

Scope of Practice

for Licensed Practical Nurses

Standards • Limits • Conditions

*Effective June 5, 2016
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CLPNBC recognizes implementation of these standards, limits and conditions will be gradual as employers put policies in place to support changes in LPN practice.

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Introduction

The foundation of practical nursing is expressed through:

1. The [scope of practice](#) as defined in the [Nurses \(Licensed Practical\) Regulation](#)
2. [Standards](#), [limits](#) and [conditions](#) set by the College of Licensed Practical Nurses of British Columbia (CLPNBC)
3. [Entry to Practice Competencies for Licensed Practical Nurses](#)

This document outlines the [standards](#), [limits](#) and [conditions](#) CLPNBC sets for licensed practical nurse (LPN) practice in British Columbia (BC). The [standards](#), [limits](#) and [conditions](#) cannot be looked at by themselves, but must be reviewed as part of a bigger picture. To provide safe, competent and ethical care, LPNs need to carefully consider what activities they can carry out with or without an order.

What is an LPN?

An LPN is a nurse who studies from the same body of nursing knowledge as registered nurses and registered psychiatric nurses. Their practice is based on a foundational knowledge, [critical thinking](#), [critical inquiry](#) and [clinical judgment](#).

LPNs graduate from a CLPNBC-recognized practical nursing education program based on a standardized curriculum. Other CLPNBC requirements that LPNs must meet to obtain [registration](#) include passing the Canadian Practical Nurse Registration Examination, providing evidence of English Language proficiency, competence, good character, a criminal record check and fitness to practise nursing.

LPNs care for clients at all life stages. They provide health care services for the:

- a) promotion, maintenance and restoration of health, with a focus on clients with stable or predictable states of health
- b) prevention, treatment and palliation of illness and injury, with a focus on stable or predictable disorders and conditions, primarily by:
 - o assessing health status,
 - o planning, implementing and evaluating interventions and
 - o coordinating health services¹.

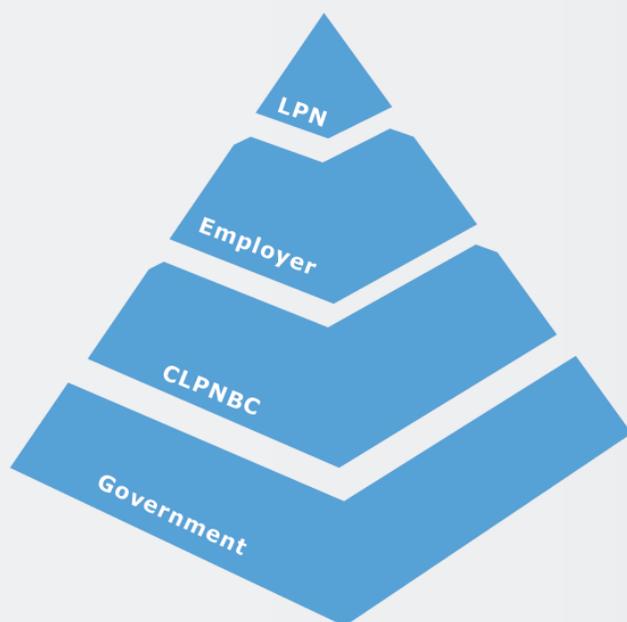
¹ Nurses (Licensed Practical) Regulation

Through a combination of further education and experience, LPNs are able to care for clients who have more complex care needs. They work collaboratively with clients, families, groups, communities and other members of the health care team to support safe, competent and ethical care. LPNs work in hospitals, residential care facilities, home and community care, clinics, schools, occupational/industrial health, correctional facilities, complex care and palliative care.

Controls on Nursing Practice – a Shared Responsibility

Government, CLPNBC, employers and LPNs work together to ensure the public receives safe, competent and ethical care through specific controls on LPN practice.

Beginning at the base of the pyramid, and moving upward, each control narrows LPN practice.



GOVERNMENT develops the Nurses (Licensed Practical) Regulation, which provides the foundation of practice for LPNs in BC.

CLPNBC develops standards, limits and conditions, which complement the Regulation and further define the LPN scope of practice.

EMPLOYERS develop policies to explain what LPNs can do in their specific workplace.

LPNs are ultimately responsible and accountable for ensuring their own competence to carry out an activity.

Nurses (Licensed Practical) Regulation

In December 2015, the BC government signed into law a revised Nurses (Licensed Practical) Regulation. CLPNBC has developed [standards](#), [limits](#) and [conditions](#) to complement the Regulation and is beginning a gradual implementation by working collaboratively with LPNs, employers, educators and others.

What You Need to Know

- Implementation of new [standards](#), [limits](#) and [conditions](#) will be gradual
- LPN practice will not change until employers have appropriate policies in place
- Employers will need time to determine what changes will take place in their organizations and when those changes will happen
- CLPNBC will continue to work closely with LPNs, employers and others about how to apply the [standards](#), [limits](#) and [conditions](#) in the workplace
- You can stay up-to-date by reading [LPN Connect](#) and checking CLPNBC's website
- Contact [CLPNBC](#) if you are an LPN who is carrying out activities that are not included in this document

Regulatory Framework

The 2015 Regulation sets out a new regulatory framework for LPNs in BC. Several fundamental changes impact the way LPNs practise in BC.

