if at any point the client's condition changes and becomes more acute, requiring a higher level of monitoring or rate of change, this may not be an appropriate assignment for Darby.

What type of supervision will be needed for Darby, LPN if the assignment is accepted?

The supervising RN is responsible for determining the level of supervision needed by the LPN. Direct supervision may be appropriate for this client since Darby does not have experience assessing for a bruit and thrill as well as other competencies that may be required in the care of this client. In this case, communication of responsibilities and assignments of specific activities will be crucial in maintaining a safe care environment. Darby will need additional education or on-the-job training to obtain knowledge related to the care needs of the client with an AV fistula.

Scenario: Ambulatory Care

Cleo, LPN works in an outpatient surgery center and is responsible for performing pre-operative assessments and pre-operative teaching to clients scheduled for surgery. Cleo uses the modality of telehealth for the pre-operative assessment and teaching as the nurse schedules a 30-minute call with the client over the phone.

Is this an appropriate assignment for Cleo, LPN? Why or why not?

The LPN may participate in assessments using structured written guidelines and forms and providing client teaching according to a teaching plan developed by the RN. The LPN scope of practice is dependent on the assignment and supervision by the RN or other healthcare provider authorized by the state and may not work independently in this role. In this situation, it may be within the LPN scope to use the telehealth modality to perform the assessment and provide the teaching provided the LPN has the education, training, and competency to perform the activities and provided the agency policy permits the LPN to perform the activities. Agency policy may limit the nurse's scope of practice, but never expand beyond the legal scope as defined in the law and rules. More information is available in the NCBON Position Statement: Telehealth/telenursing.

Scenario: Emergency Department

Blair, LPN works in the ED as a 'floater' completing medication reconciliation and medication administration in addition to other tasks as assigned by the Charge RN. Mr. T presents to the ED and is diagnosed by the physician with acute renal failure and orders a dopamine drip at a renal dose. The Charge RN assigns Blair, LPN to initiate the drip.

Should Blair, LPN accept the assignment? Why or why not?

If Mr. T is stable, meaning his status is not likely to change in minutes and hours, it may be appropriate for Blair, LPN to accept the assignment provided Blair has the appropriate education, training, and competency to perform the activity in addition to the agency policy allowing an LPN to initiate a dopamine drip at a renal dose. If Mr. T's condition declines and requires more comprehensive monitoring, this may become an inappropriate assignment for Blair, LPN and care may need to be reassigned to an RN. More information is available in the NCBON Position Statement: Infusion Therapy/Insertion/Access Procedures.

What changes if Mr. T becomes septic and requires a dopamine drip to maintain a hemodynamically stable blood pressure? Why or why not?

A septic client requiring dopamine to maintain a stable blood pressure will require comprehensive monitoring and decision making that is beyond the LPN's scope of practice. In this case, the care of Mr. T would be reassigned to an RN.

Scenario: Home Care

Bert, LPN is assigned a case load for a home health agency. While visiting MJ who is known to Bert, MJ reports to Bert that he was able to go to the bathroom alone last evening with standby assistance. Bert is excited for MJ as this has been a documented goal in his care plan for several weeks.

What should Bert, LPN do with this information?

Bert, LPN should document MJ's report and provide the information to the supervising RN who will update the plan of care as appropriate. More information is available in the NCBON Position Statement: LPN Scope of Practice - Clarification.

Conclusion

Safe and effective care is the goal of all nursing practice. Collaboration involving teamwork, delegation and communication is an essential component in providing safe and effective nursing care. Effective collaboration requires each member of the team to understand their individual role and responsibilities in addition to the roles and responsibilities of the other members of the team. As LPNs become integral members of the multi-disciplinary team in various practice settings, it is important for all licensed nurses to understand the LPN scope of nursing practice, as defined in the nursing law and rules.

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