

Working Together for Client Safety

COLLEGE OF
LICENSED
PRACTICAL
NURSES
OF BC



COLLEGE OF
REGISTERED NURSES
OF BRITISH COLUMBIA



HOW TO USE THIS DOCUMENT

GLOSSARY: Words used in this document that are linked to the CRNBC Glossary (PDF) appear in **green** the first time they are used in each section.

QUESTIONS TO PONDER: At the end of many sections, you will find *Questions to Ponder*, which appear in side boxes. These questions will help you reflect on how the principles discussed in the document apply in your area of practice.

CASE STUDY: The case study at the end of the document applies the principles discussed to a specific area of practice.

LINKS: In addition to the glossary links, there are several other useful links that are set in **dark green type**.

NURSE: The title “nurse” is used throughout this document; “nurse” refers to both registered nurse and licensed practical nurse.





► Purpose

There is tremendous pressure to make changes in our health care system to address many concerns. Among the challenges is how best to deal with the shortage of nurses and how to control costs while still meeting the needs of clients.

In answer to these concerns, changes have been made in the provision of care, which has resulted in both Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) working together in new ways, both individually and collaboratively. These changes may cause confusion for both nurses and employers about the [scope of practice](#) of each nursing group and how it affects the way in which they work together.

This document highlights and clarifies some of the key differences between RNs and LPNs in clinical practice. The discussion and examples reflect the practice of typical nurses, not novices or experts, and will assist you to understand:

- the scope of practice of each group,
- the practice expectations when both groups work together, and
- the contributions that both groups bring to the care setting.

Having a full understanding of the different contributions of RNs and LPNs will enhance and improve the process of [collaboration](#) and effective decision-making in the clinical setting.

▶ *Guiding Principles*

The following principles guide the practice of nurses and form the foundation of this document:

- Licensed practical nurses (LPNs) and registered nurses (RNs) have a duty to provide safe and appropriate nursing care to **clients**.
- Nurses act in a manner that is consistent with their **Standards** of Practice, codes of ethics, **scopes of practice** and other relevant legislation.
- Nurses practise within their own level of **competence** and seek direction and guidance from other health care professionals when aspects of the care required are beyond their individual competence.
- Nurses require access to supports and resources in order to provide safe and appropriate care. These include effective nursing leadership, appropriate and sufficient staff, adequate nurse-client ratios, organizational support for collaborative practice and sufficient time to discuss client care needs with colleagues.
- Where two or more categories of nurses work together, safe and appropriate care can best be achieved through collaboration and cooperation among nurses, respecting the contributions of each professional.
- When LPNs work with RNs, the nursing **care delivery model** must support collaborative practice to help ensure safe and appropriate client care.
- As clients' health needs increase, the breadth and depth of the **competencies** required to provide nursing care also increase. That is to say, clients require more of the competencies that fall within the RN scope of practice and fewer of the competencies within the LPN scope of practice.
- When client acuity and /or complexity and/or variability increase, LPNs need additional support from RNs and do not work in isolation. This support may involve increased consultation with the RN, sharing part of the client assignment with the RN, the RN taking the lead role or the RN taking full responsibility for the care of the client.
- Effective communication among nurses and within organizations is essential in order to achieve quality client outcomes.
- Responsibilities and accountabilities related to **assignment** of nursing care are made clear at every level within organizations and are understood by nurses.

Q U E S T I O N S T O P O N D E R

- What types of organizational supports and resources for collaborative practice are in place where you work?
- How do you know what is expected of you in your specific clinical setting?
- With which health professionals do you collaborate?
- What opportunities do you have for communicating with your colleagues?

▶ Controls on Nursing Practice

Nurses receive direction for their practice in a variety of ways. These directions are referred to as controls on nursing practice because they outline what nurses can and cannot do. There are four levels of controls on practice:

- **LEVEL 1: THE REGULATION**
- **LEVEL 2: STANDARDS OF PRACTICE**
- **LEVEL 3: EMPLOYER POLICIES**
- **LEVEL 4: INDIVIDUAL COMPETENCE**

All four levels are necessary for nurses to provide safe, competent and ethical care. Each level of control successively narrows a nurse's practice, as shown graphically in the diagram below, and as described in the following examples.

1. **LEVEL 1:** The Regulation under the Health Professions Act for each nursing group sets out the **scope of practice** for that profession.

Examples:

RN: It is within the scope of registered nurse practice to perform venipuncture without an order to treat hypovolemia (i.e., to start an IV).

LPN: It is within the scope of licensed practical nurse practice to administer immunizations under the direction of a medical practitioner (see text box right).

2. **LEVEL 2:** Each nursing College sets standards, **limits and conditions** for their profession.

Examples:

RN: CRNBC standards, limits and conditions state that RNs require an order to insert a peripherally inserted central catheter (PICC line).

