Review and Consideration of Current Position Statements with Changes

Summary of Request

Annually, Board Position Statements are reviewed and determined if updates are needed related to changes in national practice trends. To make this determination, throughout the year, Board staff keep apprised of changes in practice nationally through evidence based practice developments, guidelines, and regulation movements. Though Board Position Statements do not have the force of law, they provide guidance for nurses on relevant practice and licensure issues. This report is comprised of those position statements in which Board staff have proposed changes for the Board's consideration.

Current Position Statements with Changes

- 15.2 The Role of the Licensed Vocational Nurse in the Pronouncement of Death
- 15.3 LVNs Engaging in Intravenous Therapy, Venipuncture, or PICC Lines
- 15.6 Board Rules Associated with Alleged Patient "Abandonment"
- 15.7 The Role of LVNs & RNs in Management and/or Administration of Medications via Epidural or
  Intrathecal Catheter Routes
- 15.8 The Role of the Nurse in Moderate Sedation
- 15.13 Role of LVNs and RNs in School Health
- 15.20 Registered Nurses in the Management of an Unwitnessed Arrest in a Resident in a Long Term
  Care Facility
- 15.23 The Use of Complementary Modalities by the LVN or RN
- 15.27 The Licensed Vocational Nurse Scope of Practice
- 15.28 The Registered Nurse Scope of Practice
- 15.29 Professional Boundaries including Use of Social Media by Nurses

Proposed Changes

Position Statement 15.2, *The Role of the Licensed Vocational Nurse in the Pronouncement of Death*, has proposed changes to include a reference statement to Position Statement 15.20, *Registered Nurses in the Management of an Unwitnessed Arrest in a Resident in a Long Term Care Facility*, which provides the reader with a resource for additional information related to the LVN scope of practice in the initiation of CPR. Other changes include, the removal of information related to the development of policies and procedures relating to postmortem care as this topic was addressed twice in the Position Statement and the removal of this additional information improved clarity. Other non-substantive changes include grammar updates allow for uniformity across Positon Statements.

Position Statement 15.3, *LVNs Engaging in Intravenous Therapy, Venipuncture, or PICC Lines,* has non-substantive proposed changes which include grammar and reference updates.

Position Statement 15.6, *Board Rules Associated with Alleged Patient "Abandonment,"* has proposed changes that clarify areas within the Position Statement, such as, noting that Safe Harbor forms should not be sent to the Board but instead are intended for internal use within the nurse's own facility. Additionally, Board staff propose updates to the resources so that they align the NPA and Board rules, as well as, changes to hyperlinks and the names of Frequently Asked Questions (FAQs).

Position Statement 15.7, *The Role of LVNs & RNs in Management and/or Administration of Medications via Epidural or Intrathecal Catheter Routes,* includes proposed substantive changes that align with a recent Food & Drug Administration (FDA) MedWatch released November 14th of 2018, titled: Implanted Pumps: Safety Communication - Use Caution When Selecting Pain Medicine for Intrathecal Administration.

Position Statement 15.8, *The Role of the Nurse in Moderate Sedation,* proposes changes to allow for clarity in the use of wording throughout the Positon Statement, align with terminology from the FDA, and update references and hyperlinks.

Position Statement 15.13, *Role of LVNs and RNs in School Health*, has proposed changes to include reference to newly available delegation resources for RNs practicing in the School Health setting. These resources have been created in response to stakeholder input and can now be found in the School Nurse Delegation section of the Delegation Resource Packet of the BON website.

Position Statement 15.20, *Registered Nurses in the Management of an Unwitnessed Arrest in a Resident in a Long Term Care Facility,* includes proposed changes to provide historical context of the information found by the Long Term Care Committee with Texas Nurses Association occurred in the year 2002 and a reference to Positon Statement 15.2 to further clarify the LVNs role. Other non-substantive changes are proposed to grammar and hyperlinks within this Positon Statement.

Position Statement 15.23, *The Use of Complementary Modalities by the LVN or RN*, includes a proposed change to remind stakeholders that an appropriate medical diagnosis and a valid order from a licensed provider, when indicated, must be provided as evidence to show accountability when an LVN or RN is providing integrated or complementary modalities as nursing interventions.

Position Statement 15.27, *The Licensed Vocational Nurse Scope of Practice*, proposes changes to include the nursing diagnosis/problem identification step of the nursing process. Prior to the proposed changes, these elements were included in the discussion of planning. The proposed changes keep this information within the subheading of planning but better identify the nursing diagnosis/problem identification step and its importance in the nursing process at the LVN level of licensure. Other proposed changes improve grammar and better clarify appropriate, up-to-date resources.

Position Statement 15.28, *The Registered Nurse Scope of Practice*, proposes changes to include the nursing diagnosis/problem identification step of the nursing process. Prior to the proposed changes, these elements were included in the discussion of planning. The proposed changes keep this information within the subheading of planning but better identify the nursing diagnosis/problem identification step and its importance in the nursing process at the RN level of licensure. Other proposed changes improve grammar and better clarify appropriate, up-to-date resources.

Position Statement 15.29, *Professional Boundaries including Use of Social Media by Nurses*, proposes changes to correct grammar, update reference links, and to further clarify the role of social media when appropriately used by nurses.

Pros and Cons

Pros:

Adoption of the current Board Position Statements with changes will allow for continued guidance for nurses and the public related to relevant practice and licensure issues.

Cons:

None noted.

Staff Recommendation:

Move to adopt the Board Position Statements with changes, along with allowance for non-substantive word editing for purposes of clarity as may be deemed necessary by Board staff.

15.2 The Role of the Licensed Vocational Nurse in the Pronouncement of Death

Licensed vocational nurses (LVNs) do not have the authority to legally determine death, diagnose death, or otherwise pronounce death in the State of Texas. Regardless of practice setting, the importance of initiating cardiopulmonary resuscitation (CPR) in cases where no clear do-not-resuscitate (DNR) orders exist is imperative. The Board of Nursing (BON) has investigated cases involving the failure of a LVN to initiate CPR in the absence of a DNR order. Position Statement 15.20, *Registered Nurses in the Management of an Unwitnessed Arrest in a Resident in a Long Term Care Facility*, has additional information in regards to initiating CPR.

It is within the LVN scope of practice as defined by *22 TAC §217.11(1)-(2)* (effective 9/28/2004) and Position Statement 15.27*, The Licensed Vocational Nurse Scope of Practice,* for a LVN to gather data and perform a **focused** assessment regarding a patient, to recognize significant changes in a patient's condition, and to report said data and observation of significant changes to the physician. The LVN's focused assessment should include nursing observations to determine the presence or absence of the following presumptive or conclusive signs of death:

Presumptive Signs of Death

- The patient is unresponsive,
- The patient has no respirations,
- The patient has no pulse,
- The patient's pupils are fixed and dilated,
- The patient's body temperature indicates hypothermia: skin is cold relative to the patient's baseline skin temperature,
- The patient has generalized cyanosis, and

Conclusive Signs of Death

- There is presence of livor mortis (venous pooling of blood in dependent body parts causing purple discoloration of the skin).
- While these signs of irreversible death would not be expected to be seen in most practice settings, the American Heart Association also includes the following irreversible signs of death:
    - decapitation (separation of the head from the body) o decomposition (decay or putrification of the body)
    - rigor mortis (stiffness of the limbs and body that develops 2 - 4 hours after death and may take up to 12 hours to fully develop).

Upon reporting clinical findings to the physician, and in accordance with facility policy, the LVN may accept reasonable physician's orders regarding the care of the client; i.e.: notification of family, postmortem care, contacting the funeral home or appropriate legal authority, documentation; however, a LVN may not accept an order that would require the LVN to "pronounce death," or to complete the state-required "medical certification" of a death that occurs without medical attendance.

The BON has no jurisdiction over physician practice, facility policies, or the laws regulating pronouncement of death in Texas. Additional information on Texas regulations regarding pronouncement of death may be found in Chapters 193 and 671 of the Texas Health and Safety Code, as well as through the Department of State Health Services. A LVN is not responsible for the actions of a physician who elects to pronounce death by remote-means. Physicians are licensed by, and must comply with, rules promulgated by the Texas Medical Board as well as other laws applicable to the physician's practice setting.

References

American Heart Association (2017). *2017 American Heart Association guidelines for CPR & ECC*. Retrieved from https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/

Texas Health and Safety Code Chapters 193 and 671: http://www.statutes.legis.state.tx.us/

(BVNE Statement adopted 06/1999; Revised BON statement: 01/2006; Revised: 01/2007; 01/2008; 01/2009; 01/2011; 01/2012; 01/2013; 01/2014; 01/2015; 01/2016; 01/2018; 01/2019)
(Reviewed: 01/2010; 01/2017)

15.3 LVNs Engaging in Intravenous Therapy, Venipuncture, or PICC Lines

The basic educational curriculum for Licensed Vocational Nurses (LVNs) does not mandate teaching of principles and techniques for insertion of peripheral intravenous (IV) catheters, or the administration of fluids and medications via the IV route. Knowledge and skills relating to maintaining patency and performing dressing changes of central line IV catheters is also not mandated as part of basic LVN education. As such, it cannot be presumed that all LVN licensees possess basic competency in the management of IV lines/IV therapy.

