

LPN Scope of Practice



Within LPN Scope

- Obtain vital signs, allergies, height, weight, medical/surgical history, and medication history for the initial assessment; notify the physician of arrival.
- Perform ongoing shift assessments.
- Add interventions and update the Interdisciplinary Plan of Care (IPOC) goals once the care plan has been initiated by the RN; communicate changes with the RN before implementation. May discontinue IPOCs on patients at discharge.
- Complete discharge process to include discharge assessment, discharge education, discontinuing IPOCs, etc.
- Telemetry cardiac monitoring. Recognize and respond to basic dysrhythmias.
- Manage and document on non-violent and violent restraints. RN must initiate/discontinue all restraints.
- Screen patients for suicidal risk. Initiate suicide precautions and re-screen.
- Initiate, maintain and follow isolation precautions.
- Evaluate patient response to PCA pump/epidural such as checking request history, dosage delivery, and cumulative data.
- Insert, remove, unclog, irrigate, and feed through nasogastric and feeding tubes.
- Care for gastrostomy/PEG tubes, Jackson Pratt drains, lumbar drains, hemovac drains, bowel management systems, biliary drains, and nephrostomy tubes.
- Manage and care for patients with an ostomy.
- Apply and remove male and female external catheters and Foley catheter insertions and straight catheterization procedures.
- Perform tracheostomy care. Perform oropharyngeal and nasopharyngeal suctioning.
- Perform bedside swallow screening.
- Perform specimen collection except through central line.
- Manage negative pressure wound therapy.
- Discharge patients, including discharge assessments, teaching, and ending/discontinuing the IPOC.
- Receive telecommunication for pronouncement of patient death.
- Suture and staple removal.

**See next page for additional details.*

Expanding LPN Scope

- May perform defibrillation if Advanced Cardiovascular Life Support (ACLS) certified.
- LPN must have special training to manage behavioral restraints including Management of Aggressive Behavior (MOAB) certification.
- May perform the following tasks after attending LPN IV therapy class and after completion of necessary competencies:
 - Start IVs.
 - Start and change large volume IV fluids with approved additives and Intravenous Piggy Backs (IVPBs) to peripheral IVs.
 - Push approved medications through a peripheral IV.
 - Change existing large volume IV fluids with approved additives and IVPBs to central lines.
 - Initiate, monitor and discontinue blood products and clotting factors to a peripheral line. Annual CBL required.
 - Manage heparin drips. May not initiate heparin drip or administer heparin IV pushes.
- Trained endoscopy LPNs may assist with percutaneous endoscopic gastrostomy tube insertion and gastrojejunal feeding tube insertion under the instruction and direct supervision of the performing physician.
- Perform continuous and manual bladder irrigation after completing the CBL and one competency assessment.

Beyond LPN Scope

- Initial comprehensive admission assessment.
- Suicide risk assessment.
- Initiate Interdisciplinary Plan(s) of Care (IPOCs), goal(s), or intervention(s) upon patient admission.
- Add, change, or discontinue plans and/or goal(s) on an existing IPOC. Exception: LPN may discontinue IPOCs on patients at discharge.
- Perform pacing, defibrillation or cardioversion. Exception: May perform defibrillation if ACLS certified.
- Manage arterial lines or obtain arterial blood samples.
- Start peripheral IVs, push approved peripheral IV medications, or hang approved large volume fluids to peripheral or central lines if LPN has not attended the LPN IV Therapy class and has not completed the necessary competencies. **See LPN Role in Peripheral IV Push Medication policy for and up-to-date list of approved drugs that may be administered.*
- Directly access (ex: push medications), manage (including de-clotting and/or changing dressings), draw blood, or remove central lines (ex: PICC, IJ, femoral, Hickman, dialysis catheter, implanted ports, etc.).
- Titrate any medications. Exception: may manage heparin drips once trained.
- Initiate or discontinue PCA/Epidural pumps, including adding cartridges/bags and changing settings.
- Initiate or discontinue blood product transfusions to a central line. Administer albumin and immunoglobulin. May not accompany patients during transport with blood infusing.
- Perform moderate sedation.
- Initiate/discontinue non-violent and violent restraints.
- Maintain, care for, or remove a chest or pleural tube. Irrigate locking drainage pleural catheter.
- Flush and/or perform dressing changes for biliary drains or nephrostomy tubes.
- Perform ECMO (perfusionist only).
- Diabetic foot care (Certified Wound, Ostomy and Continence Nursing only).
- Chemotherapy administration by any route.
- Accompany patients on oxygen equipment that delivers 50% or more of oxygen (examples: NC 6LPM or more, nonrebreather, optiflow, continuous CPAP/BiPAP, ventilator, etc) during transport.

**Note that this is not a comprehensive list. Please refer to Huntsville Hospital specific policies and procedures for additional details.*