LPN: The CLPNBC Practice Directive on Allergy

Testing, Administering Desensitizing Medications and Immunizations states that LPNs must complete a CLPNBC-recognized post-basic immunization course and can only administer immunizations to clients five years and older.

3. **LEVEL 3:** Employer policies may restrict a nurse's practice in a particular agency or unit.

Examples:

RN: Employer policies are in place to support RNs on certain units to start IVs.

LPN: Employer policies are in place to support LPNs to administer specific immunizations within the practice setting.

4. **LEVEL 4:** An individual nurse requires the competence to carry out a particular activity.

Examples:

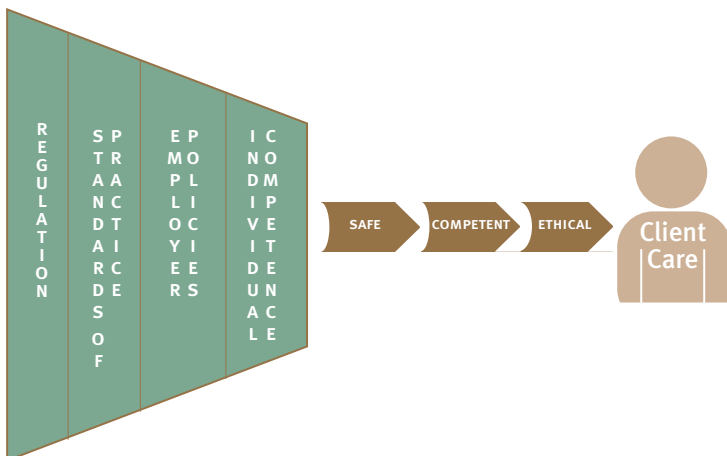
RN: An individual RN who does not have the competence to start an IV must develop the competence before carrying out this activity.

LPN: An individual LPN who does not have the competence to administer immunizations must acquire the competence before engaging in that aspect of a client's care.

A medical practitioner is a person entitled to practise under the Medical Practitioners Act i.e. registrants of the College of Physicians and Surgeons of British Columbia (physicians)

The following sections of this document address the first two levels of control on practice, the Regulation and Standards of Practice, as they apply to:

- scope of practice,
- competence,
- clinical direction and guidance,
- assignment, and
- collaboration and consultation.



QUESTIONS TO PONDER

- How do you become competent to carry out the activities in your practice area?
- How would you find out what limits your employer may have on your practice?

► *Scope of Practice*

The regulatory definition of **scope of practice** refers to the activities that nurses are educated and authorized to perform (see box). These activities are established through regulation and are complemented by standards, limits and conditions set by each nursing College (i.e., CRNBC for registered nurses and CLPNBC for licensed practical nurses). Both RNs and LPNs practise under the Health Professions Act. Under the Act, each category of nurses has its own specific regulation:

- **RNs: Nurses (Registered and Nurse Practitioners Regulation)**
- **LPNs: Nurses (Licensed Practical) Regulation**

It is important to understand that scope of practice refers to activities that a group of professionals are educated and authorized to do rather than what any individual nurse can do. Understandably, then, the idea of “working to full scope” can be confusing. Nursing practice is so

broad and varied that no one nurse is competent to carry out all the activities within the regulated scope of practice. For example, while it is within the scope of practice for an RN to initiate an IV to treat hypovolemia, not all RNs have the competence to do so.

And while it is within the scope of practice for an LPN to provide nursing services to patients receiving IV therapy, not all LPNs have the competence to provide this aspect of a patient’s care.

Questions often arise about whether an activity is “within the scope” of an RN or LPN. To answer this question, it is helpful to think about the difference between the concepts of what a nurse “can do” and what a nurse “should do.” In many instances, activities may fall within the legislated scope of practice of a nurse (can do), but this does not necessarily mean that it is appropriate for all nurses in all settings to carry out those activities (should do), as the example below illustrates.

The term “scope of practice” is sometimes used in different ways by different groups, as listed below. In this document, the regulatory definition of “scope of practice” is used.

REGULATORY BODIES: activities that nurses are educated and authorized to perform

EMPLOYERS: different nursing roles and responsibilities in their agency

NURSES: knowledge and skills they have as an individual

“Can” a nurse carry out an activity versus “should” a nurse carry out an activity

A nurse working in an acute care hospital is caring for a client who has been admitted for hip replacement surgery. The client is on peritoneal dialysis which she manages independently at home. Clients on peritoneal dialysis are rarely admitted to this hospital. Instead, they are usually transferred to a different hospital or they manage their own peritoneal dialysis. The client’s husband asks if the nurse will be doing his wife’s peritoneal dialysis.

To answer the question, apply

the “**CAN-SHOULD**” analysis:

CAN the nurse manage peritoneal dialysis?