Applicable Nursing Standards

LVN practice is guided by the Nursing Practice Act (NPA) and Board Rules. *22 TAC §217.11*, *Standards of Nursing Practice*, is the Board rule most often applied to nursing practice issues. Two standards applicable in all practice scenarios include:

- §217.11(1)(B) Implement measures to promote a safe environment for clients and others, and
- §217.11(1)(T) Accept only those nursing assignments that take into consideration client safety and that are commensurate with the nurse's educational preparation, experience, knowledge, and physical and emotional ability. Additional standards in *22 TAC §217.11* that may be applicable when a LVN chooses to engage in an IV therapy related task include (but are not limited to):

- (1)(C) Know the rationale for and the effects of medications and treatments and correctly administer the same,
- (1)(D) Accurately and completely report and document: (i) client status...(ii) nursing care rendered...(iii) physician, dentist or podiatrist orders...(iv) administration of medications and treatments...(v) client response(s)...,
- (1)(G) Obtain instruction and supervision as necessary when implementing nursing procedures or practices,
- (1)(H) Make a reasonable effort to obtain orientation/training for competency when encountering new equipment and technology or unfamiliar care situations,
- (1)(R) Be responsible for one's own continuing competence in nursing practice and individual professional growth,
- (2)(A) Utilize a systematic approach to provide individualized, goal-directed nursing care...[(i)-(v)], and
- (2)(C) ...perform other acts that require education and training as prescribed by board rules and policies, commensurate with the LVN's experience, continuing education, and demonstrated LVN competencies.

Position Statement 15.27*, The Licensed Vocational Nurse Scope of Practice,* provides additional clarification of the *Standards of Nursing Practice* Rule as it applies to LVN scope of practice. Instruction and skill evaluation relating to LVNs performing insertion of peripheral IV catheters and/or administering IV fluids and medications as prescribed by

an authorized practitioner may allow a LVN to expand his/her scope of practice to include IV therapy.

It is the opinion of the Board that the LVN shall not engage in IV therapy related to either peripheral or central venous catheters, including venipuncture, administration of IV fluids, and/or administration of IV push medications, until successful completion of a validation course that instructs the LVN in the knowledge and skills applicable to the LVN's IV therapy practice. The BON does not define or set qualifications for an "IV Validation Course" or for "LVN IV certification." The LVN who chooses to engage in IV therapy must first have been instructed in the principles of IV therapy congruent with prevailing nursing practice standards.

Insertion and Removal of PICC Lines or Midline Catheters

The Board has further determined that vocational nursing programs do not provide the LVN with the educational foundation to assure client safety in insertion and removal of Peripherally Inserted Central Catheters (PICC lines) or midline catheters, inclusive of vein selection, insertion/advancement/retraction of the catheter, determining placement, and monitoring of the client for untoward reactions in relation to catheter insertion and removal. The LVN scope of practice is a directed scope of practice utilizing a focused assessment for patients with predictable healthcare needs. Patients having PICC lines either inserted or removed are at risk for complications, e.g., air embolism, nerve damage, infection[1], and could potentially become unpredictable needing a comprehensive assessment, as well as changes to nursing diagnoses and plan of care to ensure vascular access. This position of the Board aligns with boards of nursing across the nation[2,3,4,5,6,7,8,9].Position Statement 15.27, *The Licensed Vocational Nurse Scope of Practice*, and Position Statement 15.10, *Continuing Education: Limitations for Expanding Scope of Practice*, further maintains that continuing education that falls short of an educational program of study leading to a degree and licensure as a registered nurse would be insufficient to assure vocational nurse competency and patient safety with regard to insertion and removal of PICC lines or midline catheters. Therefore, it is the Board's position that insertion and removal of PICC lines or midline catheters is beyond the scope of practice for LVNs.[1]

Administration of IV Fluids and Medications

The ability of a LVN to administer specific IV fluids or drugs, to prepare and/or administer IV "piggy-back" or IV "push" medications, or to monitor and titrate "IV drip" medications of any kind is up to facility policy. The LVN's practice relative to IV therapy must also comply with any other regulations that may exist under the jurisdiction of other regulatory agencies or entities. The LVN who accepts an assignment to engage in any aspect of IV therapy is responsible for adhering to the NPA and Board rules, particularly *22 TAC §217.11, Standards of Nursing Practice*, including excerpted standards listed above and any other standards or rules applicable to the individual LVN's practice.

All nursing actions related to peripheral and/or central intravenous lines, as well as IV administration of medications, must be completed in accordance with the orders of the prescribing practitioner, as well as written policies, procedures and job descriptions approved by the health care employer.

References

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Standards of practice. *Journal of Infusion Nursing 39*(1S).

[2] Alabama Board of Nursing. (2016). *Alabama Board of Nursing approved standardized procedures.*

Retrieved from https://www.abn.alabama.gov/wp-content/uploads/2016/03/Approved-StandardizedProcedures.pdf

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[7] South Dakota Board of Nursing. (2012). *IV therapy education.* Retrieved from https://doh.sd.gov/boards/nursing/LPNscope.aspx

[8] Vermont Board of Nursing. (2012). *The role of the license practical nurse in intravenous infusion therapy.*

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[9] Wyoming State Board of Nursing. (2017). *Advisory Opinion LPN IV certified (IV-C) scope of practice.*

Retrieved from https://nursing-online.state.wy.us/Resources/AO_LPN%20IVC%20Scope%20of%20Practice.pdf

(Board Action: 06/1995; Revised: 09/1999; 01/2005; 01/2011; 01/2012; 01/2014; 01/2015; 01/2018; 01/2019)
(Reviewed: 01/2006; 01/2007; 01/2008; 01/2009; 01/2010; 01/2013; 01/2016; 01/2017)

15.6 Board Rules Associated with Alleged Patient "Abandonment"

The Texas Board of Nursing (BON or Board), in keeping with its mission to protect public health, safety, and welfare, holds nurses accountable for providing a safe environment for patients and others over whom the nurse is responsible [*22 TAC §217.11(1)(B)*]. Though the Nursing Practice Act (NPA) and Board rules do not define the term *"abandonment,"* the Board has investigated and disciplined nurses in the past for issues surrounding the concept of *abandonment* as it relates to *the nurse's duty to a patient.* The Board's position applies to all licensed nurses (LVNs, RNs, and APRNs), including RN's with advanced practice licensure (Nurse Practitioners, Clinical Nurse Specialists, Nurse Midwives, and Certified Registered Nurse Anesthetists) in Texas.

Nurse's Duty to a Patient

All nurses, regardless of practice setting or position title/role, are required to adhere to the NPA and Board rules. The "core" rules relating to nursing practice are *22 TAC §217.11*, *Standards of Nursing Practice*, and
22 TAC §217.12, *Unprofessional Conduct*. The standard upon which all other standards are based is *22 TAC*
§217.11(1)(B) "...promote a safe environment for clients and others." This standard supersedes a physician's order or facility's policy and has previously been upheld in a landmark case, *Lunsford v. Board of Nurse Examiners*, 648 S.W. 2d 391 (Tex. App. -- Austin 1983). The concept of the nurse's duty to promote patient safety also serves as the basis for determining behavior that could be considered unprofessional conduct by a nurse.

Patients under the care of a nurse are vulnerable by virtue of illness, injury, and/or the dependent nature and unequal power base of the nurse-patient relationship. Persons who are especially vulnerable include the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised, and patients who are physically disabled, immobilized, restrained, or secluded. The nurse's duty to protect the patient is created by the patients' vulnerability and the nurse's power base. The distinction between a nurse leaving employment versus a nurse violating a duty to a patient through leaving an assignment is often confused. The first is an employment issue; the other is potentially a licensure issue.

There is also no routine answer to the question, *"When does the nurse's duty to a patient begin?"* The nurse's duty is not defined by any single event such as clocking in or taking report. From a BON standpoint, the focus for disciplinary sanctions is on the relationship and responsibility of the nurse to the patient, not to the employer or employment setting.

Employment Issues

Though the Board has no jurisdiction over employers or employment-related issues, other laws regulating facility licensure may apply certain responsibilities to the employer for provision of patient safety, such as development of effective patient care systems or provision of adequate numbers of qualified staff. Specific requirements for a given facility may be obtained by contacting the applicable licensing authority for the institution.

The Board believes that the following additional examples of employment issues would not typically involve violations of the NPA or Board Rules:

- resignation without advance notice, assuming the nurse's current patient care assignment and/or work shift has been completed;
- refusal to work additional shifts, either "doubles" or extra shifts on days off; and/or
- other work-related issues, such as frequent absenteeism or tardiness, or conflicts between staff/employees.

The Board believes nurses should be vigilant and exercise sound professional judgment when accepting assignments that may be requested by employers who need nurses to fill vacant shifts for licensed nursing staff or other staffing-related situations. Clear communication between staff and supervisors is essential to arrive at solutions that best focus on patient care needs without compromising either patient safety or a nurse's license.

Licensure Issues

As previously noted, the rules most frequently applied to nursing practice concerns are *22 TAC§217.11*,
Standards of Nursing Practice, and *22 TAC §217.12*, *Unprofessional Conduct*. In relation to questions of "abandonment," standard *22 TAC §217.11(1)(I)* holds the nurse responsible to "notify the appropriate supervisor when leaving a nursing assignment." This standard should not be misinterpreted to mean a nurse may simply notify the supervisor that he/she is leaving the premises, regardless of whether or not another qualified licensed nurse is available to assume care of the nurse's patients. Specific procedures to follow in a given circumstance (i.e., nurse becomes ill, family emergency, etc.) should be delineated in facility policies (which the Board does not regulate).

