

Hospital Scope of Practice

Purpose

The COVID-19 pandemic reinforced that nonphysician providers play a critical role in the health care system. These providers helped lead the public health response through the pandemic and expanded their ability to help fill provider shortages, particularly in rural areas.

Nursing care services can be effectively delivered by teams of licensed and unlicensed health care professionals. Compliance with nursing statutory and regulatory scope of practice provisions requires informed understanding and application to facilitate lawful practice relationships between nurses and other members of the health care team.

The NHA in collaboration with stakeholders examined the current legal and regulatory framework for nursing workforce with the goal to break down barriers that do not enhance patient safety or hospital quality.

This Hospital Scope of Practice document is designed to provide a framework for what can be done in a hospital setting with nurse staffing and delegation per scope of practice.

Disclaimer:

This is a guide and only intended for basic information. Each hospital should consider their policies, procedures, state and federal guidelines, along with legal counsel when defining roles within their facility



Definitions

2.01 ACCOUNTABILITY

The licensed nurse is responsible and answerable for decisions and action or inaction of self or others, and for the resultant consumer outcomes related to decisions and action or inaction.

002.03 ASSIGNMENT

A licensed nurse appoints or designates another person the responsibility for performance of nursing interventions. Assignments are made to individuals who already have authority to provide nursing interventions either through licensure as a nurse or through delegation from a registered nurse. Assignment is not the transfer authority.

002.09 DELEGATION

The transference of authority, responsibility, and accountability to perform nursing interventions from one individual to another.

002.09(A) DELEGATION BY A REGISTERED NURSE

The transference of authority, responsibility, and accountability from a registered nurse to the unlicensed person to provide select non-complex nursing interventions on behalf of a registered nurse.

002.09(B) DELEGATION DECISION

Includes determining which nursing interventions may be delegated, selecting which unlicensed persons may provide the delegated interventions, determining the degree of detail and method to be used to communicate the delegation plan, and selecting a method of evaluation and supervision.

002.18 SUPERVISION

The provision of oversight, which includes maintaining accountability to determine whether or not nursing care is adequate and delivered appropriately.

002.18(A) DIRECT SUPERVISION

The responsible licensed nurse or licensed practitioner is physically present in the clinical area and is available to assess, evaluate or respond immediately.

002.18(B) INDIRECT SUPERVISION

The responsible licensed nurse or licensed practitioner is available through telecommunication or periodically for direct inspection and evaluation for direction, consultation, and collaboration.

NEBRASKA DEPARTMENT OF 10-05-2020 HEALTH AND HUMAN SERVICES
TITLE 172 NAC 99 PROFESSIONAL AND OCCUPATIONAL LICENSURE

NURSING ASSISTANT (NA)

NAs are typically responsible for providing basic patient care such as bathing, dressing, and assisting with mobility. They also assist with tasks such as taking vital signs and serving meals under the supervision of an RN. (Commonly referred to as CNA)

LICENSED PRACTICAL NURSE (LPN)

LPNs typically perform tasks such as taking vital signs, administering medications, and providing basic patient care under the supervision of an RN. They may also assist with wound care and other medical procedures.

REGISTERED NURSE (RN)

RNs have a wide range of responsibilities, including assessment, diagnosis, planning, implementation, and evaluation of patient care. They may also delegate tasks to other health care workers such as licensed practical nurses (LPNs) and nursing assistants (NAs).

PARAMEDIC

The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation.

Scope of Practice Delegation

Delegation of nursing duties refers to the process of assigning specific tasks and responsibilities to another individual, usually a lower-level health care worker, to perform under the supervision and direction of a registered nurse (RN). The purpose of delegation is to ensure safe, efficient, and quality patient care while maximizing the skills and abilities of the nursing team. The RN remains accountable for the overall care of the patient and must assess the delegate's qualifications and the task being delegated before making a delegation decision.