Yes, it is within the nurse’s scope of practice (both RNs and LPNs) to care for a client on peritoneal dialysis.

SHOULD the nurse manage peritoneal dialysis?

The answer depends on a number of factors:

- Does the nurse have the competence to care for a client on peritoneal dialysis?
- What is the employer’s policy

for clients who require peritoneal dialysis?

- Is it in the client’s best interest for the nurse to manage the peritoneal dialysis at this time or are there other options? For example, is the client able to manage it herself? If not, can she be transferred to another area?
- What supports are in place? (e.g., Who are the experts? Who is available for consultation and collaboration? Is the necessary equipment available?)

SCOPE OF PRACTICE REGISTERED NURSES

The Nurses (Registered) and Nurse Practitioners Regulation states that registrants of CRNBC may provide or perform the following activities:

- health care for promoting, maintaining and restoring health
- prevention, treatment and palliation of illness and injury, primarily by assessing health status, planning and implementing interventions, and coordinating health services

The Regulation also assigns specific **restricted activities** to RNs.

CRNBC is responsible for developing standards, limits and conditions that complement the Nurses (Registered) and Nurse Practitioners Regulation.

For more information about RN scope of practice, **Scope of Practice for Registered Nurses: Standards, Limits, Conditions.**

SCOPE OF PRACTICE LICENSED PRACTICAL NURSES

The scope of practice for LPNs is set out in the Nurses (Licensed Practical) Regulation, Section 4 & 5(1), which states that an LPN may provide such nursing services related to the care of patients as are consistent with his or her training and ability.

The Licensed Practical Nurse Regulation also sets limitations on LPN practice:

- Except in an emergency, all nursing services provided by an LPN must be carried out under the direction of a medical practitioner who is attending the patient or under the supervision of a registered nurse who is providing services to the patient.
- An LPN may provide a nursing service for a patient in a private home provided that the attending medical practitioner gives directions.

For more information about LPN scope of practice, **LPN Scope of Practice.**

STANDARDS, LIMITS AND CONDITIONS FOR RNS

- Standards describe required levels of performance.
- Limits state what RNs are not permitted to do.
- Conditions state the circumstances under which RNs may carry out certain activities.

STANDARDS FOR LPNS

Standards describe expected levels of behaviour against which an LPN's actual behaviours are measured.

► Competence

The Standards of Practice for RNs and LPNs make it clear that nurses must be competent before they carry out nursing activities.

Competence is not only the ability to carry out a task. Competence is the integration and application of knowledge, skills, attitude and judgment required for safe, ethical and competent performance in an individual's nursing practice. For example, if a nurse is planning to change a dressing, he or she must have:

- the *knowledge* about the type of wound (e.g., the pathophysiology)
- the *skill* to perform the dressing change (e.g., manual dexterity and familiarity with equipment)
- an *attitude* that reflects the values of the profession (e.g., ensuring care is provided in a discreet manner and respecting the **client's choice** to refuse treatment)
- the *judgment* required to assess, make a decision and plan care (e.g., whether the dressing change must be done at all, whether the client requires an analgesic, whether a family member can be taught how to change the dressing)

COMPETENCE

- Knowledge
- Skill
- Attitude
- Judgment

RNs AND LPNs: SIMILARITIES AND DIFFERENCES

There are many similarities between RNs and LPNs. However, there are differences in the entry level **competencies** of each group as a result of differences in foundational education (refer to the diagram below). While both groups study from the same body of nursing knowledge, RNs study for a longer period of time allowing for greater depth and breadth of foundational knowledge. LPNs

study for a shorter period of time, resulting in a more limited body of foundational knowledge.

After completing their entry-level education, all nurses continue to consolidate their knowledge and skills. They also build on their education to develop and maintain the specific competencies required to meet the needs of clients in their areas of practice. If nurses change areas of practice, they may need to develop new competencies.

