

LPNs and IV Therapy: Update



Following the retirement of the LPN-C credential by the 2017 Nebraska Legislature, intravenous (IV) therapy was added to the scope of practice of all Licensed Practical Nurses (LPNs). Changes in the Nurse Practice Act require a corresponding change in nursing regulations, “the rules.”

Pending completion of revisions in the nursing regulations, the Board of Nursing recognizes the need to provide nurses and their employers with guidance for making IV therapy scope of

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practice decisions. The Board recommends using the scope of practice Decision Making Framework (DMF) as a basis for making scope of practice decisions and developing facility policies and procedures for IV practice. *Scope of practice decisions are frequently not a “one-size, fits all” phenomenon. The DMF supports practice decisions that are appropriate for specific settings and patient populations.* The DMF can be accessed at: <http://dhhs.ne.gov/publichealth/pages/crlNursingScope.aspx>

A sample of the most frequent questions staff from the Board of Nursing receive about LPNs and IV therapy are listed below:

- Are LPNs allowed to access a port?
- Are LPNs allowed to flush any type of Central Venous Access Device (CVAD), including Peripherally Inserted Central Catheters (PICCs), ports and central lines?
- Are LPNs allowed to change the dressing on any of the above?
- Can LPNs change tubing on a continuous flow central line?
- Can LPNs administer IV medications?

Employers that rely on LPNs for IV therapy must first evaluate the following:

- Stability of the patient
- What are the risks to the patient associated with a particular IV procedure, medication or type of infusion?
- Has the LPN completed the education requirements to perform IV therapy in the facility?
- How long has it been since the LPN has performed IV therapy?
- Has the LPN been deemed competent to perform the skills by the facility?
- When a particular activity is not restricted by the Nurse Practice Act, what are the other considerations for determining whether or not a LPN may appropriately perform IV therapy?

The facility should have the following in place prior to utilizing an LPN to perform IV therapy:

- Policies and procedures
- Documented education and training
- Documented completion of competencies (skills checklist)

Consider the following hypothetical examples. These are written for the purpose of illustrating the considerations for making practice decisions related to IV therapy.

Facility A is a critical access hospital and has determined that LPNs can perform PICC line dressing changes and antibiotic infusions. Licensed practical nurse staff have *completed the appropriate training and demonstrated competency* to perform the skills. Facility policy and procedures are written and have been reviewed with all nursing staff.

Facility B is a Long Term Care Facility. The facility has *established a policy* that only RNs may initiate the first dose of IV antibiotics for all residents. Subsequent doses of antibiotics may be administered by LPNs.

Facility C is an Oncology Service with patients coming in for weekly lab draws from a port or central line. Based on the *complexity of the task and risks to the patient*, lab draws in this practice are performed by licensed nurses, including Registered Nurses (RNs) or LPNs. Central line blood draws are not routine phlebotomy and may not be delegated by the RN to an unlicensed person.

Facility D offers a diagnostic cardiac test in a clinic practice setting. The *DMF is used to determine if starting an IV and administering medications* required for the test *are within LPN scope of practice*. The second decision point in the DMF requires an assessment of “evidence-based nursing and health care literature.” A scientific statement by the American Heart Association provides a review

Licensed practical nurses (LPNs) function in a directed scope of practice in accordance with the knowledge and skills acquired through a practical nursing program (Nurse Practice Act, Neb. Rev. Stat. §§ 38-2211). Licensed practice nurses are directed in practice by RNs and Licensed Practitioners. Licensed Practitioners in nursing regulations are those with statutory authority to prescribe medications or treatments and include APRNs, PAs and physicians (172 NAC 99-002).

All licensed health care professionals are responsible and accountable for recognizing or refusing tasks that are inappropriately assigned or directed by others. This includes recognizing when he or she has not been trained or achieved competency in a task. Ignorance is never an excuse for defending practice after care has been rendered.

of published studies that evaluate “nonphysician” monitoring of the patient. Monitoring is defined as including starting an IV and administering medications during the procedure, and in the event of an emergency consequent to the procedure. Recommendations for required nursing competencies are limited to RNs and Advanced Practice Registered Nurses.

Facility E is a residential nursing facility that has historically transported residents to a nearby private clinic for the discontinuation of central lines by a physician. The DMF is used to develop *policies and procedures that specify circumstances* under which an LPN may discontinue central catheters. In this case, nursing collaborates with the physician practice for shared decision-making.

Facility F is a Home Health employer. After a review of facility regulations for Home Health services, it is determined that compliance will require limiting IV therapy provided by the employer to RNs.