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*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 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.*

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## INTRODUCTION

The [Nursing Practice Act, G.S. 90-171.20\(8\)](#) and North Carolina Administrative Code, [21 NCAC 36.0225](#) (LPN rules) govern Licensed Practical Nurse (LPN) practice in North Carolina. Reading this Position Statement and the LPN rules together serves to clarify the LPN Scope of Practice/Components of Practice for LPNs, RNs, employers, consumers, and others. Comparison with [21 NCAC 36.0224](#) (RN Rules) provides distinction from RN scope of practice.

**LPN Scope of Practice** in all steps of the nursing process is limited and focused because, by law, it is a dependent and directed scope of practice. LPN practice requires assignment or delegation by and performance under the supervision, orders, or directions of a registered nurse (RN), physician, dentist, or other person authorized by State law to provide the supervision. LPNs implement health care plans developed by the RN and/or by any person authorized by State law to prescribe such a plan.

**Note:** The practice of nursing is constantly evolving as new and changing technology and therapies are introduced. The North Carolina Board of Nursing defines and interprets scopes of practice for all levels of providers of nursing care. Each agency/employer is responsible for developing policies/procedures/standards of practice and ensuring competency of the nursing staff. An agency/employer, including a registered nurse or physician employer, may restrict the nurse's practice but never expand the practice beyond the legal scope as defined. LPN practice is not defined by specific activities or tasks, but rather as a process consisting of a set of legally defined Components of Practice using the steps of the nursing process as outlined in the LPN rules, 21 NCAC 36.0225.

For specific questions, the [NCBON Scope of Practice Decision Tree for the RN and LPN](#) is available at [www.ncbon.com](http://www.ncbon.com) – select Nursing Practice on the top banner – select Position Statements and Decision Trees – select Scope of Practice Decision Tree. NCBON Practice Consultants can also be reached for clarification at 919-782-3211.

**Critical Thinking:** Critical thinking is used throughout all components of the nursing process. Critical thinking is purposeful and reflective judgment in response to events, observations, experiences, and verbal or written expressions. It involves determining the meaning and significance of what is observed or expressed to determine need for action. Nurses (RNs and LPNs) use critical thinking in clinical problem-solving and decision-making processes relative to scope of practice, knowledge, competency, and experience.

### ***Co-signature of LPN Documentation:***

North Carolina nursing law and rules do not require LPN documentation to be co-signed by the RN. All nurses are responsible and accountable for their own actions and documentation. Agencies may, however, establish policies requiring RN co-signature of LPN documentation. Agency policy should define what the RN co-signature means. (For example, the co-signature might indicate “review”, “agreement”, or that every element has been checked by the RN depending upon the policy requirements.)

## **ACCEPTING AN ASSIGNMENT**

The first decision required by the LPN is whether or not to accept the assignment given by the registered nurse, physician or other person authorized to make the assignment. The LPN shall accept only those assigned nursing activities and responsibilities, as defined in Paragraphs (b) through (j) of the LPN rules. Paragraph (a) of the LPN rules lists the variables in each practice setting which the LPN must consider in making this decision. Please see Position Statement, [Accepting an Assignment](#), for additional guidance on this important topic at [www.ncbon.com](http://www.ncbon.com) – select Nursing Practice on the top banner – select Position Statements – select Accepting an Assignment.

## **COMPONENTS OF LPN PRACTICE**

**ASSESSMENT**, the first step of the nursing process and an essential component of nursing practice, is an ongoing process. Beginning with the initial encounter and continuing throughout the episode(s) of care, assessment is the basis for nursing judgments, decisions, and interventions. Nursing assessment is the gathering of information about a patient's physiological/biological, psychological, sociological, and spiritual status.

Both registered nurses and licensed practical nurses assess clients. Some elements of assessment are identical for both the RN and LPN. These include:

- The collection of data for a nursing history, psychological, spiritual, and social history, and physical examination (including vital signs, head to toe and/or targeted physical assessment, and other physiological/biological data);
- Comparison of the data collected to normal values and findings;
- Ongoing determination of client status for changes in condition, positive and negative.

