# SCOPE OF PRACTICE

## for Licensed Practical Nurses

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UNDERSTANDING THE REGULATORY REQUIREMENTS FOR LPN SCOPE OF PRACTICE

STANDARDS • LIMITS • CONDITIONS

CLPNBC College of Licensed Practical Nurses of BC

Building excellence in licensed practical nurse regulation

# Purpose of This Document

The foundation of practical nursing is expressed through the scope of practice as defined in the *Nurses (Licensed Practical) Regulation*, and by the College of Licensed Practical Nurses of British Columbia (CLPNBC) standards, limits and conditions, and *Entry to Practice Competencies for Licensed Practical Nurses*. As self-regulating professionals, licensed practical nurses (LPNs) assume responsibility and accountability for their own practice. LPNs are legally accountable to the client, the employer, and the profession.

This document explains scope of practice under the current regulatory framework, which includes the *Health Professions Act* (HPA), the *Nurses (Licensed Practical) Regulation*, and standards, limits and conditions set by CLPNBC. It also discusses other controls on practice, such as individual nurse competence and employer based supports for safe practice. LPNs who carry out activities not included in the scope of practice of LPNs should contact CLPNBC's Policy & Practice Department for more information.

The content in this document is subject to revision as more information about regulatory changes becomes available. Please check https://www.clpnbc.org/Practice-Support-Learning/Scope-of-Practice.aspx for the most up-to-date version.

## Questions or Concerns?

We can help! Please email scope@clpnbc.org or call us Monday to Friday from 08:30 to 16:00 at 778.373.3101 extension 4501.

**A Big Thank You** to everyone who was involved in providing input that led to the creation of this document.

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# 1. Background to Scope of Practice

"Scope of practice" refers to the activities that licensed practical nurses (LPNs) are educated and authorized to perform. The scope of practice for LPNs in British Columbia is set out in the *Nurses (Licensed Practical) Regulation* (the "Regulation"), which is a regulation under the *Health Professions Act* (HPA). As well, the HPA authorizes CLPNBC to set standards, limits and conditions for the practice of LPNs. These Board-approved standards, limits and conditions complement the Regulation.

## A New Regulation?

In October 2012, the Government of British Columbia drafted a proposed new *Nurses (Licensed Practical) Regulation* and asked for feedback from stakeholders.

At the time of the last update to this document, there is no information available on when the government will finalize a new *Nurses (Licensed Practical) Regulation*. While the LPN profession is governed by the current *Nurses (Licensed Practical) Regulation*, a transition period and gradual implementation of standards, limits, and conditions will allow LPN practice that is within scope to continue until a new regulation is passed into law. During this time, all standards, limits and conditions set by CLPNBC will remain consistent with the current Regulation.

CLPNBC is beginning a gradual implementation of the standards, limits and conditions by working collaboratively with CLPNBC registrants and employers. If new information is received during the transition period, the CLPNBC Board will review the information and revise the standards, limits and conditions found in this document, as required.

This means:

- LPN practice must **remain consistent** with the current *Nurses (Licensed Practical) Regulation* until the government passes a revised Regulation into law.
- Contact CLPNBC if you are an LPN who is carrying out activities not included in the Scope of Practice of LPNs as described in the *Entry to Practice Competencies for Licensed Practical Nurses* or addressed in CLPNBC standards, limits and conditions.
- CLPNBC will continue to carry out a **gradual implementation of standards, limits and conditions** consistent with the current Regulation.

# 2. Understanding the Regulatory Framework

LPNs in British Columbia are regulated under the current regulatory framework, which is comprised of the HPA, the Regulation, and CLPNBC standards, limits and conditions.

## What the Current Regulation Covers

The Regulation includes, among other things:

### Reserved Title

Only CLPNBC registrants may use the title "Licensed Practical Nurse." By identifying themselves with this title, LPNs communicate to the public that they are a licensed health care professional.

### Scope of Practice

The Regulation authorizes LPNs "to provide such nursing services related to the care of patients as are consistent with his or her training and ability." The scope of practice of LPNs includes the authority to compound, dispense[1], and administer Schedule II drugs (orally, or by intradermal, intramuscular or subcutaneous injection), for the purpose of preventing disease using immunoprophylactic agents.

### Limits or Conditions on Services

The Regulation sets out specific limits and conditions on services that LPNs can provide. The provisions from **Section 5 of the Regulation** are summarized below:

- Except in an emergency[2] or when immunizing, all nursing services provided by LPNs must be carried out:
  - under the direction (orders) of a medical practitioner or nurse practitioner who is attending the patient, or[3]
  - under the supervision of a registered nurse who is providing services to the patient
- LPNs who are immunizing without the direction (orders) of a medical practitioner or nurse practitioner or the supervision of a registered nurse[4] may do so only if standards, limits and conditions have been established by CLPNBC (See Acting Autonomously, page 14).
- LPNs may provide a nursing service for a client in a private home if the attending physician or nurse practitioner gives direction (orders).

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1 While LPNs are authorized under the Regulation to dispense immunizing agents, LPNs do not give the immunizing agent to the client to take home with them for administration at another time. Therefore, LPNs do not dispense in this circumstance.

2 In situations involving imminent risk of death or serious harm that arise unexpectedly, LPNs are ethically obligated to provide the best care they can, given the circumstances and their individual competence. Employers and LPNs should not rely on the emergency exemption when an activity is considered a common and expected LPN practice in that setting.

3 The *Nurses (Licensed Practical) Regulation* allows for direction (orders) **OR** supervision (clinical guidance/clinical direction). Employer policies will provide further information about workplace requirements.

4 "Registered nurse" means a person authorized under the Act to practise nursing- s.1 of the *Nurses (Licensed Practical) Regulation*. See also s.4 of the *Nurses (Registered) and Nurse Practitioners Regulation.*

LPNs working in a private home or in self-employed practice should contact CLPNBC to clarify scope of practice in those circumstances.

### Orders

An "order"[5] is an instruction given to an LPN, by a health professional, for the LPN to carry out a nursing activity for a specific client whom the health professional giving the order has assessed.

Health professionals who are authorized under the current Regulation to give orders to LPNs are:

- Medical practitioners
- Nurse practitioners

The health professional giving the order must be authorized to perform that activity without an order, and the activity must be within the scope of practice of LPNs.

Orders may include instructions that:

- Are pre-printed,
- Set out the usual care for a particular client group or client problem, and
- Are made client-specific by the ordering health professional, adding the name of the individual client, making any necessary changes to the pre-printed order to reflect the needs of the individual client, and dating and signing the order

## Supervision

Under the current *Nurses (Licensed Practical) Regulation*, LPNs provide nursing services[6] only under the direction (orders) of a medical practitioner or nurse practitioner who is attending the client or under the supervision of a registered nurse, who is providing services to the client.

The following information reflects CLPNBC's work with the College of Registered Nurses of British Columbia (CRNBC) to clarify the concept of supervision by registered nurses (RNs); it is not meant to address supervisory relationships that currently exist between LPNs and Registered Psychiatric Nurses (RPNs). CLPNBC strongly believes in ongoing collaboration between the three BC Nursing Colleges and while we anticipate this work continuing with CRNBC, we welcome the opportunity to undertake the same work with the College of Registered Psychiatric Nurses of British Columbia (CRPNBC). Supervisory relationships that LPNs have with both RNs and RPNs should continue pending further information about regulatory changes. If you have any questions, contact CLPNBC for further information.