NURSING DELEGATION IS IMPORTANT IN INPATIENT HOSPITAL SETTINGS FOR SEVERAL REASONS:

1. **Improved patient outcomes:** Delegation allows registered nurses (RNs) to focus on complex tasks and make the best use of their skills and expertise, leading to improved patient outcomes.
2. **Increased efficiency:** By delegating tasks to other health care workers, such as licensed practical nurses (LPNs) and nursing assistants (NAs), RNs can increase the efficiency of care delivery and provide more timely and effective treatment.
3. **Staff development:** Delegation provides an opportunity for other health care workers to develop their skills and knowledge, which can lead to improved job satisfaction and advancement in their careers.
4. **Cost-effectiveness:** Delegation can help reduce staffing costs by utilizing the skills and abilities of other health care workers to perform tasks that do not require the advanced education and training of an RN.
5. **Improved patient safety:** Delegation helps ensure that patients receive safe, quality care by assigning tasks to individuals who have the necessary skills and training to perform them effectively. RNs remain accountable for the overall care of the patient and must assess the qualifications and tasks of the individual being delegated to.

Delegation Process

FOUR KEY CLIENT FACTORS MUST BE CONSIDERED IN THE DELEGATION PROCESS:

1. SAFETY
2. CRITICAL THINKING
3. STABILITY
4. TIME

FOUR THINGS YOU CANNOT DELEGATE:

1. RN ASSESSMENT
2. PLANNING
3. EVALUATION
4. NURSING JUDGMENT

Inpatient Scope of Practice Summary

The information provided in this document is representative of the Scope of Practice for each profession and not reflective of an individual hospital or system allowable practice. When deciding the role delineation for each professional, we recommend referencing this information to ensure it is an allowable skill per the Scope of Practice and then consider your hospital or system standards of practice. This information is shared to assist in making informed decisions but should not be considered a directive or mandate by the NHA.

Skills	RN	Paramedic	LPN	EMT	NA
ASSESSMENT					
Head to Toe Assessment	✓	✓	✓	✓	
Peripheral intravenous line Cares (Start or Removal) & Assessment	✓	✓	✓	✓	
Central venous line/PICC Cares (Dressing Δ, Tubing Δ, Cap Δ, Blood Draw, Removal) & Assessment	✓				
Invasive Pressure Monitoring Assessment	✓		✓		
Pain Assessment	✓	✓	✓		
Advanced Thermoregulation Assessment	✓		✓		
Telemetry Interpretation	✓	✓	✓		
Trach Cares & Assessment	✓	✓	✓		
G-Button Cares & Assessment	✓	✓	✓		
Restraint Assessment (Violent & Non-Violent)	✓	✓	✓	✓	
Document on an Established Care Plan	✓	✓	✓	✓	
Nursing Care Plan & Nursing Diagnoses Based on Assessment	✓				
MISCELLANEOUS CLINICAL SKILLS					
Transport Patient NOT on Monitors	✓	✓	✓	✓	✓
Transport Patient on Monitors	✓	✓	✓	✓	
Initial Application of Restraints	✓	✓	✓	✓	
Release & Reapply Restraints	✓	✓	✓	✓	✓
Blood Administration & Co-Check	✓	✓	✓		
Obtaining Viral Panel Specimen: Nasal	✓	✓	✓		
Obtaining Viral Panel Specimen: Endotracheal Tube	✓				