Some actions may be more obvious examples of unprofessional conduct that could result in sanctions on the nurse's license. Examples of conduct that could lead to Board action on the nurse's license may include:

- sleeping on the job, which effectively makes the nurse unavailable to observe the patient or respond to the patient's needs, even though the nurse is physically present;
- simply walking off the job in mid-shift without notifying anyone and without regard for patient safety;
- failing to initiate or complete an agreed assignment when the nurse is the sole care provider, and/or the nurse is a consultant or supervisor in a home or homelike setting; and/or failing to notify a supervisor in a timely manner that the assignment will not be done, and/or falsifying records to the effect that the missed nursing visit was indeed completed; and/or
- leaving the assigned patient care area and remaining gone or unavailable for a period of time such that the care of any/all patients may be compromised due to lack of available licensed staff.

The Board may impose sanctions on a nurse's license for actions that potentially place patients at risk for harm or when harm has resulted because a nurse violated his or her duty to the patient by leaving a patient care assignment in a manner inconsistent with the Board rules.

Emergency Preparedness

A nurse may have to choose between the duty to provide safe patient care and protecting the nurse's own life during an emergency, including but not limited to disasters, infectious disease outbreaks or acts of terrorism. The Board believes nurses should be vigilant and exercise sound professional judgment when accepting assignments that may be requested by employers who need nurses to fill vacant shifts for licensed nursing staff or other staffing-related situations. These situations are challenging for all nurses and their employers, therefore the Board recommends policies and procedures be developed, and periodically reviewed, to provide clear guidance and direction to nurses in order for patients to receive safe and effective care. A nurse may have to choose between the duty to provide safe patient care and protecting the nurse's own life during a violent situation that may occur in the workplace. For example, when an active shooter is present in the workplace, the nurse should take steps to protect the patients if there is time and using a method that does not jeopardize the nurse's personal safety or interfere with law enforcement personnel. These steps may include evacuating the area or preventing entry to an area where the active shooter is located. However, during an active shooter situation a nurse may find there is not sufficient time to do anything but to ensure his or her own safety. In this instance, as soon as the situation has resolved the nurse should promptly resume care of patients. *Clear communication* between staff and supervisors is essential to arrive at solutions that best focus on patient care needs without compromising either patient safety or a nurse's license.

Board Disciplinary Actions

Complaints of "patient abandonment" when it is obvious from the allegation that it is an employment issue will not be investigated by the Board. In these circumstances, however, both parties (the nurse and the employer) may be advised to strive for alternate solutions to avoid similar situations in the future.

Some general factors that would be considered in investigating a complaint alleging a nurse left an assignment by a nurse would include, but not be limited to:

- the extent of dependency or disability of the patient;
- stability of the patient;
- the length of time the patient was deprived of care;
- any harm to the patient/level of risk of harm to the patient;
- steps taken by the nurse to notify a supervisor of the inability to provide care;
- previous history of leaving a patient-care assignment;
- emergencies that require nurses to respond, including but not limited to disasters, disease outbreaks, and bioterrorism;
- workplace violence, including but not limited to an active shooter situation;
- other unprofessional conduct in relation to the practice of nursing;
- nurse's general competency regarding adherence to minimum nursing standards.

As with all allegations received by the Board, the alleged conduct by a nurse will be thoroughly investigated to determine what, if any, violations of the NPA and rules have occurred. Depending upon the case analysis, Board actions may range from the case

being closed with no findings or action all the way to suspension and/or revocation/voluntary surrender of the nurse's license. If evidence of violations exists, the Board must then determine what level of sanction is appropriate to take on the nurse's license and what specific stipulation requirements will be applied.

Safe Harbor Nursing Peer Review

If a nurse feels he/she is being asked to accept an assignment that would potentially cause the nurse to violate his/her duty to a patient, the nurse may be able to invoke "safe harbor," depending on whether or not the nurse's employer meets requirements that would make it mandatory for the employer to have a nursing peer review plan in place. This is established in Chapter 301, *Nursing Practice Act;* Chapter 303, Nursing *Peer Review*, and in *22 TAC §217.20*, *Safe Harbor Peer Review and Whistleblower Protections*. Safe harbor has two effects related to the nurse's license:

1) it is a means by which a nurse can request a nursing peer review committee determination of a specific situation in relation to the nurse's duty to a patient; and

2) it affords the nurse immunity from Board action against the nurse's license if the nurse invokes Safe Harbor in accordance with *22 TAC §217.20*. For the nurse to activate this immunity status, the nurse must notify the assigning supervisor at the time the assignment request is made, and the nurse must submit the required information in writing to this supervisor, as specified in *22 TAC §217.20(d)(3)(A)* or on the Board's Safe Harbor Quick Request Form. Do not submit this form to the Board.

Links to related resources:

- FAQ on Floating
- FAQ on Mandatory Overtime/Consecutive Shifts
- FAQs on Nursing Peer Review
- FAQ on Staffing Ratios
- BON Safe Harbor Quick Request Form
- BON Comprehensive Written Request for Safe Harbor Nursing Peer Review Form

(Adopted 01/2005; Revised: 01/2006; 01/2007; 01/2009; 01/2011; 01/2014; 01/2015; 01/2017; 01/2018; 01/2019)
(Reviewed: 01/2008; 01/2010; 01/2012; 01/2013; 01/2016)

15.7 The Role of LVNs & RNs in Management and/or Administration of Medications via Epidural or Intrathecal Catheter Routes

Role of the LVN

The LVN can provide basic nursing care to patients with epidural or intrathecal catheters. It is the opinion of the Board that the LVN shall not be responsible for the management of a patient's epidural or intrathecal catheter, including administration of any medications via either epidural or intrathecal catheter routes. Management of epidural or intrathecal catheters requires the mastery of complex nursing knowledge and skills that are beyond the competencies of the vocational nursing program or a continuing education course.

Role of the RN

The Board has determined that it may be within the scope of practice of a registered professional nurse to administer analgesic and anesthetic agents via the epidural or intrathecal routes for the purposes of pain control. As with all areas of nursing practice, the RN must apply the Nursing Practice Act (NPA) and Board Rules to the specific practice setting and must utilize good professional judgment in determining whether to engage in a given patient-care related activity.

The Board believes that only licensed anesthesia care providers, as described by the American Society of Anesthesiologists and the American Association of Nurse Anesthetists, as authorized by applicable laws, should perform insertion and verification of epidural or intrathecal catheter placement. Consistent with state law, the attending physician or the qualified provider must order the drugs, dosages, and concentrations of medications to be administered to the patient through the catheter. These interventions are beyond the scope of the registered professional nurse in that independent medical judgment and formal advanced education, skills and training are required to achieve and maintain competence in performing these procedures.

RNs who choose to engage in administration of properly ordered medications via the epidural or intrathecal routes must have documentation that the RN has participated in educational activities to gain and maintain the knowledge and skill necessary to safely administer and monitor patient responses, including the ability to:

- Demonstrate knowledge of the anatomy, physiology, and pharmacology of patients receiving medications via the epidural or intrathecal routes;
- Know the medicines and medicine concentrations approved for use for the specific type of pump;
- Be aware that certain medications are not U.S. Food & Drug Administration (FDA) approved for intrathecal administration (e.g., hydromorphone, bupivacaine, fentanyl, and clonidine);
- Mixtures of two or more difference kinds of medications and compounded medications are not FDA approved for intrathecal administration;
- Anticipate and recognize potential complications of the analgesia relative to the type of infusion device and catheter used;
- Recognize emergency situations and institute appropriate nursing interventions to stabilize the patient and prevent complications;
- Implement appropriate nursing care of patients to include:

a) observation and monitoring of sedation levels and other patient parameters;

b) administration and effectiveness of medication, catheter maintenance, and catheter placement checks;

c) applicable teaching for both patients and their family/significant others related to expected patient outcomes/responses and possible side effects of the medication or treatment; and

d) knowledge and skill to remove catheters, when applicable.

Appropriate nursing policies and procedures that address the education and skills of the RN and nursing care of the patient should be developed to guide the RN in the administration of epidural and/or intrathecal medications. RNs and facilities should consider evidence-based practice guidelines put forth by professional specialty organizations(s), such as the American Association of Nurse Anesthetists and the American Society of Anesthesiologists, when developing appropriate guidance for the RN in a particular practice setting. For example, the Association of Women's Health, Obstetric and Neonatal Nurses' (AWHONN) has a clinical position statement on "Role of the Registered Nurse in the Care of the Pregnant Woman Receiving Analgesia/Anesthesia by Catheter Techniques." This nationally recognized practice guideline states that it is beyond the scope of practice of the obstetrical nurse to institute or change the rate of continuous infusions via epidural or intrathecal catheters. The American Association of Nurse Anesthetists has a similar position. Nurse should also be aware of FDA safety communications regarding intrathecal administration of pain medication.

The Board also encourages the use of the BON's "Six-Step Decision-Making Model for Determining Nursing Scope of Practice". Finally, standing medical orders approved by the medical and/or anesthesia staff of the facility should include, but not necessarily be limited to, the following:

1) The purpose and goal of treatment;

2) The dosage range of medication to be administered, including the maximum dosage;

3) Intravenous access;

4) Treatment of respiratory depression and other side effects, including an order for a narcotic antagonist;

5) Options for inadequate pain control; and

6) Physician/CRNA availability and backup.