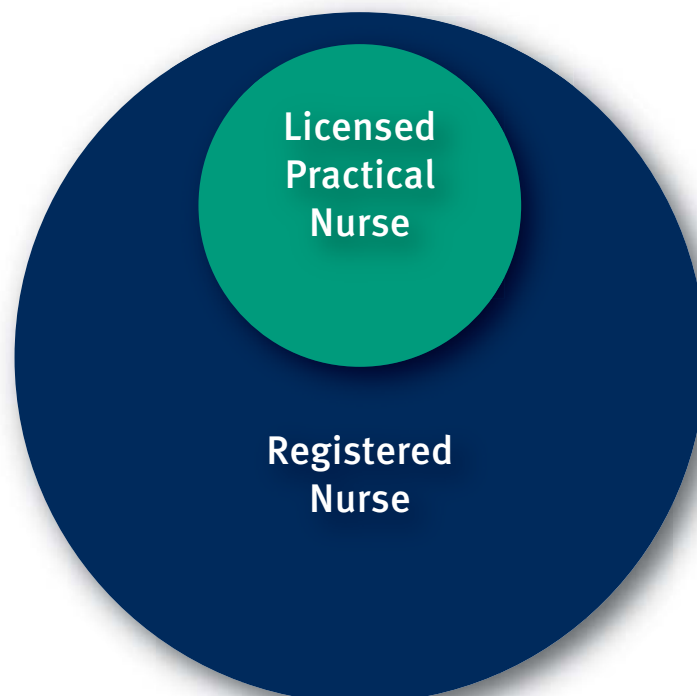


Table 1 lists some of the similarities and differences between the levels of education and context of practice RNs and LPNs in British Columbia. Table 2 lists the differences and similarities in practice expectations between the two groups. (Note that in both tables differences are set off in italics.)

TABLE 1: COMPARISON OF EDUCATION LEVEL AND PRACTICE CONTEXT FOR RNS AND LPNS

	REGISTERED NURSE	LICENSED PRACTICAL NURSE
ENTRY-LEVEL EDUCATION	<ul style="list-style-type: none"> Enters practice following completion of a <i>recognized baccalaureate program</i> and successful completion of the <i>Canadian Registered Nurse Examination</i> Must be registered with <i>CRNBC</i> 	<ul style="list-style-type: none"> Enters practice following completion of a <i>recognized certification program</i> and successful completion of the <i>Canadian Practical Nurse Registration Examination</i> Must be registered with <i>CLPNBC</i>
CLIENT	<ul style="list-style-type: none"> Educated to provide care to individuals, families, groups, <i>populations and communities</i> throughout their life span, across the continuum of health 	<ul style="list-style-type: none"> Educated to provide care to individuals, families and groups throughout their life span, across the continuum of health
CONTEXT OF PRACTICE	<ul style="list-style-type: none"> <i>Works as an independent practitioner or team member</i> in all settings 	<ul style="list-style-type: none"> <i>Works as a team member</i> in all settings

TABLE 2: COMPARISON OF PRACTICE EXPECTATIONS FOR RNS AND LPNS

	REGISTERED NURSE	LICENSED PRACTICAL NURSE
ASSESSMENT	<ul style="list-style-type: none"> Assesses and <i>makes decisions</i> about actual or potential client problems and strengths <i>Makes nursing diagnoses to identify conditions</i> <i>Anticipates and recognizes subtle changes</i> 	<ul style="list-style-type: none"> Assesses and <i>identifies</i> the status of actual or potential client limitations and strengths <i>Recognizes changes</i>
PLANNING	<ul style="list-style-type: none"> <i>Leads and coordinates</i> the care planning process Develops care plans focusing on day-to-day, <i>medium- and long-range</i> plans for care 	<ul style="list-style-type: none"> <i>Collaborates, contributes</i> and participates in the care planning process Reviews and interprets the plan of care focusing on <i>current and day-to-day</i> needs of clients
IMPLEMENTATION	<ul style="list-style-type: none"> <i>Coordinates and oversees</i> the overall care and provides clinical expertise and leadership for the plan of care Coordinates the care of clients regardless of <i>acuity</i>, complexity, <i>variability</i> and predictability <i>Directs plans of care</i> for highly complex clients <i>Meets immediate and anticipated long-term client needs</i>, drawing from a comprehensive assessment and a wide range of options Manages <i>multiple nursing interventions simultaneously in rapidly changing situations</i> <i>Designs, coordinates and implements health programs</i>, including teaching 	<ul style="list-style-type: none"> <i>Selects and implements</i> appropriate nursing interventions according to the plan of care Coordinates <i>care of less acute, less complex, less variable clients with more predictable outcomes</i> <i>Provides elements of care</i> for highly complex clients in close consultation with the RN coordinating that client’s care <i>Meets current identified client care needs</i> drawing from the known range of options included in the care plan <i>Performs planned nursing interventions</i> and responds appropriately to changing situations or emergencies <i>Teaches and delivers elements</i> of established health programs
EVALUATION	<ul style="list-style-type: none"> <i>Monitors and interprets</i> changes in client status and response to interventions and <i>revises the plan of care</i> as necessary 	<ul style="list-style-type: none"> <i>Monitors and recognizes changes</i> in client status and response to interventions and <i>participates in revising</i> the plan of care

► *Clinical Guidance*

Clinical guidance includes the provision of consultation and support. Because of the differences in the Regulations for LPNs and RNs, clinical guidance impacts the practice of the two groups differently. LPNs are responsible and accountable for requesting consultation or support when needed. RNs are required to provide consultation and support.