Skills	RN	Paramedic	LPN	EMT	NA
DAILY CARES & SAFETY					
Vital Signs (BP, Temp, Respirations, HR, Pulse Ox)	✓	✓	✓	✓	✓
Growth Measurements (Height, Weight, Head Circumference, Abdominal Girth)	✓	✓	✓	✓	✓
Intake & Output (By Mouth/Enteral Feeds, Ostomy, Foley, Chest Tube)	✓	✓	✓	✓	✓
Precautions (Suicide, Seizure, Fall, Hazardous Drug & Isolation)	✓	✓	✓	✓	✓
Safe Patient Handling (Developmental Care/Positioning, Mechanical Lifts, Slider, Etc.)	✓	✓	✓	✓	✓
Emergency Evacuation (Med Sleds, Baby Apron, Etc.)	✓	✓	✓	✓	✓
Foley Cares	✓	✓	✓	✓	✓
Cervical-Collar & Related Precautions	✓	✓	✓	✓	✓
Ostomy Cares	✓	✓	✓		
MEDICATION ADMINISTRATION PER POLICY & EXCLUDING EMERGENCIES					
Med Route: PO/Enteral, SubQ, Otic, Optic, Topical, Nebulized, IM, Nasal, Rectal	✓	✓	✓	✓	
Med Route: Intravenous (Peripheral intravenous line, Central venous line, Port, PICC) Admin & Co-Check	✓	✓	✓		
Intramuscular injection Epinephrine for Prophylaxis	✓	✓	✓	✓	
Med Retrieval from Medication Dispensary System (Pyxis)	✓	✓	✓		
Pain Protocol: Oral or Topical	✓		✓		
Hazardous Drugs/High Alert Med Administration & Co-Check	✓	✓			
Aerosol, Continuous Aerosol w/Aerogen, MDI, Dry Powder Inhaler or Large Heart Nebulizer	✓	✓	✓	✓	
Administration of Dialysis	✓		✓		
Administration of Narcotics or Anxiolytics Excluding Procedural Sedation	✓	✓	✓		
Procedural Sedation	✓	✓			
Oral Chemotherapy Medication Administration	✓	✓	✓		
Intramuscular or Intravenous Chemotherapy: Chemo Trained RN	✓				

Skills	RN	Paramedic	LPN	EMT	NA
LINES, DRAINS & AIRWAY MANAGEMENT (ONCE ESTABLISHED)					
Nasal & Oral Suction	✓	✓	✓	✓	✓
Inline & Sterile Open Suctioning of ET Tube or Trach	✓	✓	✓		
Basic Oxygen Delivery Devices	✓	✓	✓	✓	
Heated High Flow/CPAP/BiPAP	✓	✓	✓	✓	
Trach/Trach Vent	✓	✓	✓		
NG/OG or G-Button Insertion	✓	✓	✓		
Chest Tube (Maintenance)	✓	✓	✓		
Straight Cath & Foley Cath Insertion	✓	✓	✓		
External Ventricular Drain & Intracranial Pressure Monitoring/ Assessment	✓				
Endotracheal Tube Management	✓	✓	✓		
Intraosseous Insertion		✓			
EQUIPMENT					
Incubator	✓	✓	✓	✓	✓
Bladder Scanner	✓	✓	✓	✓	✓
Point of Care Testing	✓	✓	✓	✓	✓
Bedside or Central Monitor	✓	✓	✓	✓	✓
Phototherapy	✓	✓	✓	✓	✓
Thermoregulation (ie. Bear Hugger & Gaymar)	✓	✓	✓	✓	✓
Enteral Feeding Pump, Sigma Pump or MedFusion Pump Setup	✓		✓		
Ventilator	✓	✓	✓		
Cough Assist Device, Chest Percussion Device, Respiratory Therapy Vest Device, or Incentive Spirometry	✓		✓		

Skills	RN	Paramedic	LPN	EMT	NA
ADMISSION/DISCHARGE/EDUCATION					
Initial Admission Questions	✓	✓	✓	✓	✓
Learning Assessment & Screening	✓		✓		
Initial Physical Assessment in Unit: RN must co-sign initial LPN assessment	✓	✓	✓	✓	
Documentation of Education	✓	✓	✓	✓	
After Visit Summary & Established Education Protocols: Involve RN if patient questions would change the care plan	✓		✓		
Co-Checking After Visit Summary with RN	✓	✓	✓		
Initial Triage Intake for Emergency Department	✓	✓			
Creating the Care Plan or Documenting Care Plan Completion	✓				
Patient Specific Education with Care Plan Adjustments	✓				
EMERGENCIES					
Respond To or Initiate Medical Alerts	✓	✓	✓	✓	✓
Initiate & Implement Basic Life Support as Trained	✓	✓	✓	✓	✓
Bag a Patient with Oxygen	✓	✓	✓	✓	✓
Emergency Documentation	✓	✓	✓		
Emergency Medication Administration	✓	✓			
Patient Assessment	✓	✓			
Defibrillator	✓	✓			
Transfer to Higher Level of Care	✓	✓			