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5 "Order" is the term commonly used by other health professionals, and it is used throughout this document. (Note that CLPNBC uses a definition of order that is consistent with the *Nurses (Registered) and Nurse Practitioners Regulation*, to promote consistency and safe practice.)

6 Except in an emergency, or when immunizing

## LPNs and RNs Working Together

To clarify the responsibilities of LPNs and RNs when working together, CLPNBC and CRNBC have agreed that in certain circumstances, RNs will supervise LPNs by providing clinical guidance.

**Clinical guidance** includes collaboration and support and may lead to clinical direction. LPNs are responsible and accountable for seeking out collaboration or support when they need it. The RN provides clinical guidance for the overall plan of care. Client care is the focus of that clinical guidance. LPN responsibilities related to care planning include:

1. assessing and identifying the status of actual or potential client limitations and strengths;
2. collaborating, contributing and participating in the care planning process;
3. and reviewing and interpreting the plan of care.

There may be situations where the LPN requires supervision in the form of written instructions from the RN. This component of supervision is called "clinical direction".

**Clinical direction** in the context of supervision, as authorized under the Regulation, refers to specific written instructions given to an LPN by an RN. The clinical direction provided is client-specific, dated and signed by an RN who has assessed the client. In an emergency situation this client-specific clinical direction may be given verbally. (For more information, see the CRNBC practice standard: *Providing Clinical Directions*.)

Regardless of which component of supervision is being provided, LPNs and RNs are still responsible and accountable for their own decisions, actions, and the consequences of those actions.

## Working with Others

LPNs seek clinical guidance through client-focused conversations with RNs in the following situations:

- Following their nursing assessments before arriving at a nursing decision
- Determining the most appropriate nursing intervention for a client as part of the care planning process

Depending on the nature of the service being provided by an LPN, an RN may provide supervision by being:

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

LPNs also request orders from a medical practitioner or nurse practitioner, or clinical directions from a registered nurse. Activities that require orders or clinical directions are in the table beginning on page 18 of this document.

## Exceptions

LPNs provide care only within the authorized scope of practice except:

- **In an emergency:**
  Employers and nurses should not rely on the emergency exemption when an activity is considered an expectation of practice in a particular setting. The emergency exemption is meant to deal with situations involving imminent risk of death or serious harm that arise unexpectedly and require urgent action.

  LPNs are ethically obligated to provide the best care they can, given the circumstances and their individual competence.

- **Where a formal delegation process is in place:**
  Delegation, under the *Health Professions Act*[7] is required for activities that fall outside the scope of practice of licensed practical nurses. Only certain activities may be delegated to licensed practical nurses. CLPNBC and the regulatory body of the delegating professional must both agree that the activity is appropriate for delegation to licensed practical nurses, before the delegation can occur.

LPNs who carry out activities not included in the scope of practice of LPNs should contact CLPNBC's Policy & Practice Department.

7 The *Health Professions Act* states that delegation of an activity by registrants must be in accordance with their College's bylaws and that delegation of an activity to a registrant must be in accordance with the bylaws of the registrant's College.

# 3. CLPNBC Authority: Standards, Limits and Conditions

The *Health Professions Act* authorizes CLPNBC to establish standards, limits and conditions for LPN practice. Standards, limits and conditions complement the LPN scope of practice set out in the Regulation.

**Standards** are expected behaviours and levels of performance against which actual behaviour and performance can be compared.

**Limits** are what LPNs are limited to doing or what they are not permitted to do.

**Conditions** are the circumstances under which LPNs may carry out an activity.

Limits and conditions assist LPNs in clarifying with employers and ordering/supervising professionals, appropriate post-basic LPN practice and the appropriate educational preparation. In the future, when there is more clarity on post-basic education for LPNs, CLPNBC anticipates fewer limits and conditions will be required, particularly for activities requiring an order.

## Conditions on Practice

Conditions outline education required to carry out specific nursing activities within the LPN scope of practice. While employers may provide additional preparation to support the safe delivery of nursing care by LPNs, a named agency is identified for the formalized educational preparation of LPNs carrying out more complex nursing activities (i.e. hemodialysis and perioperative practice[8]).

CLPNBC uses a variety of approaches to establishing conditions on LPN practice including:

- **additional preparation**
- **named agency**
- **other supports**

**Additional preparation:** A workshop, course or program of study that teaches LPNs the competencies (knowledge, skill, attitude and judgment) required to carry out a specific nursing activity and to meet the standard set by the employer. Learning opportunities must be provided by a regulated health care professional who has the activity within their profession's scope of practice and their individual competence. The learning builds on LPN entry-level competencies.

**Named agency:**[9] Named agency supports provincial consistency in post-basic LPN education and practice using a provincial expert group to develop the required competencies and Decision Support Tools (DSTs). CLPNBC reviews materials submitted by the potential named agency against Board-approved criteria. CLPNBC approves the named agency, but not the competencies or DSTs.

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8 See Limits and Conditions for LPN Practice Requiring Post-Basic Education , pages 31 and 32

9 CLPNBC has not yet identified any named agencies

**Other supports:** Conditions may also identify other kinds of supports required to support safe LPN practice. For example, the condition for taking ECGs reads, "LPNs may take electrocardiograms (ECGs) when a health care professional authorized to read the ECG is immediately available" (see nursing activity #3, page 18).

## Application of Conditions to Existing LPN Practice

To enable continuity of practice, an employer may assess and validate an LPN's competence to carry out a specific nursing activity as a way to ensure safe care, while avoiding any service interruption.

### Employer Assessment of LPN Competence[10]

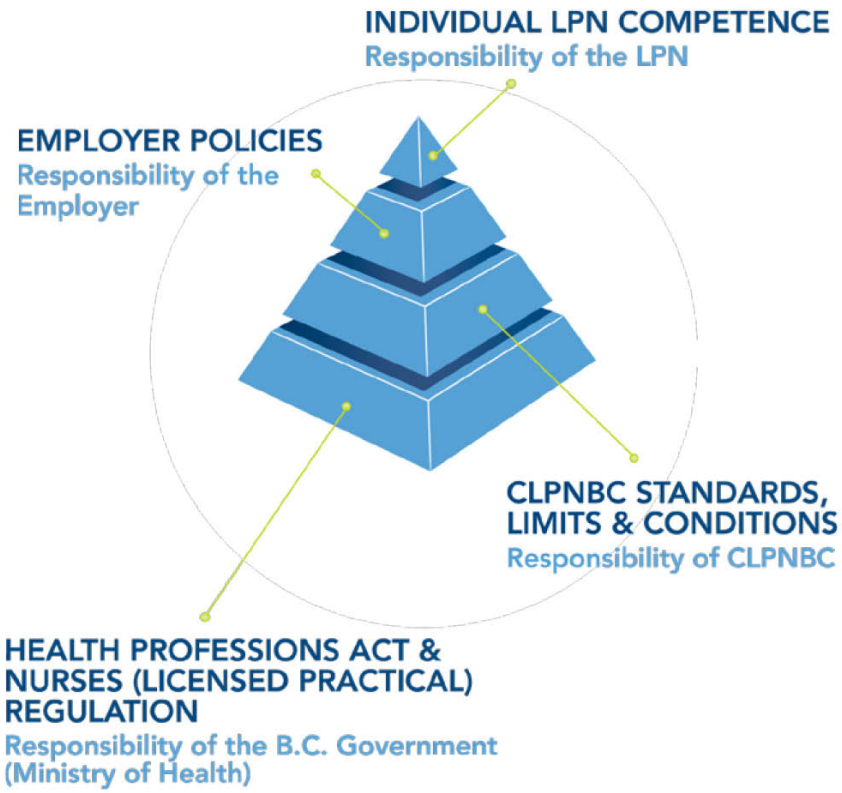
During the transition period, if an LPN is carrying out nursing activities that require **additional preparation**, employers may assess the LPN's competence against the employer's standards for additional preparation.