APPLICATION: LPNS

The Licensed Practical Nurses Regulation sets the following limitations on LPN practice:

Except in an emergency, all nursing services provided by a registrant must be carried out under the direction of a medical practitioner who is attending the patient or under the supervision of a registered nurse who is providing services to the patient.

LPNs therefore do not have autonomous practice. They may work independently, but they must always be under the direction of a medical practitioner or the supervision of an RN.

APPLICATION: RNS

CRNBC considers supervision by a registered nurse, as described above, to be the clinical guidance given by a registered nurse *who is providing services to the client*. In order to provide clinical guidance, the RN must be familiar with:

- the practice setting,
- the [scope of practice](#) of LPNs,
- the role of LPNs in the setting,
- the client population, and
- nursing practice within the setting.

The RN provides clinical guidance for the overall plan of care, and client care is the focus of that clinical guidance. RNs who provide clinical guidance act in a way that is consistent with their Standards of Practice, their code of ethics, agency policies and [job/role descriptions](#).

DETERMINING WHO IS RESPONSIBLE AND ACCOUNTABLE FOR WHAT

Both CRNBC and CLPNBC Standards of Practice state that RNs and LPNs are responsible and accountable for their own practice, which includes their decisions

and the consequences of their actions and inactions.

RNs and LPNs are also accountable for:

- understanding their own role and the role of others with whom they are working;
- consulting with others when faced with situations beyond their own competence;
- communicating effectively; and
- considering the needs of the client, the role of the nurse and the supports in the environment when making decisions about giving and accepting assignments.

QUESTIONS TO PONDER

- How do LPNs access RNs for clinical guidance in your setting?
- How do RNs provide clinical guidance to LPNs in your setting?

The **CRNBC Standards of Practice** and the **CLPNBC Standards of Practice and Competencies** provide the foundational accountabilities when different categories of nurses work together.

KEY POINTS

- All nurses are responsible and accountable for their decisions, actions and the consequences of those actions.
- LPNs are responsible and accountable for requesting consultation or support when needed.
- Nurses providing clinical direction are not responsible or accountable for actions and decisions made without their knowledge and/or not communicated to them.
- All nurses have a professional obligation to intervene if they become aware of any situation of unsafe or unethical care.

RNS PROVIDE CLINICAL GUIDANCE BY BEING

- physically available in the practice setting at the point of care, or,
- available at same location but not physically present at the point of care, or,
- available but not physically present at the point of care (i.e., is able to be contacted by telephone, pager or other electronic means).

► Assignment

Assignment refers to the allocation of clients or client care activities among health care providers. Clients or care activities are assigned to nurses in order to meet client care needs. An assignment is made specifically to an RN or LPN based on their legislated scopes of practice, regulatory body standards and the employer's policies and role descriptions. Assignment occurs not only at the beginning of a shift, but throughout the shift as client needs change.

RNs and LPNs each have responsibilities and accountabilities related to assignment, as outlined in Table 3 below.

TABLE 3: ASSIGNMENT RESPONSIBILITIES AND ACCOUNTABILITIES

REGISTERED NURSES	LICENSED PRACTICAL NURSES
<p>THE RN MAKING THE ASSIGNMENT</p> <ul style="list-style-type: none"> • is responsible for the decision to assign and reassign clients and/or client care functions appropriately; • must be familiar with the client population, the practice setting and the nursing practice within the setting in order to make safe and appropriate decisions about assignments; • makes an overall determination of client status; • decides which category of nurse has the required competencies to meet client care needs by considering the client, the tasks and the practice environment; • uses a collaborative approach to assign clients and/or functions and to clarify responsibilities related to the assignment; • provides support to the nurses providing care; and • is responsible for identifying agency policies and supports regarding assignment, following the agency process for evaluating assignment decisions, and providing feedback to employers related to this process 	<p>THE LPN ACCEPTING THE ASSIGNMENT</p> <ul style="list-style-type: none"> • accepts assignments from a care provider that has the scope of practice for the required care being assigned; • accepts assignments within the employing agency's model of nursing care delivery, which provides a reference about who is responsible for decision-making about client care, how work is assigned to staff and how client care is communicated; • is aware of own limitations of practice determined by educational preparation, competencies, knowledge, critical thinking and the ability to apply clinical judgment; • ensures clarity of role expectations and lines of communication; • ensures consultation with others when personal limits (knowledge, skill and judgment) exceed the requirements to provide safe, competent and ethical care; • ensures effective communication and collaboration when consulting with others; and • is able to determine the client's complexity status on the continuum from less complex, predictable and probable outcomes to highly complex, unpredictable and potentially high-risk negative outcomes.

more information

CRNBC Assignment Between Nurses Practice Standard
CLPNBC Nurse-Client Assignment Practice Directive

QUESTIONS TO PONDER

- What supports are in place in your clinical setting to ensure appropriate assignments?
- How does assignment between nurses take place in your clinical setting?