AMBULANCE TRANSFERS

- There should be someone from the service to drive and one licensed provider from the service to assist with supplies and operation of the ambulance since the RNs are typically not familiar with the ambulance and its equipment.
 - This also helps the EMS Service document the run in eNARSIS as well.
- There should be an agreement in place between the hospital and the service. This helps determine who is responsible for what. It also allows the EMS Service to bill at a higher rate.
- Patient care will still be under the hospital and not the service.
 - This allows the RN to practice to their level of care. If the nurse is operating under the BLS service then they would be limited to the BLS Service License which means no ALS skills, meds, procedures, etc. may be performed as it would be limited to the license level of the service.
 - This also reiterates the need for an agreement to ensure the RN is operating under the hospital and not the EMS Service.

LPN SKILLS ARE PRACTICED BASED ON STABLE & PREDICTABLE DEFINED AS:

002.17 STABLE OR PREDICTABLE: A situation where the individual's clinical & behavioral status and nursing care needs are determined by an RN or licensed practitioner to be non-fluctuation & consistent OR where the fluctuations are expected and the interventions are planned, including those individuals whose deterioration condition is expected.

Competency for Licensed Practical Nurses

	LPN CAN DO FOR STABLE AND PREDICTABLE PATIENTS
ASSESSMENT	<p>Contributes to assessment</p> <ul style="list-style-type: none"> • Collect Information & Data • Identify immediate need for intervention • Recognize significant variation or changes • Complete 2 nurse skin assessment with an RN
VASCULAR ACCESS	<ul style="list-style-type: none"> • Perform insertion and nursing care interventions on peripheral IV • Perform nursing care interventions on central vascular catheters • Central line dressing change with RN
DRAINS, TUBES, DEVICES	<p>With the direction of the RN:</p> <ul style="list-style-type: none"> • Perform nursing care interventions on all validated drains and tubes
RESPIRATORY DEVICES & OXYGEN	<p>With the direction of the RN:</p> <ul style="list-style-type: none"> • Initiate oxygen therapy via nasal cannula (identify immediate need for intervention) • Maintain oxygen therapy on the following devices: <ul style="list-style-type: none"> • Stable Non-invasive ventilation, nasal canula, non-heat hi-flow nasal canula, tracheostomy via trach collar • Perform suctioning: oral, nasal tracheal, tracheal via open catheter on trach collar
EMERGENT SITUATIONS	<p>BLS certified: recognize life-threatening emergencies, give chest compressions, deliver appropriate ventilation, and provide early use of AED.</p> <p style="text-align: right;">***Immediately report life threatening emergencies to RN***</p> <p>With the direction of the RN: Call a code per hospital policies</p>
TRANSPORT	<p>With the direction of the RN:</p> <ul style="list-style-type: none"> • Transport unstable patient with an Advanced Cardiovascular Life Support RN • Transport stable patient's independently
ORDERS	<p>Acknowledge and complete patient care orders Order entry mode: "within scope"</p> <p>With the direction of the RN:</p> <ul style="list-style-type: none"> • Order entry mode: "per protocol" • LPN can assist with protocol such as: <ul style="list-style-type: none"> • Perform steps of Urinary Management Protocol • Order as needed flush solution using the Flush Protocol <p style="text-align: center;">***RN will direct LPN to specific task within the protocol that they may perform***</p>
COMMUNICATION	<p>Participates in collaboration</p> <ul style="list-style-type: none"> • Communicate all abnormal, including unstable & unpredictable findings to RN and providers • Collaborate with ancillary departments • Participate in shift to shift report with RN • Perform nursing report on patient transfers out to lower level of care. • Perform nursing report on discharges.