1. LPNs can carry out [orders](#) from nine different health professionals:
 - Dentists
 - Medical doctors
 - Midwives
 - Naturopaths
 - Nurse practitioners

February 2018. See www.clpnbc.org/scope for the most recent version.

- Pharmacists
- Podiatrists
- Registered nurses
- Registered psychiatric nurses

LPNs can also carry out orders from health professionals who hold a designation equivalent to those listed above in Alberta, Yukon or the Northwest Territories.

2. LPNs have a degree of **autonomous practice**, which they never had in the past:
 - LPNs make a **nursing diagnosis** of a **condition** before determining an appropriate plan of care
 - LPNs are authorized to treat respiratory distress in a known asthmatic, anaphylaxis and hypoglycemia
3. LPNs are authorized to carry out **restricted activities**, and need to know which **restricted activities** require an **order** and which **restricted activities** do not.

Nursing Diagnosis

In the 2015 Regulation, LPNs are authorized to make a **nursing diagnosis** *without* an **order**. If the LPN is determining the **appropriate** care for a client, the LPN must first make a **nursing diagnosis** of a **condition** as the cause of the client's signs or symptoms.

All LPNs perform **assessment** as part of the nursing process; however, autonomously making a nursing diagnosis about the cause of a client's **condition** and autonomously determining what nursing interventions will improve or resolve the client's condition will be new for some LPNs.



Standards, Limits & Conditions

CLPNBC [standards](#), [limits](#), and [conditions](#) for LPN practice complement the Regulation and further define the LPN [scope of practice](#) set out in the Regulation. Limits and conditions build on entry-level LPN [competencies](#). CLPNBC sets limits and conditions to describe restrictions on activities that are part of the LPN scope of practice. Some limits and conditions include the term “only”. Others say “LPNs do not....” The intent is to clarify limits on LPN practice.

CLPNBC uses three regulatory mechanisms to establish [limits](#) and [conditions](#) on LPN practice:

1. [Additional education](#)
2. [Formal post-basic education](#)
3. [Othersupports](#)

Employer Assessment of *Existing* LPN Competence

Employers provide organizational supports and systems necessary for LPNs to meet CLPNBC’s [Standards of Practice](#).

An employer may assess and validate an LPN’s [competence](#) to carry out an activity as a way to ensure safe care, while avoiding any service interruption.

If an LPN is *already carrying out* activities that require [additional education](#) or [formal post-basic education](#), employers may assess the LPN’s existing [competence](#) to identify any gaps and decide what supports are needed to close those gaps. Employers may choose to develop their own additional education (see CLPNBC’s [Additional Education Resource](#)); however, for activities that require formal post-basic education, it may be more appropriate for the LPN to seek support from an institution that offers the education needed to acquire the necessary competencies.

Standards for Acting without an Order

Before carrying out any activity *without* an order, LPNs:

1. Accept sole accountability for determining that the client's **condition** requires performance of the activity
2. Assess client status and make a **nursing diagnosis** of a client **condition** that can be improved or resolved through LPN activities
3. Verify that the activity is:
 - Within the **scope of practice** for LPNs as set out in the Regulation
 - Consistent with CLPNBC's **standards, limits** and **conditions**
 - Consistent with employer policy
4. Interpret and use current **evidence** from research and other credible sources to support both the activity and the decision to carry it out
5. Have the **competence** to:
 - Determine if the client's **condition** requires performance of the activity, having considered:
 - The known risks and benefits to the client
 - The 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 of the activity, having considered the safeguards and resources available in the circumstances to safely manage the intended and unintended outcomes of performing the activity
6. Meet legal and ethical obligations for client consent

Limits & Conditions: Restricted Activities that Do Not Require an Order

While LPNs are solely responsible and accountable for their own practice, they have a greater responsibility when carrying out an activity *without* an [order](#) from an [authorized health professional](#).

When acting *without* an [order](#), LPNs follow CLPNBC's [Standards for Acting without an Order](#). LPNs may choose to seek advice from other health professionals even when an activity, such as making a nursing diagnosis or performing wound care, is within the [autonomous scope of practice](#) of LPNs.

Restricted Activities without Orders	CLPNBC Limits and Conditions
<p>1. <i>Make a nursing diagnosis identifying a condition as the cause of the signs and symptoms of an individual</i></p>	<p>None (entry-level LPN practice)</p>
<p>2. <i>For the purpose of wound care other than the suturing of skin lacerations, perform a procedure on tissue below the dermis or below the surface of a mucous membrane</i></p>	<p>LPNs probe, irrigate, pack or dress a tunneled wound:</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) By following decision support tools <p>LPNs provide wound care if a wound care treatment plan is in place.</p> <p>LPNs <i>do not</i> carry out Ankle-brachial Index (ABI) testing.</p> <p>LPNs <i>do not</i> carry out any form of sharps debridement including conservative sharps wound debridement (CSWD).</p>
<p>3. <i>Administer, by inhalation, oxygen or humidified air</i></p>	<p>LPNs administer oxygen:</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) By following decision support tools