For the LPN, nursing assessment is a focused appraisal of an individual's status and situation at hand, contributing to assessment, analysis, and development of a comprehensive plan of care by the RN. The LPN supports ongoing data collection and decides who to inform of the information and when to inform them. The LPN identifies the need for immediate assessment (beyond that specified in the plan of care) in response to current client status and condition. (National Council of State Boards of Nursing, Model Law and Rules, 2008)

The LPN participates in both initial and ongoing nursing assessments of the client's health status, including reaction to illness and treatment regimens while the RN retains overall responsibility for verifying data collected, interpreting data, and formulating nursing diagnoses.

*“Participating in” means to have a part in or contribute to the elements of the nursing process.*

Participation of the LPN in assessment is limited to:

- Collection of data according to structured written guidelines, policies and forms;
- Recognition of existing relationships between data gathered and the client's current health status;
- Determination of the need for immediate nursing interventions.

***LPN Participation in “Initial”, “Admission”, or “Event-focused” Assessment:***

These terms used by health care agencies to describe different types of assessments are not defined in nursing law and rules. The components of “initial”, “admission”, “event-focused” (e.g., post patient fall, pre-transfer, etc.), or other specifically-named assessment processes are defined by agency policy based on the laws and regulations, standards of care, accreditation standards, and reimbursement requirements applicable to specific practice settings. (For example, if federal Medicare regulations require that an RN perform the initial assessment, then the LPN cannot perform this assessment by proxy for the RN.) The LPN within scope of practice participates in any assessment process, if permitted by agency policy, using structured written guidelines, policies, and forms that outline the data to be obtained.

**PLANNING** is the second step of the nursing process. For the LPN, planning includes participation in the identification of the client's needs related to the findings of the nursing assessment. Elements of planning are listed in the LPN rules in Paragraph (c) and include:

- Identification of nursing interventions and goals for review by the RN;
- Participation in decision-making regarding the implementation of nursing and medical interventions utilizing assessment data;
- Participation in multidisciplinary planning by providing resource data

Therefore, the LPN provides important input in the planning process while the RN has the responsibility for developing the nursing plan of care and modifying the plan as indicated by ongoing assessment and evaluation.

**IMPLEMENTATION** is the third step of the nursing process and consists of delivering nursing care according to an established health care plan and as assigned by the RN or other person(s) authorized by law. Elements of implementation for the LPN are listed in the LPN rules in Paragraph (d)(1) and include the following:

- Procuring resources needed to implement the care plan;
- Implementing nursing interventions and medical orders consistent with nursing rules and within an environment conducive to client safety;
- Prioritizing performance of nursing interventions within assignment;
- Recognizing responses to nursing interventions;
- Modifying immediate nursing interventions based on changes in a client's status;
- Delegating specific nursing tasks as outlined in the plan of care and consistent with nursing rules.

The degree of supervision by an RN or other authorized person required for the performance of any assigned or delegated nursing activity by the LPN when implementing nursing care is determined by the variables listed in Paragraph (d)(3) of the LPN rules.

The LPN also participates in implementing the health care plan by assigning nursing care activities to other licensed practical nurses and delegating nursing care activities to unlicensed assistive personnel (UAP)

qualified and competent to perform such activities providing certain essential criteria are met. These criteria are listed in the LPN rules in Paragraph (d)(2) and include:

- Assuring that competencies of personnel to whom nursing activities may be assigned or delegated have been validated by an RN;
- Continuous availability of a registered nurse for supervision;
- Participation by the LPN in on-going observations of clients and evaluation of client's responses to nursing actions;
- Accountability is maintained by the LPN for responsibilities accepted, including care provided by self and by all other personnel to whom care is assigned or delegated;
- Supervision provided by the LPN is limited to assuring that tasks have been performed as assigned or delegated and according to established standards of practice.

The appropriate and effective LPN delegation of nursing activities to UAP is an essential element in assuring safe client care. The [NCBON Decision Tree for Delegation to UAP](#) and the Position Statement on [Delegation and Assignment of Nursing Activities](#) (both available at [www.ncbon.com](http://www.ncbon.com)) provide guidance for LPN practice.