	LPN CAN DO FOR STABLE AND PREDICTABLE PATIENTS
ADMISSION & DISCHARGE	<p>With the direction of the RN:</p> <ul style="list-style-type: none"> • Complete admission and discharge profiles • Perform After Visit Summary teaching with patient • Notify RN of nursing referrals triggered from admission profile
SPECIMEN COLLECTION	<p>With the direction of the RN:</p> <ul style="list-style-type: none"> • Perform all validated specimen collections
RESTRAINTS	<p>With the direction of the RN:</p> <ul style="list-style-type: none"> • Apply soft and locked restraints
MEDICATION ADMINISTRATION	<p>With the direction of the RN:</p> <p>Administer approved medications: for which nursing interventions are routine and predictable in nature related to individual responses and adverse reactions.</p> <ul style="list-style-type: none"> • Perform all validated routes of administration • Administer subcutaneous insulin <ul style="list-style-type: none"> • Perform independent dual sign off with RN on intermediate and long-acting insulin • Administer subcutaneous heparin • Maintain pain control devices (epidural, patient control analgesia, peripheral nerve catheter)
BLOOD TRANSFUSION	<p>With the direction of the RN:</p> <ul style="list-style-type: none"> • Immediately notify RN of blood administration orders • After first 15 minutes, perform vitals and focused assessments during the remaining blood administration time, at blood end time, and at 1 hour post transfusion time. • Immediately notify RN of signs/symptoms of reaction • Verify blood consent form is accurate and filled out by provider and patient
PROCEDURES	<p>With the direction of the RN:</p> <ul style="list-style-type: none"> • Observe and maintain sterile field • Collect bedside procedure supplies • Verify bedside procedure consent form is accurate and filled out by provider and patient. • Witness a telephone consent, write consent note
DOCUMENTATION	<p>With the direction of the RN:</p> <ul style="list-style-type: none"> • Document all information and data collected, including patient assessments and patient teaching. • Co-sign LPN student

Paramedics Approved Competency List

Paramedics can do anything within their scope of practice and hospital protocol.

	CAN DO PARAMEDICS CAN DO ANYTHING THAT AN INPATIENT CARE TECH AND ED TECHNICIAN CAN DO PLUS THE FOLLOWING NURSING SKILLS:
ASSESSMENT	A patient secondary assessment, reassessments, evaluation of body systems, body functions, and anatomic regions as appropriate for the patient's illness and/or injury
VASCULAR ACCESS	<p>Demonstrates safe care, and removal (if applicable) of the following types of IVs:</p> <ul style="list-style-type: none"> • Peripheral • PICC • Central Non-tunneled • Infusaport • Hemodialysis <p>Demonstrates safe insertion of (if applicable) of the following types of IVs:</p> <ul style="list-style-type: none"> • Peripheral Intravascular • Infusaport • Intraosseous
DRAINS/TUBES	<ul style="list-style-type: none"> • Can maintain all types of drains and tubes. • Can insert: nasogastric • Can insert an endotracheal tube
RESPIRATORY DEVICES & OXYGEN	<ul style="list-style-type: none"> • Supplemental oxygen administration by all devices. • Suctioning of the visualized and non-visualized advanced airway adjuncts (including oral, nasal tracheal, oral tracheal and tracheal) <p>Nursing interventions appropriate to:</p> <ul style="list-style-type: none"> • BiPap • CPAP • High flow face mask • Venti mask • Nasal cannula • Tracheostomy
EMERGENT SITUATIONS	<ul style="list-style-type: none"> • Can assist in an code by giving medications, CPR (Cardiopulmonary Resuscitation), transport. • Call a heart attack or stroke protocol if needed.
ADMISSIONS	<ul style="list-style-type: none"> • Complete full admission profile with exceptions to care plans, patient education and entering orders • Follow through with patient care orders as directed by the RN (Registered Nurses) • Can be the second person for a skin check
ORDERS	<ul style="list-style-type: none"> • Order supplies using the "Within Scope" order mode • Read and follow through with prescribed orders within scope