Restricted Activities without Orders	CLPNBC Limits and Conditions
<p>4. <i>Administer purified protein derivative by injection, for the purpose of tuberculosis screening</i></p>	<p>LPNs administer purified protein derivative (PPD), read the results and refer the client to an appropriate health professional when they:</p> <ul style="list-style-type: none"> a) Possess the competencies for tuberculosis (TB) screening established by BC Centre for Disease Control (BCCDC) b) Follow BCCDC decision support tools
<p>5. <i>For the purpose of assessment, put an instrument, or a device or finger (i) into the external ear canal up to the ear drum, or (ii) beyond the anal verge</i></p>	<p>None (entry-level LPN practice)</p>
<p>6. <i>For the purpose of assessment or ameliorating or resolving a condition, put an instrument or a device or finger beyond the anal verge</i></p>	<p>LPNs carry out digital stimulation or rectal disimpaction:</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) By following decision support tools
<p>7. <i>For the purpose of providing personal hygiene care, put an instrument or a device, hand or finger beyond the labia majora up to the cervix</i></p>	<p>None (entry-level LPN practice)</p>

Restricted Activities without Orders	CLPNBC Limits and Conditions
<p>8. <i>Put a wearable hearing instrument, or part of or an accessory for it, into the external ear canal, up to the eardrum</i></p>	<p>None (entry-level LPN practice)</p>
<p>9. <i>For the purpose of assessment, put into the external ear canal, up to the eardrum, air that is under pressure no greater than the pressure created by the use of an otoscope</i></p>	<p>LPNs assess the integrity of the eardrum after successfully completing additional education.</p> <p>Also see Restricted Activities with Orders #9 and #16</p>
<p>10. <i>Apply ultrasound for the purpose of (i) bladder volume measurement; or (ii) blood flow monitoring</i></p>	<p>LPNs <i>do not</i> carry out Ankle-brachial Index (ABI) testing.</p>
<p>11. <i>Apply electricity using an automatic external defibrillator, for the purpose of defibrillation in the course of emergency cardiac care</i></p>	<p>LPNs use automated external defibrillators (AEDs) after successfully completing a cardiopulmonary resuscitation (CPR) course for health professionals that includes the use of AEDs.</p>

Restricted Activities without Orders	CLPNBC Limits and Conditions
<p>12. <i>Apply electricity for the purpose of providing transcutaneous electrical nerve stimulation</i></p>	<p>LPNs apply transcutaneous electrical nerve stimulation (TENS) after successfully completing additional education.</p>
<p>13. <i>In respect of a drug specified in Schedule I or II of the Drug Schedules Regulation, compound, dispense or administer the drug by any method for the purpose of treating anaphylaxis</i></p>	<p>LPNs diagnose and treat anaphylaxis:</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) By following decision support tools <p>LPNs only administer Epinephrine to treat anaphylaxis.</p>
<p>14. <i>In respect of a drug specified in Schedule I or II of the Drug Schedules Regulation, compound, dispense or administer the drug by any method for the purpose of treating respiratory distress in a known asthmatic</i></p>	<p>LPNs treat respiratory distress in a known asthmatic:</p> <ul style="list-style-type: none"> a) In a team approach b) <i>With an</i> order from an authorized health professional

Restricted Activities without Orders	CLPNBC Limits and Conditions
<p>15. <i>In respect of a drug specified in Schedule I or II of the Drug Schedules Regulation compound, dispense or administer the drug by any method for the purpose of treating hypoglycemia</i></p>	<p>LPNs diagnose and treat hypoglycemia:</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) By following decision support tools <p>LPNs only administer Glucagon to treat hypoglycemia.</p>
<p>16. <i>In respect of a drug specified in Schedule I or II of the Drug Schedules Regulation compound, dispense or administer the drug by any method for the purpose of preventing disease using immunoprophylactic agents</i></p>	<p>LPNs compound or administer immunoprophylactic agents for the purpose of preventing disease:</p> <ul style="list-style-type: none"> a) After successfully completing BC Centre for Disease Control's (BCCDC's) Online Immunization Competency Course for Licensed Practical Nurses b) By following BCCDC decision support tools <p>LPNs administer routine scheduled immunizations to clients four years of age and older who have stable and predictable states of health.</p> <p>LPNs refer clients who are off-schedule with their routine immunizations to another health professional.</p> <p>LPNs <i>do not</i> compound, dispense or administer immunoprophylactic agents for the purpose of preventing disease in travelers.</p>

Restricted Activities without Orders	CLPNBC Limits and Conditions
<p>17. <i>In respect of a drug specified in Schedule II of the Drug Schedules Regulation compound, dispense or administer the drug orally, intranasally or by intramuscular or subcutaneous injection</i></p>	<p>LPNs compound, dispense or administer Schedule II drugs to treat a disease or disorder <i>with</i> an order from an authorized health professional.</p> <p>LPNs <i>do not</i> carry out sclerotherapy.</p>

Standards for Acting with an Order

Before carrying out any activity *with* an order, LPNs:

1. Verify that the **order** is:
 - Client-specific
 - Made by a **health professional authorized** to give an **order** to an LPN

2. Verify that the activity is:
 - Within the **scope of practice** for LPNs as set out in the Regulation
 - Consistent with CLPNBC's **standards, limits** and **conditions**
 - Consistent with employer policy

3. 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

4. Take **appropriate action** if the **order** does not seem to be **evidence-based** or if it does not appear to consider individual client characteristics or wishes

5. Meet legal and ethical obligations for client consent

Limits & Conditions: Restricted Activities that Require an Order

LPNs require an [order](#) from an [authorized health professional](#) to carry out certain [restricted activities](#). The health professional giving the [order](#) must be authorized to perform the [restricted activity](#) *without* an [order](#), and the [restricted activity](#) must be within the LPN [scope of practice](#) and permitted by employer policy. When acting *with* an [order](#), LPNs follow CLPNBC's [Standards for Acting with an Order](#).