**It is beyond LPN scope of practice to assign nursing responsibilities to RNs.**

**Please note: Managing the Delivery of Nursing Care and Administering Nursing Services** are not components within LPN Scope of Practice. Supervision by LPNs is limited to the assuring that tasks have been performed as assigned or delegated and according to established standards of practice as stated in Paragraph (d)(2)(E) of the LPN rules.

**Therefore, it is beyond LPN scope of practice to be responsible for the following activities: nursing unit management, nursing administration, performance appraisal, orientation and teaching of nursing staff, validation of competence, or nursing staff development.**

Please see Position Statements describing the limited role of the LPN in supervision within environments providing care for clients with relatively stable status (such as Skilled Nursing/Long Term Care Facilities) and the LPN role in staff development at [www.ncbon.com](http://www.ncbon.com) – select Practice in left side column – select Position Statements – select:

- [Nurse in Charge Assignment to LPN](#)
- [Staff Development](#)

**EVALUATION** is the fourth step of the nursing process and consists of LPN participation in determining the extent to which desired outcomes of nursing care are met and in planning for subsequent care. Elements of evaluation by the LPN are listed in Paragraph (e) of the LPN rules and include:

- Collecting evaluative data from relevant sources according to written guidelines, policies, and forms;
- Recognizing the effectiveness of nursing interventions;
- 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.

**REPORTING and RECORDING** are those communications, written and verbal, required in providing the nursing care for which the LPN has been assigned responsibility. Reporting is the verbal communication of information to other persons responsible for or involved in the care of the client. Recording is the written or

electronic documentation of information on the appropriate client record, nursing care plan or other documents. This documentation must reflect the verbal communication of information to other persons, and accurately describe the nursing care provided by the LPN. Both reporting and recording must be completed within a time period consistent with the client's need for care and according to agency policies and procedures. See LPN rules, Paragraph (f), for more information on the required elements of reporting and recording.

**COLLABORATING** involves communicating and working cooperatively in implementing the health care plan with individuals whose services may have a direct or indirect effect on the client's health care. As assigned by the RN or other person(s) authorized by law, the LPN participates in collaborating in client care. Elements of collaboration by the LPN are listed in the LPN rules in Paragraph (g) and include:

- Implementing nursing or multidisciplinary approaches for the client's care;
- Seeking and utilizing appropriate resources in the referral process;
- Safeguarding confidentiality.

**TEACHING and COUNSELING** of clients and their families may be implemented by the LPN utilizing an established teaching plan/protocol as assigned by the registered nurse, physician or other qualified professional licensed to practice in North Carolina. The LPN participates in teaching and counseling as listed in the LPN rules in Paragraph (h) by:

- Providing accurate and consistent information, demonstrations, and guidance to clients, their families or significant others regarding the client's health status and health care in order to
  - increase knowledge
  - assist the client to reach an optimum level of health functioning and participation in self care
  - promote the client's ability to make informed decisions;
- Collecting evaluative data and reporting this to the RN or other authorized person.

**Teaching nursing activities to health care personnel is beyond the scope of practice of the LPN.**

**ACCEPTING RESPONSIBILITY** for self for individual nursing action, competence and behavior is a component of practice shared by LPNs and RNs. The elements within this component of practice are listed in the LPN rules in Paragraph (j).

Please reference the LPN rules and the [RN and LPN Scope of Practice Comparison Chart](#)

**References:**

[Nursing Practice Act, G.S. 90-171.20\(8\)](#)

[21 NCAC 36.0221 – License Required](#)

[21 NCAC 36.0224 – Rules for the Registered Nurse](#)

[21 NCAC 36.0225 – Rules for the Licensed Practical Nurse](#)

[NCBON Decision Tree for Delegation to UAP](#)

[NCBON Position Statement - Delegation and Assignment of Nursing Activities](#)

[NCBON Scope of Practice Decision Tree for the RN and LPN](#)

[NCBON Position Statement – Nurse in Charge Assignment to LPN](#)

[NCBON Position Statement – Staff Development](#)

[NCBON Position Statement – RN and LPN Scope of Practice Comparison Chart](#)

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