During the transition period, if an LPN is carrying out nursing activities that require education through a **named agency**, employers may assess the LPN's competence against the provincial standard set by the named agency.

10 Employer assessment applies to all CLPNBC registrants currently practising in BC

## Controls on Nursing Practice – A Shared Responsibility

The government, CLPNBC, employers, and LPNs work together to ensure the public receives safe, competent, and ethical care by placing specific controls or boundaries on practice. The pyramid diagram below outlines where the responsibilities for controls on LPN practice rest. From the base, each level progressively narrows and cannot expand beyond the level below it.




**Level 1:** The government develops the *Nurses (Licensed Practical) Regulation*. This Regulation provides the foundation of practice for LPNs in BC (the base of the pyramid).

**Level 2:** CLPNBC develops standards, limits, and conditions for areas beyond entry-level LPN competencies.

**Level 3:** Employers develop policies to explain what an LPN may do in their workplace.[11]

**Level 4:** The individual LPN is responsible for ensuring that she or he is competent to carry out an activity.

Adapted with permission from "Controls on Nursing Practice" in *Scope of Practice for Registered Nurses* (pp. 6-7), January 2012, Vancouver, BC: College of Registered Nurses of British Columbia.

11 LPNs are responsible for knowing and adhering to their employer's policies and any further limits they may place on the LPN's practice.

# Practical Nurse Practice

### What is Practical Nursing Practice?

LPNs provide safe, competent and ethical nursing care. They work collaboratively with clients, families, groups and the health care team to ensure continuity of care, and quality health service delivery. Collaboration and support are key components of the practice of every professional nurse. LPNs seek assistance when client care needs exceed their own level of competence. It is vital that nurses know their own competence and they consult others when they are not competent to carry out an activity.

New LPNs care for clients with established care needs and whose health outcomes can reasonably be expected to follow an anticipated path. Through a combination of further education and experience, an LPN is able to care for clients, in a variety of practice areas who have more complex care needs. LPNs are lifelong learners and foster the professional growth and development of colleagues. They take advantage of practice supports and learning opportunities and integrate their learning into practice.

LPNs study from the same body of nursing knowledge as registered nurses (RNs) and registered psychiatric nurses (RPNs), and practice using an approach based on foundational knowledge, critical thinking and clinical judgment. LPNs care for clients at all life stages across the continuum of care. They participate in health promotion programs and provide care in settings such as, but not limited to, acute care, long-term care, complex care and palliative care.

# Practical Nurse Education

Until very recently, the practical nurse (PN) **entry-level education programs** in BC have been inconsistent in the kind of education offered to prepare LPNs to carry out specific nursing activities. To address this inconsistency, a new provincial practical nursing curriculum has been introduced. This curriculum is based on *Baseline Competencies for Licensed Practical Nurses' Professional Practice* (February 2009). As well, theory related to new competencies identified in the *Canadian Practical Nurse Registration Examination Blueprint 2012–2016* is included.

The tables in this document reflect the common entry-level preparation of LPNs for specific nursing activities. Any differences between the old and new PN curricula relevant to that nursing activity are also described.

Educational opportunities that prepare LPNs to move **beyond entry-level competencies** are not well established in BC, particularly ones that acknowledge the differences in entry-level preparation and scope of practice between the three categories of nurses (LPNs, RPNs and RNs). Supports for safe practice must be in place for activities included in the scope of practice of LPNs. The need to standardize the post-basic educational preparation and practice of LPNs may require development of new mechanisms (appropriate post-basic education or delegation) to support safe professional practice.

# 4. Standards, Limits and Conditions

CLPNBC standards, limits and conditions for LPNs reflect the current and common practice of LPNs.

**Note:**
If a nursing activity is not included in the *Entry to Practice Competencies for Licensed Practical Nurses* or addressed in a limit or condition found in this document, it must be assumed that the activity is not within the scope of practice of LPNs. Contact CLPNBC for clarification.

## Acting Autonomously

The current *Nurses (Licensed Practical) Regulation* does not support autonomous practice by LPNs; however, one exception does allow LPNs to immunize clients autonomously,[12] in accordance with current CLPNBC standards, limits and conditions:

*Standards, Limits and Conditions for LPNs' Independent Administration of Influenza and Pneumococcal Immunizations* were approved by the CLPNBC Board in 2012 (See Appendix A, page 38).

## Acting with Clinical Guidance

LPNs acting with clinical guidance carry out activities for the purposes of assessment, general hygiene and routine activities of daily living (e.g. ambulation, assistance with eating) as described in the *Entry to Practice Competencies for Licensed Practical Nurses*.

Under the current Regulation, LPNs are expected to recognize a change in the client's status and respond by seeking orders or clinical guidance/clinical direction. However, LPNs **are not authorized** to diagnose or treat conditions autonomously under the current Regulation.

12 LPNs administer immunizations where there is an RN, NP or MD in the same facility to provide guidance to the LPN, and to take over the care when necessary.

## Limits and Conditions for Acting with Clinical Guidance

LPNs carrying out nursing activities described below may do so with clinical guidance.

Table 1

| Nursing Activity | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| 1. *Assessment of the external ear canal up to the eardrum* | Use of tympanic thermometers and theory on the use of otoscopes are included in PN entry-level programs. | None |
| 2. *Assessment beyond the anal verge* | Use of rectal thermometers and digital rectal checks for assessment purposes are included in PN entry-level programs. | None |
| 3. *Providing personal hygiene care beyond the labia majora up to the cervix* | Hygiene care is included in entry-level PN programs. | (L) LPNs are limited to the insertion of tampons. |
| 4. *Inserting a hearing aid into the external ear canal up to the eardrum* | Inserting a hearing aid is included in entry-level PN programs. | None |
| 5. *Assessing the integrity of the eardrum by applying air under pressure using an otoscope* | LPNs do not acquire the competencies required to assess the integrity of the eardrum in entry-level PN programs.<br><br>Only theory on the use of otoscopes for assessment purposes is included in entry-level PN programs. | (C) LPNs who assess the integrity of the eardrum must successfully complete additional preparation required to syringe ears.<br><br>See nursing activity #13, page 22 and nursing activity #19, page 24. |
| 6. *Applying ultrasound with a bladder scanner or Doppler for assessment of peripheral pulses* | Bladder scans used for assessment are included in entry-level PN programs. Dopplers used to assess peripheral pulses are included in entry-level PN programs. | (L) LPNs do not assess the ankle-brachial index (ABI). |

| Nursing Activity | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| 7. *Using an automatic external defibrillator in the course of emergency cardiac care* | | (L) LPNs are limited to the use of stand-alone fully automated external defibrillators (AEDs).<br><br>(C) LPNs expected to use AEDs must successfully complete a cardiopulmonary resuscitation (CPR) course for health professionals that includes the use of AEDs. |

## Acting with an Order or Clinical Direction

The *Nurses (Licensed Practical) Regulation* allows for direction (orders) OR supervision (clinical guidance/clinical direction). LPNs may carry out nursing activities that require an order[13], as part of the regulatory requirement for direction, from a medical practitioner or a nurse practitioner.