Restricted Activities with Orders	CLPNBC Limits and Conditions
<p>1. <i>Perform a procedure on tissue below the dermis or below the surface of a mucous membrane</i></p>	<p>Peritoneal Dialysis LPNs carry out peritoneal dialysis: a) For clients with stable and predictable states of health b) After successfully completing additional education</p> <p>Phlebotomy LPNs perform phlebotomy: a) To collect blood samples from clients 14 years of age and older b) After successfully completing additional education c) By following decision support tools d) By using a peripheral evacuated system with a butterfly needle</p> <p>Wound Care LPNs apply compression dressings, provide negative pressure wound therapy (vacuum assisted closure (VAC), or carry out maggot debridement therapy: a) After successfully completing additional education b) By following decision support tools c) If a wound care treatment plan is in place</p> <p>LPNs <i>do not</i> carry out any form of sharps debridement including conservative sharps wound debridement (CSWD).</p>

Restricted Activities with Orders	CLPNBC Limits and Conditions
<p>2. <i>Cast a fracture of a bone</i></p>	<p>LPNs apply casts:</p> <ul style="list-style-type: none"> a) After successfully completing formal post-basic education in advanced orthopedics for LPNs b) By following decision support tools c) When a medical practitioner or nurse practitioner is available
<p>3. <i>Administer a substance by injection</i></p>	<p>LPNs administer dermal fillers for cosmetic purposes:</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) When the ordering health professional is immediately available
<p>4. <i>Administer a substance by inhalation</i></p>	<p>LPNs <i>do not</i>:</p> <ul style="list-style-type: none"> a) Administer nitrous oxide b) Monitor clients taking nitrous oxide c) Administer inhaled substances for purposes of anaesthesia or procedural (conscious) sedation <p>LPNs work in a team nursing approach to provide care and monitor clients under:</p> <ul style="list-style-type: none"> a) General anesthesia b) Conscious sedation
<p>5. <i>Administer a substance by mechanical ventilation</i></p>	<p>LPNs care for ventilated clients:</p> <ul style="list-style-type: none"> a) With stable and predictable states of health b) After successfully completing additional education <p>LPNs provide care to clients who use continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BPAP) after successfully completing additional education.</p>

Restricted Activities with Orders	CLPNBC Limits and Conditions
<p>6. Administer a substance by irrigation</p>	<p>LPNs <i>do not</i> irrigate ostomies.</p> <p>LPNs <i>do not</i> irrigate percutaneous tubes (such as nephrostomies and t-tubes), except for those tubes LPNs are permitted to irrigate at entry-level².</p>
<p>7. Administer a substance by enteral or parenteral instillation</p>	<p>LPNs:</p> <ul style="list-style-type: none"> a) Change IV bags infusing via peripheral access (not central or midline) b) Monitor clients receiving blood or blood products in a team nursing approach c) Provide care to clients receiving parenteral nutrition in a team nursing approach <p>LPNs <i>do not</i>:</p> <ul style="list-style-type: none"> a) Start transfusions of blood or blood products b) Start or monitor parenteral nutrition c) Administer radiopaque dyes via parenteral instillation d) Access central venous access devices or central venous lines <p>Also see hemodialysis for exceptions</p>

² i.e., suprapubic catheters, gastrostomy tubes, nasogastric tubes

Restricted Activities with Orders	CLPNBC Limits and Conditions
<p>8. <i>For the purpose of establishing intravenous access, maintaining patency or managing hypovolemia</i> <i>(i) perform venipuncture, or</i> <i>(ii) administer a solution by parenteral instillation</i></p>	<p>LPNs start IVs:</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) Using a short peripheral device <p>LPNs:</p> <ul style="list-style-type: none"> a) Administer parenteral solutions to clients with stable and predictable states of health b) Change IV bags infusing via peripheral access (not central or midline) <p>Also see hemodialysis for exceptions</p>
<p>9. <i>Put an instrument or a device, hand or finger into the external ear canal, up to the eardrum</i></p>	<p>LPNs <i>do not</i> insert a curette or other instrument into the external ear canal to remove:</p> <ul style="list-style-type: none"> a) Foreign objects b) Earwax
<p>10. <i>Put an instrument or a device, hand or finger beyond the point in the nasal passages where they normally narrow</i></p>	<p>LPNs suction the nasal passages beyond the point where they normally narrow after successfully completing additional education.</p> <p>LPNs carry out nasopharyngeal swabs after successfully completing additional education.</p> <p>LPNs <i>do not</i>:</p> <ul style="list-style-type: none"> a) Insert nasogastric (NG) tubes b) Insert orogastric (OG) tubes c) Carry out nasopharyngeal washes
<p>11. <i>Put an instrument or a device, hand or finger beyond the pharynx</i></p>	<p>LPNs <i>do not</i> insert laryngeal mask airways (LMAs).</p> <p>Also see Restricted Activities with Orders #15</p>