References

American Association of Nurse Anesthetists. (2017). *Care of Patients Receiving Analgesia by Catheter Techniques*. Retrieved from https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/care-of-patients-receiving-analgesia-by-catheter-techniques.pdf?sfvrsn=d30049b1_2

Association of Women's Health, Obstetric, and Neonatal Nurses. (2015). *Role of the registered nurse in the care of the pregnant woman receiving analgesia and anesthesia by catheter techniques*. Retrieved from http://www.jognn.org/article/S0884-2175(15)31771-8/fulltext

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(LVN role: BVNE 1994; Revised BON 01/2005)
(RN role: BON 06/1991; Revised: 01/2003; 01/2004; 01/2005; 01/2011; 01/2014; 01/2016; 01/2018; 01/2019) (Reviewed: 01/2006; 01/2007; 01/2008; 01/2009; 01/2010; 01/2012; 01/2013; 01/2015; 01/2017)

15.8 Role of the Nurse in Moderate Sedation

Note: *This position statement is* ***not*** *intended to apply to:*

1) *The practice of the registered nurse who holds licensure as an advanced practice registered nurse in the role and population focus of nurse anesthetist (CRNA) functioning within his/her authorized scope of practice;*

2) *The registered nurse practicing in an acute care setting, such as critical care, where the patient in question is intubated, receiving mechanical ventilatory support, and continuously monitored by the patient care RN; or*

3) *Adjunct or off label use of low dose agents for pain management or other indications.*

Role of the LVN

The administration of pharmacologic agents via intravenous or other routes for the purpose of achieving moderate sedation requires mastery of complex nursing knowledge, advanced skills, and the ability to make independent nursing judgments during an unstable and unpredictable period for the patient. It is the opinion of the Board that the one-year vocational nursing program does not provide the Licensed Vocational Nurse (LVN) with the educational foundation to assure patient safety for optimal anesthesia care inclusive of both the administration of pharmacologic agents intended to induce moderate sedation and/or assessment and monitoring of the patient receiving moderate (conscious) sedation.

In alignment with *22 TAC §217.11, Standards of Nursing Practice*, Board Position Statement 15.27, *The Licensed Vocational Nurse Scope of Practice*, and Board Position Statement 15.10, *Continuing Education: Limitations for Expanding Scope of Nursing Practice*, the Board also maintains that continuing education that falls short of achieving licensure as a registered nurse would be insufficient to assure vocational nurse competency and patient safety with regard to both medication administration and patient monitoring associated with moderate sedation.

Though the Board cannot dictate physician practice, it is the Board's position that a LVN cannot administer medications or monitor patients receiving moderate sedation as a delegated medical act.

Role of the RN or non-CRNA Advanced Practice Registered Nurse

Though optimal anesthesia care is best provided by qualified certified registered nurse anesthetists (CRNAs) or anesthesiologists, the Board recognizes that the demand in the practice setting necessitates provision of moderate sedation by registered nurses and non-CRNA advanced practice registered nurses in certain practice situations.

All licensed nurses practicing in Texas are required to "know and comply" with the Nursing Practice Act (NPA) and Board Rules. *22 TAC §217.11(1)(B)* requires the nurse to "promote a safe environment for clients and others." This standard establishes the nurse's duty to the patient/client, which **supersedes any physician order or any facility**

policy. This "duty" to the patient requires the nurse to use informed professional judgment when choosing to assist or engage in a given procedure. [See Position Statement 15.14, *Duty of a Nurse in Any Practice Setting*].

As the NPA and Board rules are not prescriptive to specific tasks a nurse may or may not perform, a RN or non- CRNA advanced practice registered nurse should consider evidence-based practice guidelines put forth by professional organizations with clinical expertise in the administration of pharmacologic agents used for sedation/anesthesia as well as advanced airway management and cardiovascular support. A number of professional specialty organizations have well-defined standards and recommendations for ongoing nursing education and competency assessment related to administration and monitoring of patients receiving moderate sedation.

These organizations include the American Association of Nurse Anesthetists (AANA)[1], the American Nurses Association (ANA)[2], the Association of periOperative Registered Nurses (AORN)[3], and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN).[4] Statements published by the American Society of Anesthesiologists (ASA) also support the positions of the above nursing organizations.[5] The Board advises the nurse use caution in applying moderate sedation standards of any individual or specialty group who are not also experts in the field of advanced airway management/anesthesia. The Board encourages the use of the BON's "Six-Step Decision-Making Model for Determining Nursing Scope of Practice."

Employing institutions should develop policies and procedures to guide the RN or non-CRNA advanced practice registered nurse in administration of medications and patient monitoring associated with moderate sedation. Policies and procedures should include but not be limited to:

- Performance of a pre-sedation health assessment by the individual ordering the sedation and the RN or non-CRNA advanced practice registered nurse administering the sedation;
- Guidelines for patient monitoring, drug administration, and a plan for managing potential complications or emergency situations developed in accordance with currently accepted standards of practice;
- Accessibility of emergency equipment and supplies;
- Documentation and monitoring of the level of sedation and physiologic measurements (e.g. blood pressure, oxygen saturation, cardiac rate and rhythm); and
- Documentation/evidence of initial education and training and ongoing competence of the RN or non-CRNA advanced practice registered nurse administering and/or monitoring patients receiving moderate sedation

Use of Specific Pharmacologic Agents

It is up to facilities and physicians to determine specific pharmacologic agents to be used to induce moderate sedation. The Board advises the RN or non-CRNA advanced practice

registered nurse use caution, however, when deciding whether s/he has the competency to administer the specific pharmacologic agents ordered by the physician. What is within the scope of practice for one RN is not necessarily within the scope of practice for another RN. (See references to *22 TAC §217.11* & Six-Step Decision-Making Model above). With regard to this issue, the Board recommends the RN also take into consideration:

1) Availability of and knowledge regarding the administration of reversal agents for the pharmacologic agents used; and

2) If reversal agents do not exist for the pharmacologic agents used or the criteria outlined in (1) above are not met, then the nurse must consider his/her individual knowledge, skills, and abilities to rescue a patient from un-intended deep sedation/anesthesia using advanced life support airway management equipment and techniques.

RNs or non-CRNA Advanced Practice Registered Nurses Administering Propofol, Ketamine, or Other Anesthetic Agents to Non-Intubated Patients

Of concern to the Board is the growing number of inquiries related to RNs and non-CRNA advanced practice registered nurses administering Propofol, Ketamine, or other drugs commonly used for anesthesia purposes to non-intubated patients for the purpose of moderate sedation in a variety of patient care settings. It is critical for any RN who chooses to engage in moderate sedation to appreciate the differences between *moderate sedation* and *deep sedation/anesthesia.*

Moderate Sedation versus Deep Sedation Anesthesia

According to the professional literature, "moderate sedation" is defined as a medication-induced, medically controlled state of depressed consciousness. Included in the literature from various professional organizations is the caveat that, while under moderate sedation, the patient at all times retains the ability to independently and continuously maintain a patent airway and cardiovascular function, and is able to respond meaningfully and purposefully to verbal commands, with or without light physical stimulation. Reflex withdrawal to physical stimulation is not considered a purposeful response. Loss of consciousness for patients undergoing moderate sedation should not be the goal and thus pharmacologic agents used should render this result unlikely. If the patient requires painful or repeated stimulation for arousal and/or airway maintenance, this is considered deep sedation.

In a state of deep sedation, the patient's level of consciousness is depressed, and the patient is likely to require assistance to maintain a patent airway. Deep sedation occurring in a patient who is not appropriately monitored and/or who does not have appropriate airway support may result in a lifethreatening emergency for the patient. This is not consistent with the concept of moderate sedation as defined in this position statement or the professional literature and is generally considered to be beyond the scope of practice of the RN.

Although Propofol is classified as a sedative/hypnotic/anesthetic, according to the FDA product information, it is intended for use as an anesthetic agent or for maintaining sedation of an intubated, mechanically ventilated patient. The product information

brochure for Propofol further includes a warning that “only persons trained to administer general anesthesia and not involved in the conduct of the surgical/diagnostic procedure should administer Propofol for purposes of general anesthesia or for monitored anesthesia care/sedation.” The clinical effects for patients receiving anesthetic agents such as Propofol may vary widely within a negligible dose range. Though reportedly “short-acting”, it is also noteworthy that there are ***no*** reversal agents for Propofol.

As the US Food and Drug Administration (FDA) approves computer-assisted personalized sedation systems, a nurse is encouraged to use the Six-Step Decision-Making Model for Determining Nursing Scope of Practice to reach a sound decision whether to engage in nursing practice utilizing such a device in accordance with the US FDA approval requirements. US FDA approval requirements for computer assisted personalized sedation systems include requirements for completion of training in addition to safety requirements, such as the immediate availability of anesthesia providers. A nurse is required to complete training prior to using any computer-assisted personalized sedation system and is encouraged to retain proof of training.

The patient receiving anesthetic agents is at increased risk for loss of consciousness and/or normal protective reflexes, regardless of who is administering this medication. The loss of consciousness and/or protective reflexes may indicate progression into deep sedation and this is not consistent with the concept of moderate sedation outlined in the professional literature.

Though the RN or non-CRNA advanced practice registered nurse may have completed continuing education in advanced cardiac life support (ACLS) and practiced techniques during the training program, this process does not ensure ongoing expertise in airway management and emergency intubation. The American Heart Association (AHA)[6] has identified factors that contribute to misplacement of the endotracheal tube during resuscitation including: “inadequate training, lack of experience” and patient characteristics such as physiology and movement. It is also important to note that no continuing education program, including ACLS programs, will ensure that the RN or non-CRNA advanced practice registered nurse has the knowledge, skills and abilities to rescue a patient from deep sedation or general anesthesia. Furthermore, it is the joint position of the AANA and ASA that, “because sedation is a continuum, it is not always possible to predict how an individual patient will respond.” These organizations state only qualified anesthesia providers who are trained in the administration of general anesthesia should administer anesthetic agents, including induction agents.