	CAN DO PARAMEDICS CAN DO ANYTHING THAT AN INPATIENT CARE TECH AND ED TECHNICIAN CAN DO PLUS THE FOLLOWING NURSING SKILLS:
COMMUNICATION	<ul style="list-style-type: none"> • Communicate with the assigned nurse or lead any normal or abnormal findings • Communicate to Heart Monitoring Unit any monitor changes/admissions/discharges • Call security with any concerns • Call food orders • Call ancillary teams for order follow through (RT, PT, OT)
MEDICATION ADMINISTRATION	<ul style="list-style-type: none"> • All routes of medication administration including Hazardous drugs. • Secondary check of all high-risk (2 RN) Medications- the nurse must be the primary administrator • Allergic reaction protocol
TRANSPORT	<ul style="list-style-type: none"> • Transport patients to all procedures (on or off cardiac monitoring) • VAD patients (as long as paramedic has completed the LVAD skills lab for procedural areas) • Patients with a Ventricular Assisted device
USE OF DEFIBRILLATOR/ AED	<ul style="list-style-type: none"> • Therapeutic electrical therapy: Manual Defibrillation; Cardioversion; and External Pacing
SPECIMEN COLLECTION	<ul style="list-style-type: none"> • Obtain specimens: <ul style="list-style-type: none"> • Blood- peripheral blood, central line, blood glucose via glucometer • Urine- straight cath, Foley • Sputum • Nasal washing • VBG
DISCHARGES	<ul style="list-style-type: none"> • Remove IV, get patient dressed, escort to vehicle
BLOOD	<ul style="list-style-type: none"> • Be the 2nd checker for all blood products • Be the primary administrator for the initial 15 minutes
PROCEDURES	<ul style="list-style-type: none"> • Administer sedation medication • Observe and maintain sterile fields • Confirm consent • Chart the bedside procedure • Complete time out with provider
DOCUMENTATION	<ul style="list-style-type: none"> • Document any finding they have into the EMR (Electronic Medical Record) • Document bedside procedures/time out (not in Emergency Department)
MISC.	<ul style="list-style-type: none"> • Restraints- apply and document • All cares related to patient activities of daily living

Nursing License Chart

UNLICENSED				
TITLE	Employer/ Setting Specific e.g., Community Health Worker, Patient Assistant	Medical Assistant (MA)	Nurse Aide	Dialysis Patient Care Technician (DPCT), Paid Dining Assistant; Medication Aide
STATE OF NEBRASKA CREDENTIALS	No Credentials No Title Protection	No Credentials No Title Protection	No Credentials Registry No Title Protection	Limited Credentials Registry
CERTIFICATION		Voluntary		
SCOPE OF PRACTICE	None	None	None	None
ROLE	Specified by employer	Administrative Duties Clinical Support Tasks	Direct Care Activities of Daily Living	Defined in Statue and Regulation for each group
LICENSURE AUTHORITY	None	None	None	None

NURSING			OTHER LICENSED		
Licensed Practical Nurse (LPN)	Registered Nurse (RN)	Advanced Practice Registered Nurse (APRN)	Physician Assistant (PA)	Physician, Osteopathic Physician	Other Licensed Health Care Professional e.g., Dentist, Optometrist, Pharmacist, Podiatrist, Emergency Medical Care Providers
Licensure	Licensure	RN and APRN Licensure	Licensure	Licensure	Licensure
Nursing Specialty	Nursing Specialty	Specific to Licensure and Practice	Specific to Practice	Specific to Practice	Specific to Practice
Nurse Practice Act	Nurse Practice Act	CNM; CNS CRNA; NP Practice Acts	Medicine and Surgery Practice Act	Medicine and Surgery Practice Act	Practice Act
Directed practice by RN and Licensed Practitioner	Implements Nursing Process	According to Practice Act Role and Population Specific	According to Medicine and Surgery Practice Act	According to Medicine and Surgery Practice Act	According to Practice Act
Direction & Monitoring Direction Assignment Supervision	Direction & Monitoring Delegation Direction Assignment Supervision	Prescriptive Authority Directs LPN practice Direction & Monitoring Delegation Direction Assignment Supervision	Prescriptive authority Directs LPN practice Direction & Monitoring	Prescriptive authority Directs LPN practice Direction & Monitoring	According to Practice Act