LPNs may also follow specific clinical direction[14], from an RN for some nursing activities carried out in general LPN practice, in new practice settings at the entry to practice level (i.e. postpartum, emergency room, and mental health and substance misuse practice settings), or for LPN practice requiring post-basic education (i.e. perioperative and hemodialysis).

RNs[15] may give clinical direction to LPNs only when:

- An activity is within the autonomous scope of practice of an RN
- The RN is authorized by the employer to give such clinical direction to LPNs
- The activity is within LPN scope of practice and the individual competencies of the LPN

For example, an LPN could seek clinical direction to perform complex wound care from a wound care clinician or an enterostomal therapy (ET) nurse, through written instructions in the form of a care plan.

- The wound care clinician/ET nurse provides a written plan of care for the wound that is client specific, signed and dated.
- Together the LPN and RN determine if the client's wound care requirements are within LPN scope of practice and the individual competencies of the LPN.

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13 Page 7 of this document describes the requirement for an order.

14 Page 8 of this document describes the requirements for clinical direction as a component of supervision.

15 For more information about the expectations for RNs providing clinical direction to LPNs, see the CRNBC practice standard called *"Providing Clinical Directions"*.

## CLPNBC Standards for Acting with an Order/Clinical Direction

Before carrying out an order, licensed practical nurses:

- Ensure that the order/clinical direction is:
  - Client-specific
  - Made by a health professional authorized to give an order/clinical direction to a licensed practical nurse
- Ensure that the activity is:
  - Within the scope of practice for licensed practical nurses as set out in the *Nurses (Licensed Practical) Regulation*
  - Consistent with any limits or conditions established by CLPNBC
  - Within any restrictions imposed by the employing agency's organizational policy[16]
- Have the competence to:
  - Carry out the activity safely and ethically
  - Manage the intended outcomes of the activity
  - Recognize unintended outcomes of the activity and implement the plan for dealing with these unintended outcomes
- Take appropriate action[17] if the order/clinical direction does not seem to be evidence-based or if it does not appear to consider individual client characteristics or wishes
- Obtain client consent

16 Organizational policy includes policies of organizations that employ LPNs as well as organizations through which LPNs provide volunteer nursing services. Organizations may have a policy requiring LPNs to have an order for an activity even though an order is not required in the Regulation. These orders must be client-specific, signed and dated by the ordering professional.

17 Appropriate actions could include getting more information from the client, consulting with a colleague or manager, or questioning the health professional who gave the order.

## Limits and Conditions for Acting with an Order or Clinical Direction

The nursing activities found in the following tables may be carried out by LPNs only when an order from a medical practitioner or a nurse practitioner **OR** clinical direction from a registered nurse is in place.

Table 2

| Nursing Activity | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| 1. *Applying restraints* | Applying restraints is taught in entry-level PN programs. | (L) LPNs are limited to applying restraints only when an order is in place. |
| 2. *Taking heel pricks* | Taking heel pricks is not included in entry-level PN programs. | (C) LPNs who carry out heel pricks must successfully complete additional preparation.<br><br>See New Practice Settings for LPNs at the Entry to Practice Level, page 28 |
| 3. *Taking ECGs* | Taking ECGs is not included in entry-level PN programs. | (C) LPNs may take electrocardiograms (ECGs) when a health care professional authorized to read the ECG is immediately available.<br><br>(C) LPNs who take ECGs must successfully complete additional preparation.<br><br>See "Emergency Room" in Table 3 |
| 4. *Telemetry* | Care of clients on telemetry is not included in entry-level PN programs. | (L) LPNs are limited to the care of clients on telemetry who have established care needs and whose condition is expected to follow an anticipated path.<br><br>(C) LPNs who care for clients on telemetry, work in a team nursing approach with an RN.<br><br>(L) LPNs are not responsible to monitor (read/interpret) telemetry readings.<br><br>(C) LPNs who provide care to clients on telemetry must successfully complete additional preparation. |

| Nursing Activity | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| 5. *Performing any wound care* | Cleansing, irrigating, packing, and dressing wounds where the wound bed can be visualized are included in PN entry-level programs. | (L) LPNs do not carry out any form of sharps debridement including conservative sharps wound debridement (CSWD).<br><br>(L) LPNs are limited to the care of wounds with established care needs that are expected to follow an anticipated path.<br><br>See condition for changing chest tube dressings, nursing activity #11, page 21<br><br>(C) LPNs must successfully complete additional preparation and follow decision support tools when they:<br><br>• Care for a tunneled wound (including probing, irrigating and packing)<br>• Apply compression dressings<br>• Provide negative-pressure wound therapy (VAC dressings) |
| 6. *Performing Intravenous (IV) starts* | Starting IVs was not included in previous PN entry-level programs. Only the theory of starting IVs is included in the new PN provincial curriculum. | (L) LPNs are limited to starting IVs with short peripheral devices.<br><br>(C) LPNs who start IVs must successfully complete additional preparation. |
| 7. *Carrying out peritoneal dialysis* | Peritoneal dialysis is not included in entry-level PN programs. | (L) LPNs are limited to the care of clients receiving peritoneal dialysis who have established care needs and whose condition is expected to follow an anticipated path.<br><br>(C) LPNs who carry out peritoneal dialysis must successfully complete education through a named agency (to be determined). |

| Nursing Activity | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| 8. *Injecting substances for purposes such as hypodermoclysis, TB skin testing, and cosmetic procedures* | LPNs learn hypodermoclysis in PN entry-level programs. | (C) LPNs who participate in tuberculosis (TB) skin testing by providing the intradermal injection must successfully complete additional preparation.<br><br>(L) LPNs do not read/ interpret TB skin tests.<br><br>(L) LPNs are limited to administering dermal fillers[18], for cosmetic purposes, under the direction of a physician who is immediately available[19].<br><br>(C) LPNs who administer dermal fillers for cosmetic purposes must successfully complete additional preparation.<br><br>(L) LPNs do not carry out sclerotherapy. |
| 9. *Administering inhaled substances* | LPNs learn the basics of oxygen administration in PN entry-level programs. Administration of humidification is taught in PN entry-level programs.<br><br>LPNs do not learn the administration of nitrous oxide in PN entry-level programs. | (L) LPNs do not administer nitrous oxide or monitor clients taking nitrous oxide.<br><br>(L) LPNs do not administer inhaled substances for purposes of anaesthesia/procedural (conscious) sedation.<br><br>(L) LPNs are limited to providing care and monitoring clients under general anesthesia, or conscious sedation in a team nursing approach with an RN. See nursing activity #22, page 25 |
| 10. *Caring for clients using ventilators, continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BPAP)* | These activities are not included in PN entry-level programs. | (L) LPNs are limited to the care of clients on ventilators who have established care needs, and whose condition is expected to follow an anticipated path.<br><br>(C) LPNs who care for clients on ventilators must successfully complete education for the care of adults who use ventilators or for the care of children who use ventilators through a named agency (to be determined) |

18 (i.e., Juvederm, Restylane, and other hyaluronic acid, polylactic acid and calcium based dermal fillers)

