

LPN SCOPE OF PRACTICE

Pursuant to the Nursing Practice Act (1999), licensed practical nurses [statute, 335.016 (9), RSMo] are able to perform nursing acts that they defensibly have the requisite specialized skill, judgment, and knowledge to perform only "under the direction of a person licensed by a state regulatory board to prescribe medication and treatments or under the direction of a registered professional nurse" [see also statute, 335.016 (10) (e), RSMo, and rule, 20 CSR 2200-5.010 Definitions (i.e., proper supervision)]. Licensed practical nurses, by statutory law, are not authorized to independently perform nursing care/acts. It is essential, therefore, for licensed practical nurses to have ongoing defensibility with respect to under whose specific direction (i.e., supervision) they are working at any given time. Furthermore, it is important for licensed practical nurses to have immediate access, at all times, to the individual (e.g., physician, registered professional nurse) under whose direction they are working when, for example,:

- (a) patients' care needs exceed their legal scope of practice;
- (b) patients' care needs surpass their knowledge, education, skills, training, or experience; or
- (c) patients' conditions indicate pressing importance of consultation or imminent referral consideration.

If licensed practical nurses (LPNs) are to perform acts prescribed by "a person licensed by a state regulatory board to prescribe medications and treatments" [335.016(9), RSMo] as part of a patient's care, an authorized prescriber-licensed practical nurse relationship must clearly be in place and verbal or written orders from and cosigned by the authorized prescriber delegating the acts would be needed by licensed practical nurses. The acts being delegated must be within the scope of practice of the authorized prescriber and licensed practical nurses must ensure that appropriate oversight is in place (see rule, 20 CSR 2200 -5.010) and that they possess the ability to perform the delegated acts defensibly, safely, and competently.

For example, a physician-licensed practical nurse relationship may be established for the performance of physician-delegated acts that are associated with prescribed medications and treatments: (a) through specific, and later cosigned, verbal orders from a physician; (b) through specific written orders from a physician; or (c) through written orders, possibly in the form of protocols or standing orders, generated and signed by a physician. The acts being delegated must be within the scope of practice of the prescribing physician and the licensed practical nurse must ensure that appropriate oversight is in place (e.g., physician, registered professional nurse) and that s/he possesses the ability to perform the delegated acts defensibly, safely, and competently. Licensed practical nurses must keep in mind that merely having physicians' orders for patients, however, does not mean that they also have physician oversight for their practice.

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