Restricted Activities with Orders	CLPNBC Limits and Conditions
<p>12. <i>Put an instrument or a device, hand or finger beyond the opening of the urethra</i></p>	<p>LPNs insert coude tip catheters after successfully completing additional education.</p>
<p>13. <i>Put an instrument or a device, hand or finger beyond the labia majora</i></p>	<p>LPNs remove vaginal packing after successfully completing additional education.</p> <p>LPNs insert or remove pessaries after successfully completing additional education.</p> <p>LPNs <i>do not</i>:</p> <ul style="list-style-type: none"> a) Insert vaginal packing b) Carry out pelvic or vaginal examinations c) Perform cervical cancer screening d) Insert an instrument, substance or medication into or beyond the cervix.
<p>14. <i>Put an instrument or a device, hand or finger beyond the anal verge</i></p>	<p>LPNs insert rectal tubes:</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) By following decision support tools <p>LPNs <i>do not</i> insert or advance scopes for rectal/bowel examinations.</p>

Restricted Activities with Orders	CLPNBC Limits and Conditions
<p>15. <i>Put an instrument or a device, hand or finger into an artificial opening into the body</i></p>	<p>LPNs provide tracheostomy care to clients:</p> <ul style="list-style-type: none"> a) With well-established tracheostomies b) After successfully completing additional education <p>LPNs carry out digital examination of colostomies for clients:</p> <ul style="list-style-type: none"> a) With well-established stomas b) After successfully completing additional education <p>LPNs insert suprapubic catheters and gastrostomy tubes for clients:</p> <ul style="list-style-type: none"> a) With well-established stomas b) After successfully completing additional education
<p>16. <i>Put into the ear canal, up to the eardrum, a substance that is under pressure</i></p>	<p>LPNs syringe the ears of clients after successfully completing additional education that includes the competencies required to:</p> <ul style="list-style-type: none"> a) assess the integrity of the eardrum b) use water that is under pressure equal to or less than the pressure created by an ear bulb syringe <p>Also see Restricted Activities without Orders #9</p>
<p>17. <i>Apply ultrasound for diagnostic or imaging purposes, except that ultrasound may be applied to a fetus only for the purpose of fetal heart monitoring</i></p>	<p>LPNs <i>do not</i> carry out:</p> <ul style="list-style-type: none"> a) Ankle-brachial Index (ABI) testing b) Fetal heart monitoring using an intermittent Doppler, or any related activities including palpation and auscultation of the fetal heart <p>Also see antenatal care</p>

Restricted Activities with Orders	CLPNBC Limits and Conditions
<p>18. <i>In respect of a drug specified in Schedule I, IA or II of the Drug Schedules Regulation, compound the drug</i></p>	<p>None (entry-level LPN practice)</p>
<p>19. <i>In respect of a drug specified in Schedule I, IA or II of the Drug Schedules Regulation, dispense the drug</i></p>	<p>LPNs dispense medications with a client-specific order from an authorized health professional.</p>
<p>20. <i>In respect of a drug specified in Schedule I, IA or II of the Drug Schedules Regulation, administer the drug by any method</i></p>	<p>LPNs change IV bags containing potassium chloride (KCL) infusing via peripheral access (not central or midline):</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) When the IV bag has been premixed commercially or by a pharmacy <p>LPNs administer IV medications after successfully completing additional education.</p> <p>LPNs administer Botulinum Toxin Type A products:</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) When the ordering health professional is immediately available <p>LPNs administer dermal fillers for cosmetic purposes:</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) When the ordering health professional is immediately available <p style="text-align: right;"><i>Continued on next page...</i></p>

Restricted Activities with Orders	CLPNBC Limits and Conditions
	<p>LPNs <i>do not</i> administer:</p> <ol style="list-style-type: none"> a) IV push medications b) IV medications through a central venous access device, a central venous line or a mid-line catheter c) Intrathecal medications d) Intra-osseous medications e) Medications into epidural spaces f) Medications into perineural spaces g) Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation <p>LPNs work in a team nursing approach to provide care and monitor clients under:</p> <ol style="list-style-type: none"> a) General anesthesia b) Intrathecal anesthesia c) Epidural anesthesia d) Conscious sedation <p>LPNs <i>do not</i> carry out sclerotherapy.</p> <p>Also see:</p> <ul style="list-style-type: none"> • Hemodialysis for exceptions • Restricted Activities without Orders #16
<p>21. <i>If nutrition is administered by enteral instillation, compound or dispense a therapeutic diet</i></p>	<p>None (entry-level LPN practice)</p>

Limits & Conditions: Non-Restricted Activities

The following activities are part of LPN scope of practice and are not restricted; however, they may carry a significant degree of risk if they are not performed safely. When acting *without* an order, LPNs follow CLPNBC's [Standards for Acting without an Order](#). When acting *with* an order, LPNs follow CLPNBC's [Standards for Acting with an Order](#).