19 Physically available in the practice setting at the point of care

| Nursing Activity | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| *Caring for clients using ventilators, continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BPAP) (continued)* | | (L) LPNs are limited to the care of clients using CPAPs and BPAPs where the use of the device is part of the client's established care requirements.<br><br>(C) LPNs who care for clients using CPAPs and BPAPs with established care needs must successfully complete additional preparation. |
| 11. *Administering a substance by irrigation* | PN entry-level programs include administration of enemas and continuous bladder irrigation, and the theory of irrigation of ostomies. | (L) LPNs do not irrigate ostomies. |
| | LPNs learn to flush NG tubes, g-tubes and j tubes to keep them patent. | (L) LPNs do not irrigate percutaneous tubes (such as nephrostomies and t-tubes) except for those tubes LPNs are permitted to irrigate at entry-level. |
| | LPNs also learn to irrigate wound drainage tubes and supra pubic and urinary catheters. | (C) LPNs who change dressings on chest tubes must successfully complete additional preparation. |
| 12. *Instilling a substance enterally or parenterally* | PN entry-level programs include enteral tube feedings via a feeding tube - including NG tubes, g-tubes and j-tubes. LPNs also learn to flush feeding tubes to keep them patent (see nursing activity #11 above).<br><br>PN entry-level programs include monitoring of non-medicated intravenous infusions and infusions of blood and blood products, and changing non-medicated IV bags. | (L) LPNs are limited to changing IV bags infusing via peripheral access (not central or midline) when the bag has been premixed commercially or by a pharmacy.<br><br>(L) LPNs do not start transfusions of blood or blood products.<br><br>(C) LPNs may monitor the client receiving blood or blood products in a team nursing approach with an RN.<br><br>(L) LPNs do not start or monitor parenteral nutrition. |

| Nursing Activity | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| *Instilling a substance enterally or parenterally (continued)* | PN entry-level competencies have included theory on starting blood since 2005.<br><br>LPNs learn the care and maintenance of both saline and heparin locks. | (C) LPNs may provide care[20] to the client receiving parenteral nutrition in a team nursing approach with an RN.<br><br>(L) LPNs do not administer radiopaque dyes via parenteral instillation.<br><br>(L) LPNs who assess central venous access device (CVAD)/central venous line insertion sites may measure a visible central venous line on a client with established care needs and whose condition is expected to follow an anticipated path.<br><br>(C) LPNs who measure a visible central venous line must successfully complete additional preparation.<br><br>(L) LPNs do not access central venous access devices/ central venous lines or change dressings on CVADs/central venous lines.<br><br>See limits and conditions for nursing activity #22, page 25<br><br>(C) LPNs who participate in hemodialysis must successfully complete post-basic education through a named agency (to be determined).<br><br>See LPN Practice Requiring Post-Basic Education, pages 31 |
| 13. *Putting an instrument or a device into the external ear canal* | LPNs are taught to administer eardrops in PN entry-level programs. | (L) LPNs do not remove foreign objects or earwax using a curette or other instrument.<br><br>See nursing activity # 5, page 15 and nursing activity #19, page 24 |

20 Consistent with entry-level competencies

| Nursing Activity | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| 14. *Activities beyond the point in the nasal passages where they normally narrow* | Suctioning through the nasal passages beyond the area where they normally narrow and insertion of NG tubes is not taught in PN entry-level programs. | (L) LPNs are limited (in suctioning beyond the nasal passages where they narrow) to the care of clients with established care needs for suctioning and whose condition is expected to follow an anticipated path.<br><br>(C) LPNs suctioning beyond the nasal passages where they normally narrow must successfully complete additional preparation.<br><br>(C) LPNs who carry out nasal pharyngeal swabs must successfully complete additional preparation. |
| | Maintenance and removal of NG tubes is included in PN entry-level programs. | (L) LPNs do not insert nasogastric (NG) tubes or oral gastric tubes (OG) or carry out nasal pharyngeal washes. |
| 15. *Catheterization via the urethra* | Entry-level PN programs include insertion of urinary catheters. | (C) LPNs who catheterize clients with a coude tip catheter must successfully complete additional preparation. |
| 16. *Activities into the vagina* | This activity is not included in PN entry-level programs. | (L) LPNs do not insert vaginal packing.<br><br>(C) LPNs who remove vaginal packing must successfully complete additional preparation.<br><br>(C) LPNs who insert or remove pessaries must successfully complete additional preparation.<br><br>(L) LPNs do not carry out pelvic or vaginal examinations, perform cervical cancer screening, or insert an instrument or substance into or beyond the cervix. |
| 17. *Activities beyond the anal verge* | Insertion of suppositories and administration of enemas are included in PN entry-level programs. | (C) LPNs who carry out digital stimulation and rectal disimpaction must successfully complete additional preparation.<br><br>(C) LPNs who insert rectal tubes must successfully complete additional preparation.<br><br>(L) LPNs do not insert or advance scopes for rectal/bowel examinations. |

| Nursing Activity | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| 18. *Activities into an artificial opening of the body* | Entry-level PN programs include changing dressings on established tracheostomies, but not suctioning or changing the inner cannula. | (L) LPNs are limited to providing tracheostomy care[21] for clients who have well-established tracheostomies and care needs, and whose condition is expected to follow an anticipated path.<br><br>(C) LPNs who provide tracheostomy care must successfully complete additional preparation.<br><br>(L) LPNs are limited to digital examination of colostomies for clients with well-established stomas and care needs, and whose condition is expected to follow an anticipated path.<br><br>(C) LPNs who carry out a digital examination of a colostomy must successfully complete additional preparation. |
| | Entry-level PN education does not include either supra pubic or g tube insertion. | (L) LPNs are limited to the insertion of suprapubic catheters and gastrostomy tubes for clients who have well-established stomas and care needs, and whose condition is expected to follow an anticipated path.<br><br>(C) LPNs who insert suprapubic catheters and gastrostomy tubes must successfully complete additional preparation. |
| 19. *Syringing the ears* | Entry-level PN programs do not include competencies needed for syringing of ears. | (L) LPNs are limited to gentle syringing of ears with water that is under pressure equal to or less than the pressure created by an ear bulb syringe.<br><br>(C) LPNs who syringe ears must successfully complete additional preparation that includes the competencies required to assess the integrity of the eardrum.<br><br>See nursing activity # 5, page 15 and nursing activity# 13, page 22 |

21 This includes instilling a substance into the tracheostomy to loosen respiratory secretions, suctioning the tracheostomy, changing tracheostomy ties and changing the tracheostomy cannula.