Therefore, it is the position of the Board that the administration of anesthetic agents (e.g. propofol, methohexital, ketamine, and etomidate) is outside the scope of practice for RNs and non-CRNA advanced practice registered nurses ***except*** in the following situations:

- when assisting in the physical presence of a CRNA or anesthesiologist (the CRNA or anesthesiologist may direct the RN to administer anesthetic agents in conjunction with the CRNA or anesthesiologist intubating or otherwise managing the patient’s airway)

- when administering these medications as part of a clinical experience within an advanced educational program of study that prepares the individual for licensure as a nurse anesthetist (i.e. when functioning as a student nurse anesthetist)
- when administering these medications to patients who are intubated and mechanically ventilated in critical care settings
- when assisting an individual with current competence in advanced airway management, including emergency intubation procedures
- when utilizing a US FDA approved computer-assisted personalized sedation system in accordance with the US FDA approval requirements, where appropriate safety requirements are met (such as immediate availability of anesthesia providers) after completing appropriate training.

While the physician or other health care provider performing the procedure may possess the necessary knowledge, skills and abilities to rescue a patient from deep sedation and general anesthesia, it is not prudent to presume this physician will be able to leave the surgical site or abandon the procedure to assist in rescuing the patient. In the case of an appropriately licensed practitioner performing a procedure that can be safely abandoned to rescue or intubate the patient, the RN may administer the anesthetic agent when directed. In this instance, the RN is responsible for accepting the assignment and for knowing the rationale, effects, and correctly administering the medication [*22 TAC §217.11 (1)(T)* & *(1)(C)*].

The Board again stresses that the nurse's duty to assure patient safety [*22 TAC §217.11(1)(B)*] is an independent obligation under his/her professional licensure that supersedes any physician order or facility policy.[7] It is important to note that the nurse's duty to the patient obligates him/her to decline orders for medications or doses of medications that have the potential to cause the patient to reach a deeper level of sedation or anesthesia. The nurse's duty is outlined in detail in Board Position Statement 15.14, *Duty of a Nurse In Any Practice Setting.*

Recommended Reference Document: The American Association of Nurse Anesthetists developed an informational advisory document in 2016 to guide policy development for the safe administration of procedural sedation by a non-anesthesia sedation team in a hospital, ambulatory surgical center, or office setting.[1] The anesthetic agents Ketamine and Propofol are both mentioned within the document in the context of procedural sedation.

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[1] The American Association of Nurse Anesthetists. (2016). *Non-anesthesia Provider Procedural Sedation and Analgesia: Policy Considerations*. Retrieved from https://www.aana.com/docs/default-source/practiceaana-com-web-documents-(all)/non-anesthesia-provider-procedural-sedation-andanalgesia.pdf?sfvrsn=670049b1

American Nurses Association. (2008). *Procedural Sedation Consensus Statement.* Retrieved from https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/procedural-sedation-consensus-statement

[2] The Association of periOperative Registered Nurses. (2017). *Patient Care Guidelines: Care of the Patient Receiving Moderate Sedation Analgesia.* Retrieved from https://www.aorn.org/guidelines/guidelineimplementation-topics/patient-care.

[3] Association of Women's Health, Obstetric and Neonatal Nurses. (2015). *Role of the registered nurse in the care of the pregnant woman receiving analgesia and anesthesia by catheter techniques.* Retrieved from http://www.jognn.org/article/S0884-2175(15)31771-8/fulltext

[4] American Association of Nurse Anesthetists and American Society of Anesthesiologists. (2013) *AANA–ASA Joint Position Statement Regarding Propofol Administration. Retrieved from* https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/aana-asapropofol-joint-ps.pdf?sfvrsn=f80049b1_2

[5] American Heart Association. (2017). 2017 *American Heart Association guidelines for CPR & ECC*. Retrieved from https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/ [7] Lunsford v. BNE, 648 S.W. 391, (Tex. App–Austin 1983)

Additional Resources

Texas Board of Nursing. (2012). Nurses on guard- best practices in patient safety: Off-label administration of Ketamine for pain management by a nurse*. Texas Board of Nursing Bulletin, 43*(4), 5-6.

Texas Board of Nursing. (2017). *FAQ: Off label use of medication*.

(Board Action 01/1992; Revised: 01/2003; 01/2004; 01/2006; 01/2007; 01/2009; 01/2012; 01/2013; 01/2014; 01/2016; 01/2017; 01/2018; 01/2019)
(Reviewed: 01/2008; 01/2010; 01/2011; 01/2015)

15.13 Role of LVNs and RNs in School Health

The Board of Nursing (BON or Board) recognizes the complexity of nursing in the school health setting and the need to protect the youth of Texas. Although students come to school with complex and diverse health care needs, they should be provided an education in the least restrictive environment. The BON recognizes that the school children of Texas have the right to receive safe, appropriate, and specialized health services that may be required to assure the child's inclusion in the school environment.

Registered Nurses in the School Setting

The Texas Education Agency defines a school nurse in *19 Texas Administrative Code (TAC) § 153.1022 (a) (1) (D)* as "… an educator employed to provide full-time nursing and health care services and who meets all the requirements to practice as a registered nurse (RN) pursuant to the Nursing Practice Act and rules and regulations relating to professional nurse education, licensure, and practice and has been issued a license to practice professional nursing in Texas." The BON believes that school nursing is a professional registered nursing (RN) specialty. School nursing requires comprehensive assessment skills to promote student health, prevent illness and intervene in accordance with the nursing care plan. The RN has the educational preparation and critical thinking skills as well as clinical expertise that are essential to nursing in the school setting. These activities involve the comprehensive assessment of the nursing/health care needs of the student, the development of a nursing plan of care, implementation of the plan, and evaluation of the outcomes. The provision of these services by the RN contributes directly to the students' education and to the successful outcome of the educational process. These essential components of professional nursing practice are the responsibility of the RN in compliance with *22 TAC §217.11(3)(A)*.

Vocational Nurses in the School Setting

The licensed vocational nurse (LVN) has a directed scope of practice under supervision of a registered nurse, advanced practice registered nurse, physician, physician assistant, podiatrist, or dentist. [1] The provision of nursing care when provided by a LVN in a school setting should be under the supervision of an RN. The RN, in compliance with the BON's Standards of Nursing Practice [*22 TAC §217.11*], assigns those aspects of care and activities to the LVN that are within the LVN's educational preparation and demonstrated competency to provide. The RN monitors, coordinates, and evaluates the provision of health services necessary to meet individual student health needs essential in achieving educational objectives.

When LVNs are utilized in the school setting and are supervised by the RN, the RN needs to consider how closely they can supervise the LVN and how the RN will direct, guide, and influence the outcome of the
LVN's performance and respond to any situations where the LVN needs onsite supervision.[2]

RN Delegation to Unlicensed Personnel

Due to the growing number of students entering the school system with special health care needs, the BON recognizes that not all health-related services can be provided by a RN or LVN. Therefore, the RN may delegate tasks in the school setting in compliance

with the BON's Delegation Rules located in Chapters 224 and 225. School is considered an independent living environment as defined in Chapter 225[3]; however, acute or emergency situations in the school setting may be delegated in accordance with the rules in both Chapter 224 and Chapter 225. The RN may decide to delegate to an unlicensed person the emergency administration of medications or treatments. Examples include, but are not limited to, Epi-pens, Glucagon, Diastat, oxygen, metered dose inhalers or nebulizer treatments for the relief of acute respiratory symptoms, and the use of a hand held magnet to activate a vagus nerve stimulator to prevent or control seizure activity. All delegation of this nature must be in compliance with *22 TAC §224.6(4)* in order to stabilize the child and prevent complications from delaying treatment. The decision to delegate a specific task is always at the discretion of the RN in accordance with *22 TAC §224.8(b)(1)(C)* or *22 TAC §225.9(d).* Additional delegation resources for RNs can be found in the School Nurse Delegation section of the Delegation Resource Packet of the BON website.

Other Laws Impacting School Health Care

In a school setting, the administration of medication may be assigned to an unlicensed person by the public school official in accordance with the *Texas Education Code*. The RN's obligation under *22 TAC §225.14* is to verify the training of the unlicensed person, verify the competency of the unlicensed person to perform the task safely, and provide adequate supervision. If the RN is unable to assure these criteria have been met, the RN must notify the public school official.

Summary

Given the complexity, the current number, and the future projections of increasing numbers of children entering the school system with complex nursing and health-related needs, the BON believes that the RN must establish an individualized nursing care plan for each child as applicable. The RN may be assisted by LVNs and unlicensed assistive personnel in the delivery of services to ensure the delivery of safe, effective health care to the school children of Texas.

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[1] Nursing Practice Act, TOC §301.353 and 22 TAC§ 217.11(2)

[2] 22 TAC§217.11(2)

[3] 22 TAC §225.4(9)

(Adopted 11/1996; Revised: 11/1997; 01/2003; 01/2005; 01/2008; 01/2009; 01/2011; 01/2013; 07/2013; 01/2016; 01/2018; 1/2019)
(Reviewed: 01/2006; 01/2007; 01/2010; 01/2012; 01/2014; 01/2015; 01/2017)

15.20 Registered Nurses in the Management of an Unwitnessed Arrest in a Resident in a Long-Term Care Facility The Texas Board of Nursing (BON) has approved this position statement, ***only applicable to long-term care settings***, in an effort to provide guidance to **registered nurses in long-term care facilities** and to clarify issues of compassionate end-of-life care. In 2002, the Texas Nurses Association (TNA) through its Long-Term Care

(LTC) Committee identified that registered nurses were concerned about the inappropriate initiation of cardiopulmonary resuscitation (CPR) when a resident without a "do-not- resuscitate" order (DNR) experiences an unwitnessed arrest. There is growing sentiment on the part of the long-term care nurse community that the initiation of CPR would appear futile and inappropriate given the nursing assessment of the resident.