Non-Restricted Activities	CLPNBC Limits and Conditions
1. <i>Applying a restraint</i>	LPNs apply restraints when an order from an authorized health professional is in place.
2. <i>Taking an electrocardiogram</i>	<p>LPNs take electrocardiograms (ECGs):</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) When a health care professional authorized to read the ECG is immediately available <p>LPNs <i>are not</i> responsible for reading or interpreting ECG results.</p>
3. <i>Caring for a client on telemetry</i>	<p>LPNs work in a team nursing approach to provide care for clients on telemetry:</p> <ul style="list-style-type: none"> a) With stable and predictable states of health b) After successfully completing additional education <p>LPNs <i>are not</i> responsible for monitoring or interpreting telemetry readings.</p>
4. <i>Changing a chest tube dressing</i>	<p>LPNs change chest tube dressings:</p> <ul style="list-style-type: none"> a) For clients with stable and predictable states of health b) After successfully completing additional education c) By following decision support tools
5. <i>Changing a dressing on a central venous line</i>	<p>LPNs <i>do not</i> change dressings on central venous access devices or central venous lines.</p> <p>Also see hemodialysis for exceptions</p>

Non-Restricted Activities	CLPNBC Limits and Conditions
<p>6. <i>Measuring a visible central venous line</i></p>	<p>LPNs measure a visible central venous line on clients with stable and predictable states of health.</p> <p>Also see hemodialysis for exceptions</p>
<p>7. <i>Performing Human Immunodeficiency Virus Point of Care Testing</i></p>	<p>LPNs participate in Human Immunodeficiency Virus (HIV) Point of Care Testing Programs when:</p> <ul style="list-style-type: none"> a) They possess the competencies established by BC Centre for Disease Control (BCCDC) b) They follow BCCDC decision support tools c) An appropriate health professional is available to accept referrals
<p>8. <i>Performing skin and wound care above the dermis</i></p>	<p>LPNs make a nursing diagnosis and treat reddened skin, skin tears and wounds above the dermis if they follow decision support tools.</p>
<p>9. <i>Preparing and giving an unscheduled drug</i></p>	<p>LPNs compound, dispense and administer naloxone without an order, when used to treat an opioid overdose emergency.</p>

Limits & Conditions: Other Practice Settings

CLPNBC has developed limits and conditions for specific practice settings that are less common for LPNs. To work in these settings, LPNs need additional education or formal post-basic education.

Practice Setting	CLPNBC Limits and Conditions
<i>Ambulatory Care</i>	<p>LPNs working in ambulatory care clinics or offices where surgical procedures are performed:</p> <ul style="list-style-type: none"> a) Require a unit orientation that is consistent with LPN entry-level competencies b) Assist with surgical procedures: <ul style="list-style-type: none"> o After successfully completing additional education o When an authorized health professional is immediately available <p>LPNs <i>do not</i> administer:</p> <ul style="list-style-type: none"> a) IV push medications b) IV medications through a central venous access device, a central venous line or a mid-line catheter c) Intrathecal medications d) Intra-osseous medications e) Medications into epidural spaces f) Medications into perineural spaces g) Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation <p>LPNs work in a team nursing approach to provide care and monitor clients under:</p> <ul style="list-style-type: none"> a) General anesthesia b) Intrathecal anesthesia c) Epidural anesthesia d) Conscious sedation <p>LPNs work in a team nursing approach to care for clients recovering from epidural anesthesia after successfully completing additional education.</p>

Practice Setting	CLPNBC Limits and Conditions
<i>Antenatal Care</i>	<p>LPNs working in antenatal clinics require a unit orientation consistent with LPN entry-level competencies.</p> <p>LPNs provide antenatal care:</p> <ul style="list-style-type: none"> a) To healthy women with an uncomplicated pregnancy b) In a team approach with medical practitioners, midwives, registered nurses and/or nurse practitioners <p>Also see Restricted Activities with Orders #17</p>
<i>Emergency Room</i>	<p>LPNs working in emergency rooms require a unit orientation that is consistent with LPN entry-level competencies.</p> <p>LPNs <i>do not</i> triage clients in emergency rooms (ERs).</p> <p>LPNs work in a team approach to provide care for:</p> <ul style="list-style-type: none"> a) Clients requiring less urgent and non-urgent care b) Admitted clients <p>Also see Non-Restricted Activities #2 and #3</p>
<i>Hemodialysis</i>	<p>LPNs working in hemodialysis settings carry out hemodialysis:</p> <ul style="list-style-type: none"> a) For clients with stable and predictable states of health b) After successfully completing post-basic education through an in-house program offered by a health authority affiliated with British Columbia Provincial Renal Agency (BCPRA) c) By following decision support tools established by a health authority affiliated with BCPRA d) When a registered nurse is immediately available e) Using an arteriovenous (AV) fistula or AV graft <p style="text-align: right;"><i>Continued on next page...</i></p>