| Nursing Activity | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| 20. *Applying ultrasound for diagnostic or imaging purposes including any application of ultrasound to a fetus* | Basic competencies related to labour and deliveries are included in PN entry-level programs. LPNs are not prepared at entry-level to work in antenatal or labour and delivery areas.<br><br>LPNs do not learn to take ABI readings in PN entry-level programs. | (L) LPNs do not apply external fetal monitors or provide fetal health surveillance via a Doppler.<br><br>(L) LPNs are limited to providing care based on entry-level competencies to antenatal clients using a team nursing approach.<br><br>See New Practice Settings for LPNs at the Entry to Practice Level, page 28<br><br>(L) LPNs do not carry out an ABI procedure. |
| 21. *Compounding any drug* | Entry-level PN programs include mixing and reconstituting of drugs. | None |
| 22. *Administering any drug* | Entry-level PN programs include administration via all routes except IV, intrathecal, intra-osseous, and into epidural and perineural spaces.<br><br>Only the theory of giving IV medications is consistently included in the new PN provincial curriculum. | (L) LPNs are limited to changing IV bags infusing via peripheral access (not central or midline) containing potassium chloride (KCL) when the IV bag has been premixed commercially or by a pharmacy.<br><br>(C) LPNs who change IV bags containing KCL must successfully complete additional preparation.<br><br>(C) LPNs who give any IV medications other than KCL must successfully complete post-basic education through a named agency (to be determined).[22]<br><br>(L) LPNs do not give IV push medications or give IV medications through a CVAD/central venous line or a mid-line catheter.<br><br>(L) LPNs do not give medications via intrathecal or intra-osseous routes, or into epidural or perineural spaces. |

22 The course is designed to teach the competencies (knowledge, skill, judgment and attitude) included in the *Canadian Practical Nurse Registration Examination Blueprint 2012-2016*.

| Nursing Activity | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| *Administering any drug (continued)* | Entry-level PN programs include minimal information related to immunological agents. | (L) LPNs are limited to administering Botulinum Toxin Type A products[23], for cosmetic purposes, under the direction of a physician who is immediately available[24].<br><br>(C) LPNs who administer Botulinum Toxin Type A products for cosmetic purposes must successfully complete additional preparation.<br><br>(L) LPNs do not administer medications for purposes of anaesthesia/procedural (conscious) sedation. See nursing activity #9, page 20<br><br>(L) LPNs are limited to providing care and monitoring clients under general, intrathecal or epidural anaesthesia, or conscious sedation, in a team nursing approach with an RN.<br><br>(C) LPNs who care for clients recovering from epidural anesthesia must successfully complete additional preparation.<br><br>(C) LPNs who compound, dispense or administer immunoprophylactic agents for the purpose of preventing disease, must successfully complete BCCDC's LPN immunization course and follow BCCDC's Decision Support Tools (DSTs).<br><br>(C) LPNs administer immunizations where there is an RN, NP or MD in the same facility to provide guidance to the LPN, and to take over the care when necessary.<br><br>(L) LPNs administer immunizations to clients four years of age and older. |

23 (i.e., Botox Cosmetic®, Dysport®)

24 Physically available in the practice setting at the point of care

| Nursing Activity | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| 23. *Dispensing any drug* | | (L) LPNs are limited to dispensing[25, 26] medications that have been previously dispensed by a pharmacist. |
| 24. *Compounding or dispensing a therapeutic enteral diet.* | Entry-level PN programs include compounding of enteral diets | None |

25 Transferring a medication to a client for self-administration while out on a pass. The LPN is only responsible for client teaching about proper use of the medication.

26 While LPNs are authorized under the Regulation to dispense immunizing agents, LPNs do not give the immunizing agent to the client to take home with them for administration at another time. Therefore, LPNs do not dispense in this circumstance.

# New Practice Settings for LPNs at the Entry to Practice Level

CLPNBC has developed limits and conditions for certain practice areas that are less common for LPNs. The limits and conditions clarify the scope of practice of LPNs in these settings. LPNs working in these areas work at the entry to practice level unless an exception is noted below. Employers provide a unit orientation to these areas consistent with the entry to practice level of the LPN.

LPNs working in these new practice areas, practise with orders from a MD or NP attending the client or under the supervision of a registered nurse providing services to the client. This aspect of supervision includes clinical direction.

## Limits and Conditions in New Practice Settings for LPNs

In the following practice settings licensed practical nurses (LPNs) have a unit orientation that allows them to apply entry-level competencies.

Table 3

| Practice Setting | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| **Postpartum** | LPNs care for mothers and newborns anticipated to require routine postpartum care after an uncomplicated delivery and a period of stabilization<br><br>LPNs are prepared at entry-level to carry out this activity. | See limit for applying external fetal heart monitors and providing fetal health surveillance, nursing activity #20, page 25<br><br>**(L)** LPNs are limited to providing care for mothers and newborns with established care needs and whose condition is expected to follow an anticipated path.<br><br>**(C)** LPNs require a unit orientation consistent with LPN entry-level competencies[27] that includes:<br><br>• infant resuscitation as part of a cardiopulmonary resuscitation (CPR) course for health professionals<br>• the Neonatal Resuscitation program (NRP) modules 1-4<br>• newborn and maternal assessment, including breast-feeding, consistent with the Perinatal Services British Columbia (PSBC) Newborn Clinical Pathway and |

27 Exception — see Acting with an Order or Clinical Direction — nursing activity #2, page 18:"LPNs who carry out heel pricks must successfully complete additional preparation."

| Practice Setting | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| **Postpartum** (continued) | | the Postpartum Clinical Pathway<br><br>(C) LPNs caring for neonates in postpartum settings do so only when a registered nurse/nurse practitioner/medical doctor is immediately available for assistance, should client care requirements exceed entry-level LPN competencies. |
| **Emergency Room** | | (C) LPNs require a unit orientation that is consistent with LPN entry-level competencies[28].<br><br>See nursing activity # 3, page 18<br><br>(L) LPNs do not triage clients in emergency rooms (ERs).<br><br>(L) LPNs are limited to carry out assessment of clients in ER following initial assessment (or triage) by the RN.<br><br>(L) LPNs may provide care for clients requiring less urgent and non-urgent care, and for admitted clients in ER settings using a team nursing approach with an RN. |

28 Exception to entry-level LPN practice- see Activities that Require an Order or Clinical Direction- nursing activity #3, page 18:"LPNs may take electrocardiograms (ECGs) when a health care professional authorized to read the ECG is immediately available.

| Practice Setting | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| **Mental Health and Substance Misuse** | Beginning in 2011, graduates from the Provincial Practical Nurse Curriculum (PPNC) receive a significantly increased amount of mental health and substance misuse nursing content in the entry-level PN program. | (C) LPNs who work in settings where mental health and/or substance misuse[29] is the primary diagnosis require an orientation that is consistent with LPN entry-level competencies.<br><br>(C) LPNs who work in settings where mental health and/or substance misuse is the primary diagnosis, work in a team nursing approach with an RN or an RPN and care for clients with established care needs whose condition is expected to follow an anticipated path.<br><br>(C) LPNs who graduated from a PN program other than the new PPNC, and who work in settings where mental health and/or substance misuse is the primary diagnosis, must successfully complete education through a named agency (to be determined)[30]. |

29 This does not refer to clients requiring detoxification

30 The course will be designed to teach the mental health and substance misuse competencies found in the PPNC.

# LPN Practice Requiring Post-Basic Education

CLPNBC has developed limits and conditions to clarify the scope of practice for LPNs in certain post-basic practice settings. LPNs providing the following types of care must successfully complete post-basic educational preparation through a named agency identified by CLPNBC.

LPNs carrying out these post-basic practices, require orders from a MD or NP attending the client or the supervision of a registered nurse providing services to the client. This aspect of supervision includes clinical direction.

## Limits and Conditions for LPN Practice Requiring Post-Basic Education

The following nursing activities are beyond entry-level LPN preparation. Licensed practical nurses require formal post-basic education (through a named agency) to prepare them to carry out these activities.