The nursing community generally considers that initiation of CPR in such cases is not compassionate, and is not consistent with standards requiring the use of a systematic approach to provide individualized, goal-directed nursing care [BON Standards of Nursing Practice, *22 TAC §217.11(3)*]. This position statement is intended to provide guidance, for registered nurses, in the management of an unwitnessed resident arrest without a DNR order **in a long-term care (LTC) setting**. This position statement also addresses the related issues of:

- Obligation (or duty) of the registered nurse to the resident;
- Expectation of supportive policies and procedures in LTC facilities; and The RN role in pronouncement of death.

These related issues are addressed in this position statement because the BON is often required to investigate cases of death where it appears there is a lack of clarity about a registered nurse's obligation when there is no DNR order. The BON will evaluate cases involving the failure of a RN to initiate CPR in the absence of a DNR based on the following premise:

> A DNR is a medical order that must be given by a physician and in the absence thereof, it is generally outside the standard of nursing practice to determine that CPR will not be initiated.

However, there may be instances when LTC residents without a DNR order experience an unwitnessed arrest, and it is clear according to the comprehensive nursing assessment that CPR intervention would be a futile and inappropriate intervention given the condition of the resident. In the case of an unwitnessed resident arrest without DNR orders, determination of the appropriateness of CPR initiation should be undertaken by the registered nurse through a resident assessment, and interventions appropriate to the findings initiated.

Assessment of death in which CPR would be a futile and inappropriate intervention requires that all seven of the following signs be present and that the arrest is unwitnessed:

Presumptive Signs of Death

1) The resident is unresponsive;
2) The resident has no respirations;
3) The resident has no pulse;

4) The resident's pupils are fixed and dilated;
5) The resident's body temperature indicates hypothermia: skin is cold relative to the resident's baseline skin temperature;
6) The resident has generalized cyanosis; and

Conclusive Sign of Death

7) There is presence of livor mortis (venous pooling of blood in dependent body parts causing purple discoloration of the skin).

There may be other circumstances and assessment findings that could influence a decision on the part of the registered nurse not to initiate CPR. However, evaluation of the prudence of such a decision would occur on a case-by-case basis by the BON.

Documentation

After assessment of the resident is completed and appropriate interventions are taken, documentation of the circumstances and the assessment of the resident in the resident's medical record are a requirement. The rules of the BON establish legal documentation standards, [BON Standards of Nursing Practice, *22 TAC §217.11 (1)(D)*]. Examples of important documentation elements include:

- Description of the discovery of the resident
- Any treatment of the resident that was undertaken
- The findings for each of the assessment elements outlined in the standards
- All individuals notified of the resident's status (e.g., 9-1-1, the health care provider, the administrator of the facility, family, coroner, etc.)
- Any directions that were provided to staff or others during the assessment and/or treatment of the resident
- The results of any communications
- Presence or absence of witnesses

Documentation should be adequate to give a clear picture of the situation and all of the actions that were taken or not taken on behalf of the resident.

Even if the registered nurse's decision not to initiate CPR was appropriate, failure to accurately and completely document can result in an action against a nurse's license by the BON. Furthermore, lack of documentation places the nurse at a disadvantage should the nurse be required to explain the circumstances of the resident's death. Registered nurses should be aware that actions documented at the time of death provide a more credible and accurate clinical description. Documentation that is absent, incomplete or inaccurate reveals gaps in care, requiring the nurse to prove actions not appropriately documented were actually taken. As stated in Position Statement 15.2, The Role of the Licensed Vocational Nurse in the Pronouncement of Death, it is beyond the scope of practice of the LVN to legally determine death, diagnose death, or otherwise pronounce death in the State of Texas. Therefore, the LVN cannot make a determination to withhold CPR.

Obligation (“Duty”) of the Nurse to the Resident

Whether CPR is initiated or not, it is important for the nurse to understand that the nurse may be held accountable if the nurse failed to meet standards of care to assure the safety of the resident, prior to the arrest such as:

- Failure to monitor the resident's physiologic status;
- Failure to document changes in the resident's status and to adjust the plan of care based on the resident assessment;
- Failure to implement appropriate interventions which might be required to stabilize a client's condition such as: reporting changes in the resident's status to the resident's primary care provider and obtaining appropriate orders; and/or
- Failure to implement procedures or protocols that could reasonably be expected to improve the resident's outcome.

Care Planning and Advanced Directives

Proactive policies and procedures, that acknowledge the importance of care planning with the inclusion of advanced directives, are also important. Evidence indicates that establishing the resident's wishes at the end of life and careful care planning prevents confusion on the part of nursing staff and assures that the resident's and family's wishes in all aspects of end of life care are properly managed.

The admission process to long-term care facilities in Texas requires that residents be provided information on self-determination and given the option to request that no resuscitation efforts be made in the event of cardiac and/or respiratory arrest. Facilities are required to have policies and adequate resources to assure that every resident and resident's family upon admission to a long term care facility not only receive such information, but have sufficient support to make an informed decision about end of life issues.

It is further expected that advanced care planning is an ongoing component of every resident's care and that the nursing staff should know the status of such planning for each resident.

The Board recognizes that end of life decisions on the part of residents and families can be difficult. However, the Board believes that principled and ethical discussion about CPR with the resident and family, is an essential element of the resident care plan.

RN Role in Pronouncement of Death

Texas law provides for RN pronouncement of death [*Health & Safety Code §§ 671.001-.002*]. The law requires that in order for a registered nurse to pronounce death, the facility must have a written policy that is jointly developed and approved by the medical staff or medical consultant and the nursing staff, specifying under what circumstances a RN can make a pronouncement of death.

It is important that nurses understand that the assessment that death has occurred and that CPR is not an appropriate intervention are not equivalent to the pronouncement of death. Texas statutory law governs who can pronounce death, and only someone legally authorized to pronounce death may do so. If the RN does not have the authority to

pronounce death, upon assessment of death, the RN must notify a person legally authorized to pronounce death.

Conclusion

This position statement is intended to guide **registered nurses in long-term care facilities** who encounter an **unwitnessed resident arrest** without a DNR order. It is hoped that by clarifying the responsibility of the registered nurse, and using supportive facility policies and procedures, that registered nurses will be better able to provide compassionate end of life care.

Qualifier to Position

The BON evaluates "failure to initiate CPR cases" based on the premise that in the absence of a physician's DNR order it is generally outside the standard of nursing practice not to initiate CPR. Consequently, RNs deciding not to initiate CPR when not all seven signs of death are present must assure themselves that not initiating CPR complies with their respective standards of practice. Depending on the circumstances, a nurse's failure to initiate CPR when not all seven signs are present may constitute failure to comply with standards of nursing care. This position statement is limited to situations when all seven signs are present and should not be construed as providing guidance on the appropriateness of not initiating CPR when not all seven signs are present.

References

Texas Health and Safety Code §§ 671.001-671.002 https://statutes.capitol.texas.gov/Docs/HS/htm/HS.671.htm

American Heart Association. (2017). *2017 American Heart Association guidelines CPR&ECC.* Retrieved from https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/

(Approved by the Board of Nursing on October 24, 2002; Revised: 01/2005; 01/2007; 01/2008; 01/2011; 01/2012; 01/2013; 01/2014; 01/2016; 01/2018; 01/2019)
(Reviewed: 01/2006; 01/2009; 01/2010; 01/2015; 01/2017)

15.23 The Use of Complementary Modalities by the LVN or RN

Nursing is a dynamic profession. The scope of practice for one nurse may differ from the scope of practice for another nurse; therefore, it is impractical to create an exhaustive list of tasks that may or may not be performed by a nurse in any setting.

A number of complementary therapeutic modalities have long been incorporated into standard nursing practice to assist patients in meeting identified health needs and goals. Educational preparation to practice complementary modalities may be acquired through formal academic programs or continuing education.

Differentiating the Roles of the LVN and RN

The Licensed Vocational Nurse (LVN) and the professional or Registered Nurse (RN) have different roles within the nursing process. The nursing practice of an LVN requires supervision with oversight from an RN, advanced practice registered nurse, physician, physician assistant, podiatrist, or dentist. The LVN performs focused assessments and *contributes to* care planning, interventions, and evaluations. The RN is responsible for the overall coordination of care and performs comprehensive assessments, initiates the nursing care plan, and implements and evaluates care of the client or patient.