► Collaboration and Consultation

Collaboration and consultation are essential elements of safe, competent, ethical nursing practice. Nurses are expected to collaborate with clients, with each other and with members of the health care team for the benefit of the client. Nurses are also expected to consult with others when any situation is beyond their competence. Effective communication skills are critical to **successful consultation and collaboration**.

Both RNs and LPNs care for stable clients — those who have less acute, complex and variable care needs and more predictable outcomes. RNs, because of their greater depth and breadth of foundational knowledge, also care for clients with more complex care needs and less predictable outcomes. When a client falls between the two ends of this care continuum, an LPN may meet some of the client’s care needs in consultation with an RN. The need for collaboration and consultation with the RN increases as a client’s care needs becomes more complex.

QUESTIONS TO PONDER

- What does collaboration look like in your clinical setting?
- With whom do you collaborate? With whom do you consult? What is the difference?
- Describe areas of overlap in roles between RNs and LPNs in your clinical setting.
- How do RNs and LPNs participate in clinical decision making in your clinical setting?

COLLABORATION

Collaboration is ongoing communication and decision-making with the goal of working together toward identified client care outcomes. It respects the unique contributions and abilities of each member.

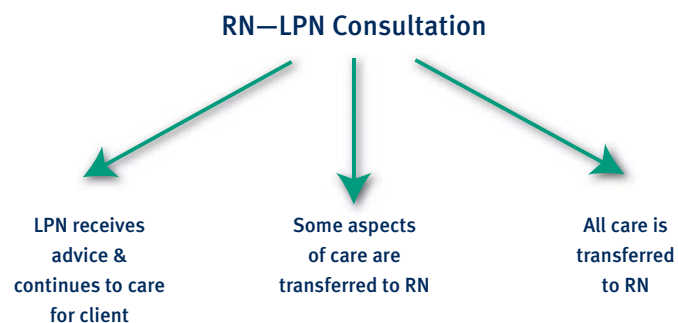
Collaboration in the practice setting is evident when nurses:

- talk with each other, share perspectives, plan together and provide care,
- are clear about their roles and the roles of others and,
- support and assist each other in the interest of client care.

CONSULTATION

Consultation is seeking advice or direction from a more experienced or knowledgeable nurse or other health professional. The client care needs, the nurse’s role description and the nurse’s individual competence influence both the amount of consultation required and who to involve in the consultation (see diagram below).

The resources available in the practice environment influence the opportunity for consultation. See **Guidelines for a Quality Practice Environment for Nurses in British Columbia** for further information.



Case Study

SCENARIO

An LPN is caring for Mary Brown, an 86-year-old widow living at home alone with a supportive family living nearby who takes her out at least once a week. Mary has arthritis, congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). The LPN is regularly assisting Mary with the administration of bronchodilators and assessing their effectiveness. Mary's care needs are well defined and established. The LPN provides emotional support and teaches the client to watch for increased shortness of breath.

CARE PLAN: Based on Mary's current condition and care needs, the LPN is able to provide care to Mary following the established care plan.

CHANGING CIRCUMSTANCES

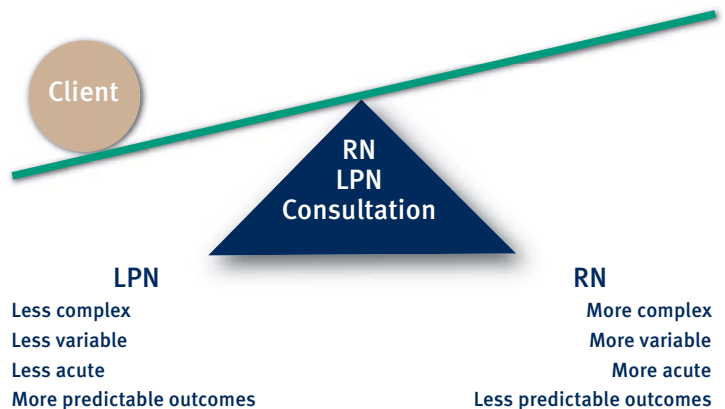
The LPN observes that Mary is becoming short of breath with activity. Mary reports that she is spending more time in bed recently because she is finding it difficult to walk due to the shortness of breath and fatigue. Her family is away on vacation and she has not had any visitors for over two weeks. The LPN consults with the RN using SBAR*:

"I'm with Mrs. Brown who is an 86-year-old widow with shortness of breath."

"She has a history of arthritis, CHF and COPD. She's on several medications and I assist her with her bronchodilators because of her arthritis."

"She has increased shortness of breath. She is usually quite active but reports that she is spending more time in bed because she finds it difficult to walk due to the shortness of breath and resulting fatigue. Her family is usually very involved with her care but they are on vacation."