Practice Setting	CLPNBC Limits and Conditions
	<p>LPNs working in hemodialysis settings manage, access and maintain central venous lines and central venous access devices used specifically for hemodialysis by:</p> <ul style="list-style-type: none"> a) Changing dressings on central venous access lines specific to dialysis access only b) Measuring visible central venous access lines specific to dialysis access only c) Carrying out dialysis through a central venous access line specific to dialysis access only <p>LPNs working in hemodialysis settings administer solutions, substances and Schedule I, II and III drugs by any route, including intravenous and IV push, as part of routine hemodialysis procedures.</p> <p>LPNs working in hemodialysis settings <i>do not</i> administer:</p> <ul style="list-style-type: none"> a) Intrathecal medications b) Intra-osseous medications c) Medications into epidural spaces d) Medications into perineural spaces e) Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation <p>LPNs working in hemodialysis settings monitor clients receiving blood or blood products in a team nursing approach.</p> <p>LPNs working in hemodialysis settings do not start transfusions of blood or blood products.</p>
<i>Mental Health and Substance Misuse</i>	<p>LPNs working in settings where substance misuse or a mental health disorder is the primary diagnosis require an orientation that is consistent with LPN entry-level competencies.</p> <p>LPNs work in a team nursing approach to provide care for clients whose primary diagnosis is substance misuse or a mental health disorder after successfully completing additional education.</p>

Practice Setting	CLPNBC Limits and Conditions
<i>Perioperative</i>	<p>LPNs work in a scrub or circulating role in the operating room (OR):</p> <ul style="list-style-type: none"> a) After successfully completing formal post-basic education b) When a registered nurse is immediately available <p>LPNs <i>do not</i> administer:</p> <ul style="list-style-type: none"> a) IV push medications b) IV medications through a central venous access device, a central venous line or a mid-line catheter c) Intrathecal medications d) Intra-osseous medications e) Medications into epidural spaces f) Medications into perineural spaces g) Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation <p>LPNs working in a perioperative setting work in a team nursing approach to provide care and monitor clients under:</p> <ul style="list-style-type: none"> a) General anesthesia b) Intrathecal anesthesia c) Epidural anesthesia d) Conscious sedation

Practice Setting	CLPNBC Limits and Conditions
<i>Postpartum Care</i>	<p>LPNs working in postpartum settings require a unit orientation consistent with LPN entry-level competencies that includes:</p> <ul style="list-style-type: none"> a) Infant resuscitation as part of a cardiopulmonary resuscitation (CPR) course for health professionals b) The Neonatal Resuscitation Program (NRP) modules 1-4 and 9 c) Newborn and maternal assessment, including breastfeeding, consistent with the Perinatal Services British Columbia (PSBC) Newborn Clinical Pathway and the Postpartum Clinical Pathway <p>LPNs provide care for mothers and newborns:</p> <ul style="list-style-type: none"> a) With stable and predictable states of health b) When a registered nurse, nurse practitioner, midwife and/or medical practitioner is immediately available <p>LPNs take heel pricks after successfully completing additional education.</p>

Restricted Activities Outside the Scope of Practice of LPNs

LPNs only provide care within CLPNBC's [scope of practice](#). However, there are two exceptions:

- 1) in [life-threatening emergencies](#)
- 2) where a formal [delegation](#) process is in place

In life-threatening emergencies, LPNs are ethically obligated to provide the best care they can, given the circumstances and their individual competence. 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.

The following activities are considered to be outside the LPN [scope of practice](#) and LPNs *do not* carry them out.

LPNs *do not*:

1. Apply electricity to destroy tissue or affect the heart or nervous system (exception: [automated external defibrillators](#))
2. Apply laser that cuts or destroys tissue
3. Administer or participate in allergy challenge testing or desensitization treatments

Glossary

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

Additional education: Structured education (e.g., a workshop, course or program of study) designed so that LPNs can attain the competencies required to carry out a specific activity as part of LPN practice. Additional education builds on the entry-level competencies of LPNs, identifies the competencies expected of LPNs, includes both theory and application to practice and includes an objective, external evaluation of LPNs' competencies.

Appropriate action: Getting more information from the client, consulting with a colleague or manager or questioning the health professional who gave the order.

Assessment: A process of observation and evaluation of the physical or mental status of an individual. Assessment may involve observing symptoms, but does not include identifying a condition as the cause of these symptoms.

Authorized health professional: The health professionals authorized to issue client-specific orders for activities that LPNs may carry out include dentists, medical doctors, midwives, naturopaths, nurse practitioners, pharmacists, podiatrists, registered nurses, registered psychiatric nurses or health professionals who hold an equivalent designation in Alberta, the Yukon or Northwest Territories.

Autonomous practice: Authority within a profession's scope of practice to act *without* an order or regulatory supervision. LPNs who engage in autonomous practice are required to follow CLPNBC's Standards for Acting *without* an Order.

Available: The LPN has access to an authorized health professional who is:

- a) physically present at the point of care,
- b) not physically present at the point of care, but available within the same location, or
- c) not physically present at the point of care, but available by phone or other electronic means.

Botulinum Toxin Type A products: Includes Botox Cosmetic[®], Xeomin[®] and Dysport[®]. Botulinum Toxin Type A products are considered Schedule I drugs and require a prescription for sale. They are provided to the public by a pharmacist following the diagnosis and professional intervention of a practitioner.

Canadian Triage and Acuity Scale (CTAS): In [CTAS levels](#), level 1 represents the sickest patients and level 5 represents the least ill group of patients (Level 1) Resuscitation; Level 2) Emergent; Level 3) Urgent; Level 4) Less Urgent; Level 5) Non-urgent).

CLPNBC condition: The circumstances under which LPNs may carry out an activity.