Additional references related to the topics of supervision, assessment, and the nursing process may be found in the following resources on the BON web site:

1) Nursing Practice Act (NPA):
    a) *301.002, Definitions*, and
    b) *301.353, Supervision of Vocational Nurse*
2) Board *22 TAC §217.11, Standards of Nursing Practice*
3) Position Statement 15.27, *The Licensed Vocational Nurse Scope of Practice*
4) Frequently Asked Question: *LVN's "Supervision of Practice"*
5) Frequently Asked Question: *LVNs Performing Initial Assessments*

Complementary Modalities

Depending upon the practice setting and modality considered, complementary modalities may be used alone or in conjunction with conventional modalities. Regardless of the practice setting, the LVN or RN who wishes to incorporate the use of complementary modalities into his/her nursing practice is accountable and responsible to adhere to the NPA and the Board Rules and Regulations Relating to Nursing Education, Licensure and Practice. Rules that are particularly relevant to LVNs or RNs who integrate complementary therapies into nursing practice include *22 TAC §217.10*, *Restrictions to Use of Designations for Licensed Vocational or Registered Nurse,* which requires a nurse who uses the title, either “LVN” or "RN" whether expressed or implied, to comply with the NPA and Board Rules. In addition, *22 TAC §217.11*, *Standards of Nursing Practice*, forms the foundation for safe nursing practice and establishes the LVN’s or RN’s duty to his/her clients. While all standards apply when engaging in the practice of nursing, those

standards most applicable to the nurse who engages in complementary modalities include *22 TAC §217.11(1)(A)-(D), (1)(F), (1)(G), (1)(R),* and *(1)(T).*
Additional standards may apply depending upon the specific practice situation. In order to show accountability when providing integrated or complementary modalities as nursing interventions, the LVN or RN should be able to articulate and provide evidence of:

1) Educational activities used to gain or maintain the knowledge and skills needed for the safe and effective use of such modalities;
2) Knowledge of the anticipated effects of the complementary therapy and its interactions with other modalities, including its physiological and/or emotional/spiritual impact;
3) Selection of appropriate interventions, whether complementary, conventional, or in combination, to meet the client's needs. The interventions and rationale for selection should be documented in the client's nursing care plan. The demonstrated ability of the LVN or RN to properly perform the chosen intervention(s) should be maintained by the LVN or RN and/or his/her employer;
4) Appropriate medical diagnosis and a valid order from a licensed provider as indicated.
5) Instruction/education provided regarding the purpose of the selected intervention, e.g., how it is performed and its potential outcomes;
6) Collaboration with other health care professionals and applicable referrals when necessary;
7) Documentation of interventions and client responses in a client's record;
8) Development and/or maintenance of policies and procedures relative to complementary modalities when used in organized health care settings;
9) Abstinence from making unsubstantiated claims about the therapy used; and
10) Acknowledgment that, as with conventional modalities, each person's response to the therapy will be unique.

While some complementary therapies, such as massage, have long been within the realm of nursing, there is a much broader connotation applied when an LVN or RN holds himself/herself out as a registered or certified practitioner of such a therapy. "Registered" or "certified" titles, in relation to a complementary modality, imply a degree of mastery above those basic skills acquired through a pre-licensure nursing program. The LVN or RN is accountable to hold the proper credentials (e.g., license, registration, certificate) to safely engage in the specific practice. The Six-Step Decision-Making Model (accessible on the Texas Board of Nursing (BON) web page) may be a useful tool for the LVN or RN who is uncertain whether a given modality is within his/her scope of practice. The nurse who wishes to integrate complementary modalities when engaging in the practice of

nursing should be familiar with not only the NPA, BON rules, and any applicable Federal or State regulations, but also any prevailing standards published by national associations, credentialing bodies, and nursing organizations related to the LVN's or RN's area of practice.

(Board Action 01/2004; Revised: 01/2005; 01/2009; 04/2010; 01/2012; 01/2013; 01/2018; 01/2019) (Reviewed: 01/2006; 01/2007; 01/2008; 01/2011; 01/2014; 01/2015; 01/2016; 01/2017)

15.27 The Licensed Vocational Nurse Scope of Practice

The BON recommends that all nurses utilize the Six-Step Decision-Making Model for Determining Nursing Scope of Practice[1] when deciding if an employer's assignment is safe and legally within the nurse's scope of practice.

The Texas Board of Nursing (BON or Board) is authorized by the Texas Legislature to regulate the nursing profession to ensure that every licensee is competent to practice safely. The Texas Nursing Practice Act (NPA) and the Board's Rules and Regulations define the legal scope of practice for licensed vocational nurses (LVNs). The LVN scope of practice is a directed scope of practice and requires appropriate supervision. The LVN, with a focus on patient safety, is required to function within the parameters of the legal scope of practice and in accordance with the federal, state, and local laws, rules, and regulations. In addition, the LVN must comply with policies, procedures, and guidelines of the employing healthcare institution or practice setting. ***The LVN is responsible for providing safe, compassionate, and focused nursing care to assigned patients with predictable health care needs.***

The purpose of this position statement is to provide direction and recommendations for nurses and their employers regarding the safe and legal scope of practice for LVNs and to promote an understanding of the differences between the LVN and registered nurse (RN) levels of licensure. The RN scope of practice is interpreted in Position Statement 15.28.

Every nursing education program in the state of Texas is required to ensure that their graduates exhibit competencies outlined in the Board's *Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgements, and Behaviors (DECs)(Oct 2010)*[2]. These competencies are included in the program of study so that every graduate has the knowledge, clinical judgment and behaviors necessary for LVN entry into safe, competent, and compassionate nursing care. The DECs serve as a guideline for employers to assist LVNs as they transition from the educational environment into nursing practice. As LVNs enter the workplace, the DECs serve as the foundation for the development of the LVN scope of practice.

Completion of on-going, informal continuing nursing education offerings and on-the-job training in a LVN's area of practice serves to develop, maintain, and expand the level of competency. Because the LVN scope of practice is based upon the educational preparation in the LVN program of study, there are limits to LVN scope of practice expansion parameters. The Board believes that for a nurse to successfully make a transition from one level of nursing practice to the next requires the nurse to complete a formal education program.[3]

The LVN Scope of Practice

The LVN is an advocate for the patient and the patient's family and promotes safety by practicing in accordance with the NPA and the BON Rules and Regulations. LVN scope of practice does not include acts of medical diagnosis or the prescription of therapeutic

or corrective measures.[4] The practice of vocational nursing must be performed under the supervision of a RN, advanced practice registered nurse (APRN), physician, physician assistant, podiatrist or dentist.[5] Supervision is defined as the process of directing, guiding, and influencing the outcome of an individual's performance of an activity.[6] The LVN is precluded from practicing in a completely independent manner; however, direct and on-site supervision may not be required in all settings or patient care situations. Determining the proximity of an appropriate clinical supervisor, whether available by phone or physical presence, should be made by the LVN and the LVN's clinical supervisor by evaluating the specific situation, taking into consideration patient conditions and the level of skill, training, and competence of the LVN. An appropriate clinical supervisor may need to be physically available to assist the LVN should emergent situations arise.

The setting in which the LVN provides nursing care should have well defined policies, procedures, and guidelines, in which assistance and support are available from an appropriate clinical supervisor. The Board recommends that newly licensed LVNs work in structured settings for a period of 12-18 months, such as nursing homes, hospitals, rehabilitation centers, skilled nursing facilities, clinics, or private physician offices.[7] This allows the new nurse sufficient practice experience in more structured settings in order to assimilate knowledge from their education. As competencies are demonstrated, if the LVN transitions to unstructured settings where the clinical supervisor may not be on-site, it is the LVN's responsibility to ensure he or she has access to an appropriate clinical supervisor and that the policies, procedures, and guidelines for that particular setting are established to guide LVN practice.

The LVN uses a systematic problem-solving process in the care of multiple patients with predictable health care needs to provide individualized, goal-directed nursing care. LVNs may contribute to the plan of care by collaborating with interdisciplinary team members, the patient, and the patient's family. The essential components of the nursing process are described in a side-by-side comparison of the different levels of education and licensure (see Table).

Assessment

The LVN assists in determining the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based on interpretation of health-related data. The LVN collects data and information, recognizes changes in conditions, and reports this to the RN supervisor or another appropriate clinical supervisor to assist in the identification of problems and formulation of goals, outcomes, and patient-centered plans of care that are developed in collaboration with patients, their families, and the interdisciplinary health care team. The LVN cannot perform independent assessments as the LVN has a directed scope of practice under supervision. The LVN participates in the nursing process by appraising the individual patient's status or situation at hand. Also known as a focused assessment, this appraisal may be considered a component of a more comprehensive assessment performed by a RN or another appropriate clinical supervisor. For example, a RN may utilize the data and information collected and reported by the LVN in the formation of the nursing plan of care; however, the RN's comprehensive assessment lays the foundation for the nursing process. The LVN reports the data and information collected either verbally or in writing.

Written documentation must be accurate and complete, and according to policies, procedures, and guidelines for the employment setting.[8]

Nursing Diagnosis/Problem Identification/Planning

The second step in the nursing process is nursing diagnosis or the identification of problems. The role of the LVN is to report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.

The third step in the nursing process in which the LVN participates and contributes to the nursing process is planning nursing care needs of patients. After the focused assessment, the LVN reports data and other information such as changes in patient conditions to the appropriate clinical supervisor, such as a RN. This information may be considered in planning, problem identification, nursing diagnoses, and formulation of goals, teaching plans, and outcomes by the RN supervisor or another appropriate clinical supervisor. A nursing plan of care for patients is developed by the RN and thus the RN has the overall responsibility to coordinate nursing care for patients, however the LVN participates in the development and modification of the nursing care plan.

Implementation

Implementing the plan of care is the fourth step in the nursing process. The LVN is responsible for providing safe, compassionate, and focused nursing care to assigned patients with predictable health care needs. The LVN may implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors. The LVN organizes aspects of patient care based on identified priorities. Delegating tasks to unlicensed assistive personnel (UAPs) is beyond the scope of practice for LVNs; however, LVNs may make appropriate assignments to other LVNs and UAPs according to Rule 217.11(2).[6] The RN is generally responsible and accountable for supervising not only the LVN's practice but the UAP's performance of tasks as well. For example, the RN may have trained, verified competency and delegated the tasks to a UAP and the LVN may then proceed to assign those tasks that need to be accomplished for that day. Teaching and counseling are interwoven throughout the implementation phase of the nursing process and LVNs can participate in implementing established teaching plans for patients and their families with common health problems and well defined health learning needs.