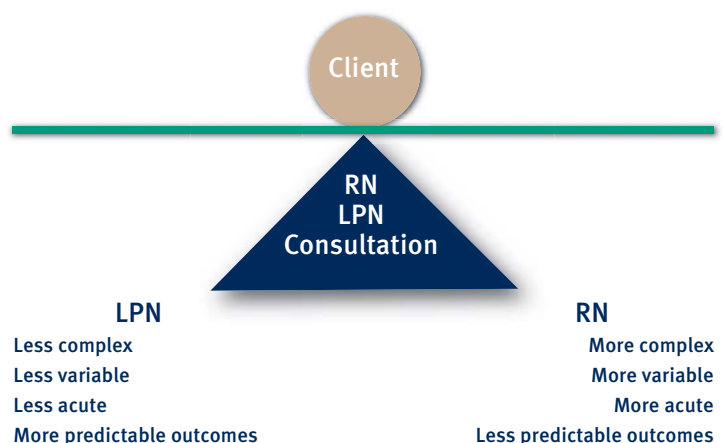
"I think we need to check her oxygen saturation and maybe she needs more frequent bronchodilators."



The RN agrees with the LPN's recommendation that she assess the client's oxygen saturation. She also asks the LPN to assess whether Mrs. Brown has been taking her other medications and to call her back with this additional information.

The LPN reports to the RN that the client has run out of her diuretic and has not had the prescription refilled since her family has been away. The LPN has arranged for the pharmacy to refill and deliver her diuretic. Her oxygen saturation is 92%.

CARE PLAN: Based on Mary's changing care needs, the LPN requires increased consultation with the RN.



S
SITUATION

B
BACKGROUND

A
ASSESSMENT

R
RECOMMENDATIONS

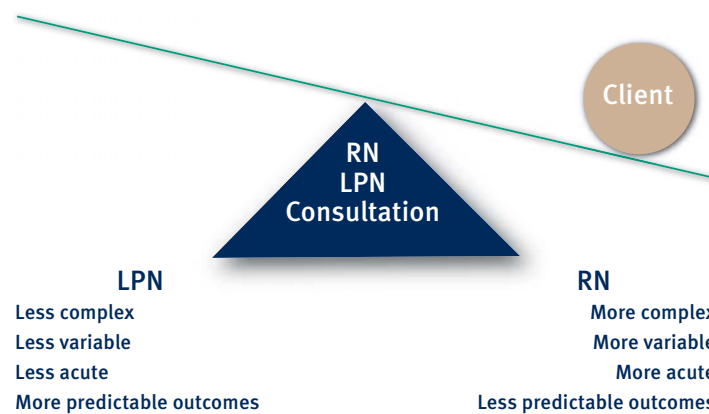
*www.ihi.org

CONTINUING CONSULTATION AND ASSESSMENT

A week later, Mary's health status continues to decline. Her shortness of breath has worsened and she has edema of both legs. She is unable to walk because of her shortness of breath and a lack of energy. She requires oxygen and adjustments in her medications, and she has been started on a steroid inhaler. The nature and timing of outcomes and her responses to care are no longer

predictable. Consequently, the LPN consults with the RN who assesses Mary, determines that the competencies of an RN are required and assumes all of the care for Mary.

The RN will continue to assess the situation and transfer the care back to the LPN when Mary's care needs become less complex and more predictable.



CARE PLAN: Mary's care needs are now more acute and more complex with less predictable outcomes and the RN now needs to provide primary care for Mary.

Questions and Answers

1. AS AN RN PROVIDING CLINICAL SUPERVISION, AM I RESPONSIBLE FOR THE PRACTICE OF THE LPN?

RNs are not responsible for the practice of LPNs. Like RNs, LPNs are self-regulating professionals who are required to meet Standards of Practice and follow a code of ethics. As an RN providing clinical supervision, you are responsible for what you do with the information you are given by the LPN and the decisions that you make based on this information. By the same token, you cannot be responsible for what you have no way of knowing.

In order to provide clinical supervision, RNs need to be familiar with the scope and role of LPNs in the practice setting, the client population, the nursing practice in the particular setting and the available supports.

2. WHAT IS THE LPN'S ROLE IN DEVELOPING CARE PLANS?

LPNs contribute to the care planning process by identifying client status, reviewing and interpreting the plan of care, implementing interventions and monitoring and recognizing changes in client status and client responses to interventions. While LPNs may participate in many aspects of the care planning process, they must consult and collaborate with an RN or a medical practitioner when doing so.

3. CAN LPNS INITIATE WOUND CARE?

LPNs provide nursing care for which they have the training and ability. This means that if they have the competencies, LPNs may initiate wound care as part of the care plan but only after consultation and collaboration with an RN or under the direction of a medical practitioner.