CLPNBC limit: In the context of LPN scope of practice, what LPNs are limited to doing or what they are not permitted to do.

Clinical judgment: Processes that rely on critical thinking and an analysis of evidence to reflect the complex, intuitive and conscious thinking strategies that guide nursing decisions.

Competence: The integration and application of the professional attributes required to perform in a given role, situation or practice setting.

Competencies: The knowledge, skills, attitudes and judgment required to provide safe and ethical care.

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.

Condition: A condition (e.g., hypoglycemia) may result from a known disease (e.g., diabetes) or disorder (e.g., inability to metabolize glucose) or its treatment.

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.

Critical inquiry: A process of purposeful thinking and reflective reasoning whereby practitioners examine ideas, assumptions, principles, conclusions, beliefs and actions in the context of nursing practice.

Critical thinking: An active and purposeful problem-solving process that requires LPNs to advance beyond the performance of skills and interventions to provide the best possible care, based on evidence-informed practice (identifying and prioritizing risks and problems, clarifying and challenging assumptions, using an organized approach to assessment, checking for accuracy and reliability of information, weighing evidence, recognizing inconsistencies, evaluating conclusions and adapting thinking).

Decision support tools: Evidence-based documents used by LPNs and other health care professionals to guide their assessment, diagnosis and treatment of client-specific clinical problems.

Delegation: Delegation, under the *Health Professions Act*, refers to delegation of a restricted activity by one regulated health professional to another regulated health professional. Delegation to regulated health professionals occurs when an activity is within the scope of the delegating professional and outside the scope of the professional receiving the delegation. Before the delegation can occur, CLPNBC and the regulatory body of the delegating professional must both agree that the activity is appropriate for delegation to LPNs.

Dermal fillers: Some dermal fillers are considered to be substances (i.e., Juvederm, Restylane and other hyaluronic acid, polylactic acid and calcium based dermal fillers), while others are Schedule II drugs (i.e., hyaluronic acid and its salts – preparations in concentrations of 5% or more).

Disease: Any deviation from, or interruption of, the normal structure or function of any body part, organ or system that is manifested by a characteristic set of symptoms and signs and whose etiology, pathology and prognosis may be known or unknown.

Disorder: A disturbance in physical or mental health or functions, malady or dysfunction (i.e., a mild stomach disorder).

Dispense: Includes preparing and providing a medication for a client, taking steps to ensure:

1. pharmaceutical and therapeutic suitability of the medication for its intended use; and
2. proper use of the medication

Dispensing may also include accepting payment for a medication on behalf of an LPN's employer. It does not include selling a medication.

Emergency exemption: 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 common and expected LPN practice in that setting.

Evidence: Data derived from various sources including research, national guidelines, regulation, policies, consensus statements, expert opinion, historical and experiential information.

Evidence-based (evidence-informed practice): The identification, evaluation and application of evidence to guide practice decisions.

Formal post-basic education: Structured education that builds on the entry-level LPN competencies. Formal post-basic education is delivered:

- by an educational institution that teaches a CLPNBC-recognized practical nursing education program or equivalent, or
- through a collaborative arrangement between an employer that employs LPNs in post-basic areas and a school that teaches a CLPNBC-recognized practical nursing education program or equivalent.

Immediately available: The LPN has access to an authorized health professional who is physically available at the point of care.

Nursing diagnosis: A clinical judgment of an individual's mental or physical condition to determine whether the condition can be ameliorated or resolved by appropriate interventions of the LPN to achieve outcomes for which the LPN is accountable.

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

Other supports: CLPNBC uses this condition to describe other kinds of supports required to promote safe LPN practice. For example, the condition for taking electrocardiograms reads, "LPNs only take electrocardiograms (ECGs) when a health care professional authorized to read the ECG is immediately available." Decision support tools (DSTs) may also be a condition set by CLPNBC.

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

Restricted activities: Higher risk clinical activities that must not be performed by any person in the course of providing health services, except members of a regulated profession that has been granted specific legislative authority to do so, based on their education and competencies.

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

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

Stable and predictable states of health: The degree to which a client's condition or situation changes or is likely to change.

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

Team approach: When the care needs of a client include activities that are outside LPN scope of practice or the individual competencies of the LPN, the LPN seeks out other members of the health care team to jointly review the client's care needs and determine how the care needs will be met between them. Where relevant, the registered nurse or registered psychiatric nurse

may be the most appropriate team member for the LPN to seek consultation and collaboration with regarding client care needs.

Team nursing approach: When the nursing care needs of a client include activities that are outside LPN scope of practice or the individual competencies of the LPN, the LPN seeks out the registered nurse or registered psychiatric nurse to jointly review the client's care needs and determine how the care needs will be met between them.

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

More Information

[Additional Education Resource](#)

[British Columbia Centre for Disease Control](#)

[CLPNBC Nursing Practice Advisors](#)

[CLPNBC Practice Standards](#)

[CLPNBC Professional Standards](#)

[Did You Know Scenarios](#)

[Drug Schedules Regulation](#)

[Entry to Practice Competencies for Licensed Practical Nurses](#)

[*Health Professions Act*](#)

[LPN Connect Newsletter](#)

[Nurses \(Licensed Practical\) Regulation](#)

[Provincial Skin and Wound Committee](#)