Table 4

| Post-Basic Practice | CLPNBC Limit (L) / Condition (C) |
|---|---|
| **Hemodialysis Nursing**[31] | (C) LPNs who participate in hemodialysis must successfully complete post-basic education through a named agency (to be determined).<br><br>(L) LPNs are limited to use of an arteriovenous (AV) fistula or AV graft. (See nursing activity #12, page 21)<br><br>(L) LPNs are limited to care of clients with established care needs for hemodialysis, whose condition is expected to follow an anticipated path.<br><br>(C) A registered nurse (RN) must be on site and immediately available for assistance should client care requirements exceed the LPN scope of practice and the LPN's individual competence. |

31 LPNs working in these settings may be carrying out other post-basic nursing activities. If this is the case, standards, limits and conditions for these activities must be addressed as indicated earlier in this document to be included in the LPN scope of practice

| Post-Basic Practice | CLPNBC Limit (L) / Condition (C) |
|---|---|
| **Perioperative Nursing** | (C) LPNs must successfully complete post-basic education through a named agency (to be determined) to work in the Operating Room (OR) or in a scrub or circulating role in any perioperative setting[32].<br><br>(L) LPNs carry out the scrub role or circulating role when an RN is immediately available.<br><br>(L) LPNs do not administer medications or inhaled substances for purposes of anaesthesia or procedural (conscious) sedation.<br><br>(L) LPNs are limited to providing care and monitoring clients under general, intrathecal or epidural anaesthesia, or conscious sedation in a team nursing approach with an RN.[33]<br><br>(L) LPNs are limited to providing care to clients recovering from anaesthesia in a team nursing approach with an RN.<br><br>(C) LPNs who assist with procedures in ambulatory care settings and surgeons' offices and clinics, provide care under the direction of the physician.<br><br>(C) LPNs who work in ambulatory settings and care for clients recovering from epidural anaesthesia must successfully complete additional preparation |

32 Perioperative LPNs practice in a variety of perioperative settings, including: hospital stays, ambulatory settings, and surgeons' offices and clinics. (Canadian Council for Practical Nurse Regulators' document: *Standards of Practice and Competencies for Perioperative Licensed Practical Nurses*, p. 4, 2010)

33 This does not prevent LPNs from providing other aspects of client care when working in a scrub or circulating role. Employer policies will identify LPN duties and responsibilities in this practice setting.

## Limits for Activities Outside the Scope of Practice of LPNs

**Note:** Casting was not included in the proposed new *Nurses (Licensed Practical) Regulation* posted by government in October 2012. CLPNBC is exploring the issue of LPNs who are applying casts and removing pins and wires that are visible above the skin. During the transition period, LPNs working for health authorities may continue their practice according to existing health authority policies. Contact CLPNBC for more information if you are an LPN who carries out casting as a self-employed LPN, or are employed by a physician to provide casting related nursing activities.

Table 5

| Nursing Activity | Entry-Level LPN Education | CLPNBC Limit (L) / Condition (C) |
|---|---|---|
| **Apply electricity**[34] | | (L) LPNs do not apply electricity[35] to destroy tissue or affect the heart or nervous system (exception: fully automated standalone AEDs). |
| **Apply laser** | | (L) LPNs do not apply laser[36] that cuts or destroys tissue. |
| **Administer allergy challenge testing or desensitization treatments** | | (L) LPNs do not administer or participate in allergy challenge testing or desensitization treatments[37]. |
| **Insert Laryngeal Mask Airways (LMAs)** | | (L) LPNs do not insert LMAs. |

34 Some forms of electricity do not present a high level of risk (i.e., they do not destroy tissue or alter central nervous system function), and CLPNBC considers applying these forms of electricity to be within the scope of practice of licensed practical nurses. Examples of nursing practice that use the application of such electricity are transcutaneous electrical nerve stimulation (TENS), electrolysis and biofeedback.

35 This activity may include applying electricity for the purposes of destroying tissue or affecting the activity of the heart or nervous system (i.e., cautery, defibrillation and ECT). LPNs do not carry out this nursing activity

36 This activity may include applying laser for the purposes of removing hair; reducing hyperpigmentation, rosacea, acne scars and port wine stains; and minimizing the appearance of facial veins and surface spider leg veins. LPNs do not carry out this nursing activity

37 This activity may include the use of injections, scratch tests or inhalation for the purposes of conducting challenge testing or desensitizing treatments for allergies. Other forms of challenge testing and desensitizing treatment may include elimination and reintroduction of specific foods into the diet. LPNs do not carry out these nursing activities.

# 5. Glossary

**Accountability:** The obligation to answer for the professional, ethical, and legal responsibilities of one's activities and actions.

**Additional preparation:** A workshop, course or program of study that teaches LPNs the competencies (knowledge, skill, attitude and judgment) required to carry out a specific nursing activity and to meet the standard set by the employer. Learning opportunities must be provided by a regulated health care professional who has the activity within their profession's scope of practice and their individual competence. The learning builds on LPN entry-level competencies.

**Anticipated path:** Client health care needs and outcomes can reasonably be expected to follow a predicted path with respect to timing and nature. Considerations include predictability, stability and patterns of change.

**Attitude:** The feelings, beliefs, opinions, and values predisposing a licensed practical nurse to behave in a certain way.

**Autonomous practice:** Authority within a profession's scope of practice to act without an order or regulatory supervision.

**Client:** The person or persons with whom the nurse engages in a professional therapeutic relationship. The client can include individuals (or their designated representative), families, groups and communities in receipt of nursing care. In some clinical settings, the client may be referred to as a patient or resident.

**Client Outcomes:** Health outcomes that can reasonably be expected based on the care and treatment provided.

**Client status:** A clear, concise statement of a judgment made by a licensed practical nurse based on a holistic assessment, including the client's perspective of her or his health and/or illness responses. Other terms may be used for client status such as nursing diagnosis, clinical judgment, signs and symptoms, patient problems, patterns of health, or goals.

**Clinical guidance:** Includes collaboration and support, and may lead to clinical direction. LPNs are responsible and accountable for seeking out collaboration or support when they need it. The RN provides clinical guidance for the overall plan of care; client care is the focus of that clinical guidance. LPN responsibilities related to care planning include assessing and identifying the status of actual or potential client limitations and strengths; collaborating, contributing and participating in the care planning process; and reviewing and interpreting the plan of care.

**Clinical direction:** In the context of supervision, as authorized under the Regulation, refers to specific written instructions given to an LPN from an RN. The clinical direction provided is client-specific, dated and signed by an RN who has assessed the client. In an emergency situation this client-specific clinical direction may be given verbally.

**Collaboration:** Joint communication and decision making with the expressed goal of working together toward identified health outcomes while respecting the unique qualities and abilities of each member of the group or team.

**Community:** Refers to persons who interact and have similar goals or interests, share common social supports and may or may not come from within the same geographic boundaries.

**Competence:** The ability of a nurse to integrate the professional attributes required to perform in a given role, situation, or practice setting. Professional attributes include, but are not limited to: knowledge, skills, judgment, attitude, values and beliefs.

**Competencies:** The knowledge, skills, attitude, and judgment required to perform safely, competently, and ethically within an individual's nursing practice or in a designated role or setting. An individual nurse's competencies are influenced by a number of variables, such as: basic nursing education, experience, and ongoing formal and informal learning.

**Compound:** To mix a drug with one or more other ingredients for the purposes of dispensing or administering the drug, or to mix two or more ingredients of a therapeutic diet for the purpose of dispensing or administering the therapeutic diet.