4. WHAT ARE MY RESPONSIBILITIES IF I SEE EVIDENCE OF UNSAFE OR INCOMPETENT NURSING PRACTICE THAT MAY POSE A RISK TO CLIENTS?

As nurses we have an ethical, legal and professional responsibility to report any unsafe practice or professional misconduct of regulated health professionals. The Health Professions Act establishes a legal obligation for nurses to report situations in which there is good reason to believe that a health professional's fitness or competence to practice may pose a significant risk to the public. In most cases, nurses report to their immediate supervisor or employer, who will then report to the appropriate regulatory body. Nurses may also make a report directly to the College that the professional in question is registered with.

More information regarding the Duty to Report can be found at:

CRNBC's Practice Standard

CLPNBC's Practice Directive

5. DO RNS AND LPNS NEED TO DOCUMENT THE CONSULTING THEY HAVE DONE WITH EACH OTHER?

RNs and LPNs document client assessments, interventions carried out, client responses to interventions and follow up actions, including any advocacy undertaken on the client's behalf. When consultation occurs, nursing documentation includes the name of the person with whom the nurse has consulted, the information or concerns reported, the guidance provided and any follow up actions in response to the consultation.

More information about documentation:

CRNBC Documentation Practice Standard

CLPNBC Practice Directive on Documentation

6. AS AN LPN, WHAT DO I DO IF I AM CONCERNED ABOUT THE GUIDANCE GIVEN BY THE RN?

All nurses have a professional and ethical responsibility to advocate for safe, competent, ethical client care. If after consulting with an RN, you are concerned that you have not received appropriate guidance, you must continue to advocate in the client's best interest. This may include consulting with another health care provider or bringing your concerns forward to your manager or supervisor. Nurses must also ensure they document any advocacy undertaken on the client's behalf.

7. WHAT IF I AM ASKED TO CARRY OUT AN ACTIVITY FOR WHICH I AM NOT COMPETENT?

RNs and LPNs are responsible and accountable for their own individual competence. They are expected to practise competently and to continually acquire new knowledge and skills in their areas of practice. When nurses are asked to carry out activities for which they are not competent, they discuss with the person assigning the care so that alternative arrangements can be made for providing that care. They provide only the care they are competent to give while seeking out ways to gain the competencies required in their role.

8. I JUST STARTED A NEW JOB AND BECAUSE OF THE POLICY HERE I'M NOT ABLE TO DO ALL THE THINGS I WAS ABLE TO DO IN MY OLD JOB. WHAT DO I DO?

Nurses receive direction for their practice in a variety of ways. One of these is through employer policies. Government regulation and Standards of Practice from CRNBC or CLPNBC set the expectations for the professions of RNs and LPNs. From these, the employer develops policies around what is appropriate practice for nurses in a particular setting. If you believe nurses at your new job could be working in different ways to provide safe, competent, ethical care to clients, talk with your manager or supervisor about how this can be explored.

9. I'M AN LPN AND BEEN ASKED TO GIVE FLU SHOTS WHERE I WORK. I KNOW HOW TO GIVE AN INJECTION, WHY DO I HAVE TO TAKE A COURSE BEFORE GIVING FLU SHOTS?

Being competent to give a flu shot is more than simply giving an injection. In order to be competent, a nurse needs to have the knowledge, skill, attitude and judgment related to giving flu shots. Giving the injection addresses the skill. The theory and principles of immunology, biological agents, communicable diseases, and anaphylaxis are not adequately covered in the generic Practical Nurse education programs in BC. Therefore, LPNs are required to successfully complete a CLPNBC recognized Post Basic Immunization Course in order to ensure they have the competencies required to give flu shots safely, competently and ethically.

10. I'M AN RN PROVIDING CLINICAL GUIDANCE TO LPNS. IF ONE OF THE CLIENTS DETERIORATES, DO I HAVE TO TAKE OVER THAT ASSIGNMENT IN ADDITION TO MY OWN ASSIGNMENT?

If the condition of one of the LPN's clients deteriorates, there are several different ways the RN can provide support. The RN may:

- provide advice to the LPN regarding further assessments the LPN can carry out or further care the LPN can provide within the LPN role description, or
- provide care to the client together with the LPN focusing on aspects of care that may be outside of the LPNs role description or level of competence or
- need to take over the client assignment if most aspects of care are outside of the LPNs role description or level of competence.

It is important to consider how the impact of caring for an additional client may affect the RN's workload and his/her ability to provide safe, competent, ethical care. Some examples of how this may be managed are: the LPN may take over care for another client currently assigned to the RN or, the LPN may carry out certain care functions currently assigned to the RN such as taking vital signs on the RN's clients or giving medications to the RN's clients.

CRNBC Glossary