**Consent:** The voluntary agreement to some act or purpose made by a capable individual. The conditions for consent include the following: The client or substitute decision-maker is adequately informed; the client or substitute decision-maker is capable of giving or refusing consent; and there is no coercion, fraud, or misrepresentation.

**Conservative sharp wound debridement (CSWD):** The removal of loose, soft, necrotic tissue at the interface between non-viable and viable tissue, using instruments (e.g., scalpel, scissors, curette) to create a clean wound bed. (Adapted from the Provincial Skin and Wound Committee. (2010). *Guideline and Procedure; Conservative Sharp Wound Debridement*)

**Critical thinking:** A purposeful, disciplined and systematic process of continual questioning, logical reasoning and reflecting using interpretation, inference, analysis, synthesis and evaluation to achieve a desired outcome.

**Decision Support Tools:** Evidence based documents used by licensed practical nurses to guide the assessment, and identification of the status of actual or potential client limitations and strengths, and treatment of client-specific clinical problems.

**Delegation:** Sharing authority with other health care providers to provide a particular aspect of care. Delegation among regulated care providers occurs when a restricted activity is within the scope of the delegating profession and outside the scope of the other profession.

**Established care needs:** The client has an established nursing plan of care and the care is within LPN scope of practice and the competence of LPNs in that care setting.

**Ethical:** The fundamental disposition of the licensed practical nurse toward what is good and right. Action toward what the licensed practical nurse recognizes or believes to be the best and most appropriate practice in a particular situation.

**Evidence:** Data derived from various sources including research, national guidelines, policies, consensus statements, expert opinion and quality improvement.

**Family:** Two or more individuals who may or may not be related by blood, marriage, or adoption.

**General Anesthesia:** The induction of a state of unconsciousness, accompanied by the paralysis of skeletal muscle and the absence of pain sensations. It is induced through the administration of anesthetic drugs and is used during major surgery and other invasive procedures.

**Health:** A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. It includes physical, mental, spiritual, emotional, psychological, and social health.

**Health care team:** Clients, health care professionals, unregulated care providers, students and others who may be involved in providing care.

**Health promotion:** The process of enabling people to increase control over, and improve, their health based on an understanding of the determinants of health. Health promotion is particularly concerned with values and vision of a preferred future.

**Judgment:** The intellectual process exercised in forming a conclusion, decision and plan-of-action based upon a critical analysis of relevant evidence.

**Knowledge:** Broadly interpreted to extend beyond information, facts and "knowing about," to include cognitive, experiential and intuitive sources of knowledge applied in nursing practice.

**Limits and conditions:** As related to scope of practice, what LPNs are limited to or are **not** permitted to do (limits) and the circumstances under which LPNs may carry out an activity (conditions)

**Named Agency:** Supports provincial consistency in post-basic LPN education and practice using a provincial expert group to develop the required competencies and Decision Support Tools (DSTs).

**Negative pressure wound therapy:** A wound management modality that delivers a controlled, localized, negative (sub-atmospheric) pressure to promote wound healing or to manage heavily exudating wounds.

**Order:** An instruction or authorization for a specific client given by a health professional (i.e., a medical practitioner or a nurse practitioner) to an LPN to carry out a nursing activity. The health professional giving the order must be authorized to perform that activity without an order, and the activity must be within the scope of practice of LPNs. Orders **may** include instructions that are pre-printed, set out the usual care for a particular client group or client problem. Orders are made client specific when the ordering health professional adds the name of the individual client, making any necessary charges to the printed order to reflect the needs of the individual client and dating and signing the order.

**Primary nursing by LPNs:** LPNs care for clients when the known nursing care needs of the client are within the LPN scope of practice and the individual competencies of the LPN. Clinical guidance, as a component of supervision, will continue to be available.

**Responsibility:** The ability to respond and answer for one's conduct and obligations, to have integrity and be trustworthy and reliable.

**Scope of practice:** The activities that LPNs are educated and authorized to perform as set out in the *Nurses (Licensed Practical) Regulation* under the *Health Professions Act*, and complemented by standards, limits and conditions set by CLPNBC.

**Self-regulate:** Adhering to the registration requirements, standards of practice, ethics and continuing competence, while practising within applicable legislation, regulation and other laws governing nursing.

**Skills:** Actions or behaviours carried out with an adequate degree of proficiency or dexterity in the performance of activities. Skills can be psychomotor (involving body movement and dexterity), cognitive (involving critical interpretation and decision-making), or relational (involving communication and being with clients).

**Standard:** Expected behaviours and levels of performance against which actual behaviour and performance can be compared.

**Supervision:** Includes the provision of clinical guidance, and in some situations, clinical directions. Supervision refers to the regulatory requirement for an LPN to work under the supervision of a RN who is providing services to the client when there is no order from a medical practitioner or nurse practitioner.

**Team nursing approach:** LPNs care for clients in a team with an RN when the known nursing care needs of the client include nursing activities that are outside LPN scope of practice or the individual competencies of the LPN. Both the LPN and RN review the care needs of the jointly assigned clients and determine how the care needs will be met between them.

**Value:** A belief or attitude about the importance of a goal, object, principle, or behaviour.

# Appendix A

## Standards, Limits, and Conditions for LPNs' Independent Administration of Influenza and Pneumococcal Immunization

**October 12, 2012**

### Standards for Independent[38] Administration of Influenza and Pneumococcal Immunization

Before immunizing a client independently, Licensed Practical Nurses:

1. Accept sole accountability for determining that the client meets the criteria for that immunizing agent.
2. Ensure that the activity is consistent with the:
    - Limits and conditions established by the CLPNBC for independent administration of influenza and pneumococcal immunization
    - employing agency's immunization policy
3. Have the competence to:
    - determine that the client's assessment warrants the performance of the activity, having considered:
        - known risks and benefits to the client
        - predictability of outcomes of performing the activity
        - other relevant factors specific to the situation
    - carry out the activity safely and ethically
    - manage the intended and unintended outcomes, having considered the safeguards and resources available to manage the intended and unintended outcomes of performing the activity
4. Obtain client **consent** or dissent from the client or client's substitute decision-maker, guardian, or representative specific to:
    - the vaccination to be administered
    - risks and benefits of receiving the vaccine(s)
    - risks and benefits of not receiving the vaccine(s)
    - common and rare adverse effects
    - the rationale for the 15-30 minute wait period following vaccine administration

38 Independent: The LPN is the only professional assessing the client and determining the appropriate immunization for that individual client

# Limits and Conditions for Independent Administration of Influenza and Pneumococcal Immunizations

**(L)** LPNs administer influenza and pneumococcal immunizations without an order. (For all other immunizations see nursing activity #22, page 25).

**(C)** LPNs who compound, dispense or administer immunoprophylactic agents for the purpose of preventing disease, must successfully complete BCCDC's LPN immunization course and follow BCCDC's Decision Support Tools (DSTs).

**(C)** LPNs administer influenza and pneumococcal immunizations where there is an RN, NP or MD in the same facility to provide guidance to the LPN, and to take over the care when necessary.

**(L)** LPNs administer influenza and pneumococcal immunizations to clients four years of age and older.

**Note: Administration of all other immunizations may only be performed under the direction of a medical practitioner or nurse practitioner who is attending the patient or the supervision of a registered nurse who is providing services to the patient.**

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