Evaluation

A critical and final step in the nursing process is evaluation. The LVN participates in the evaluation process by identifying and reporting any alterations in patient responses to therapeutic interventions in comparison to expected outcomes. The LVN may contribute to the evaluation phase by suggesting to the RN any modifications to the plan of care that may be necessary and making appropriate referrals to facilitate continuity of care.

Essential Skills Use in the Nursing Process

Communication

Communication is a fundamental component in the nursing process. The LVN must communicate verbally, in writing, or electronically with members of the healthcare team,

patients, and their families on all aspects of the nursing care provided to patients. Communications must be appropriately documented in the patient record or nursing care plan. Because LVNs are members of the healthcare team, provide nursing care, and contribute to the nursing process, collaboration is a quality that is crucial to the communication process. When patient conditions or situations have changed or exceeded the LVN's level of competency and scope of practice, the LVN must be prepared to seek out his or her clinical supervisor and actively communicate and cooperate to develop solutions that ensure patient safety.

Clinical Reasoning

Clinical reasoning is another integral component in the nursing process. LVNs must use clinical reasoning and established evidence-based policies, procedures, or guidelines as the basis for decision making in nursing practice. LVNs are accountable and responsible for the quality of nursing care provided and must exercise prudent nursing judgment to ensure the standards of nursing practice are met at all times.

Employment Setting

When an employer hires a nurse to perform a job, the nurse must assure that it is safe and legal. For instance, the LVN must have a clinical supervisor who is knowledgeable and aware of his or her role. Caution must be exercised not to overstep the legal parameters of nursing practice when an employer may not understand the limits of the LVN scope of practice and makes an assignment that is not prudent or safe. The LVN must determine before he or she engages in an activity or assignment whether he or she has the education, training, skill, competency, and the physical and emotional ability to safely carry out the activity or assignment. The LVN's duty is to always provide safe, compassionate, and focused nursing care to patients.

Making Assignments

The LVN's duty to patient safety when making assignments to others is to take into consideration the education, training, skill, competence, and physical and emotional ability of the persons to whom the assignments are made. If the LVN makes assignments to another LVN or UAP, he or she is responsible for reasonable and prudent decisions regarding those assignments. It is not appropriate and is beyond the scope of practice for a LVN to supervise the nursing practice of a RN. However, in certain settings, i.e., nursing homes, LVNs may expand their scope of practice through experience, skill, and continuing education to include supervising the practice of other LVNs, under the oversight of a RN or another appropriate clinical supervisor. The supervising LVN may have to directly observe and evaluate the nursing care provided depending on the LVN's skills and competence, patient conditions, and emergent situations. Timely and readily available communication between the supervising LVN and the clinical supervisor is essential to provide safe and effective nursing care.

Summary

The LVN, with a focus on patient safety, is required to function within the parameters of the legal scope of practice and in accordance with the federal, state, and local laws, rules, regulations, and policies, procedures, and guidelines of the employing health care institution or practice setting. The LVN functions under his or her own license and

assumes accountability and responsibility for the quality of care provided to patients and their families according to the standards of nursing practice. The LVN demonstrates responsibility for continued competence in nursing practice, and develops insight through reflection, self-analysis, self-care, and lifelong learning.

The table below offers a brief synopsis of how the scope of practice for nurses differs based on educational preparation and level of licensure. These are minimum competencies, but also set limits on what the LVN or RN can do at his or her given level of licensure, regardless of experience.

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[1]Texas Board of Nursing (2010). *Six-step decision-making model for determining LVN scope of practice.*

[2]Texas Board of Nursing (2010). *Differentiated essential competencies of graduates of Texas Nursing Programs* e*videnced by knowledge, clinical judgements, and behaviors (DECs).*

[3]Texas Board of Nursing (2015). *Position statement 15.10, Continuing education: Limitations for expanding scope of practice*.

[4] Texas Nursing Practice Act, *TOC § 301.002(5).*

[5]Texas Nursing Practice Act, *TOC § 301.353*.

[6]*22 TAC §217.11(2).*

[7]Texas Board of Nursing (2015). *Rules and guidelines governing the graduate vocational and registered nurse candidates or newly licensed vocational or registered nurse*.

[8]22 TAC *§217.11(1),*

Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Education	The curriculum for the VN education is in a clinically intensive certificate program of approximately one year in length. The VN curriculum includes instruction in five basic areas of nursing care: adults; mothers and newborns; children; elderly; and individuals with mental health problems. Clinical experience in a unit or a facility specifically designed for psychiatric care is optional. Required support courses should provide instruction in biological, physical, social, behavioral, and nursing sciences, including body structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development, vocational adjustments, and nursing skills.	ADN and Diploma programs require a minimum of two full years of study, integrating a balance between courses in liberal arts; natural, social, and behavioral sciences; and nursing. Academic associate degrees consist of 60credit hours with approximately half the program requirements in nursing courses. The Texas BON approved curriculum includes requirements for didactic instruction and clinical experiences in five content areas: medical-surgical, maternal/child health, pediatrics, geriatrics and mental health nursing. .	The BSN program of study integrates approximately 60 hours from liberal arts and natural, social, and behavioral science courses and approximately 60-70 hours of nursing courses. In addition to the ADN/Diploma education requirements, BSN education must also include nursing courses which include didactic content and supervised clinical learning experiences, as appropriate, in the community health, basic research, and management/leadership with preparation and skills to practice evidence-based nursing.

Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Supervision	Supervision is required for the LVN scope of practice. LVNs are not licensed for independent nursing practice. A LVN must ensure that he or she has an appropriate clinical supervisor, i.e. RN, APRN, Physician, PA, Dentist or Podiatrist. The proximity of a clinical supervisor depends on skills and competency of the LVN, patient conditions and practice setting. Direct, on-site supervision may not always be necessary depending on the LVN's skill and competence and should be determined on a case-by-case situation taking into consideration the practice setting laws. However, clinical supervisors must provide timely and readily available supervision and may have to be physically present to assist LVNs should emergent situations occur.	Provides supervision to other RNs, LVNs and UAPs. Supervision of LVN staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance of an activity.	Provides supervision to other RNs, LVNs and UAPs. Supervision of LVN staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance of an activity.

Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Setting	Provides focused nursing care to individual patients with predictable health care needs under the direction of an appropriate clinical supervisor. The setting may include areas with well-defined policies, procedures and guidelines with assistance and support from appropriate clinical supervisors, i.e. nursing home, hospital, rehabilitation center, skilled nursing facility, clinic, or a private physician office. As competencies are demonstrated, if the LVN transitions to other settings, it is the LVN's responsibility to ensure he or she has an appropriate clinical supervisor and that the policies, procedures and guidelines for that particular setting are available to guide the LVN practice.	Provides independent, direct nursing care to patients and their families who may be experiencing complex health care needs that may be related to multiple conditions. Provides healthcare to patients with predictable and unpredictable outcomes in various settings.	Provides independent, direct nursing care to patients, families, populations, and communities experiencing complex health care needs that may be related to multiple conditions. Provides healthcare to patients with predictable and unpredictable outcomes in various settings.

Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Assessment	Assists, contributes and participates in the nursing process by performing a focused assessment on individual patients to collect data and gather information. A focused assessment is an appraisal of the situation at hand for an individual patient and may be performed prior to the RN's initial and comprehensive assessment. The LVN reports and documents the assessment information and changes in patient conditions to an appropriate clinical supervisor.	Independently performs an initial or ongoing comprehensive assessment (extensive data collection). Anticipates changes in patient conditions to include emergent situations. Documents and reports information and changes in patient conditions to a health care practitioner and/or a responsible party. Determines the physical and mental health status, needs, and preferences of culturally diverse patients and their families.	Independently performs an initial or ongoing comprehensive assessment (extensive data collection). Anticipates changes in patient conditions to include emergent situations. Reports and documents information and changes in patient conditions to a health care practitioner and/or a responsible party. Determines the physical and mental health status, needs, and preferences of culturally diverse patients, families, populations and communities.

Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Nursing Diagnosis/ Problem Identification/ Planning	Uses clinical reasoning based on established evidence-based policies, procedures and guidelines for decision-making. Report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team. May assign specific daily tasks to and supervise nursing care by other LVNs or UAPs.	Uses clinical reasoning based on established evidence-based policies, procedures and guidelines for decision-making. Analyzes assessment data to identify problems, formulate goals and outcomes, and develops nursing plans of care for patients and their families. May assign tasks and activities to other nurses. May delegate tasks to UAPs.	Uses clinical reasoning based on established evidence-based practice outcomes and research for decision-making and comprehensive care. Synthesizes comprehensive data to identify problems, formulate goals and outcomes, and develop nursing plans of care for patients, families, populations, and communities. May assign tasks and activities to other nurses. May delegate tasks to UAPs.

Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Implementation	Provides safe, compassionate and focused nursing care to patients with predictable health care needs. Implements aspects of the nursing care plan, including emergency interventions under the direction of the RN or another appropriate clinical supervisor. Contributes to the development and implementation of teaching plans for patients and their families with common health problems and welldefined health needs.	Provides safe, compassionate, comprehensive nursing care to patients, and their families through a broad array of health care services. Implements the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles. Develops and implements teaching plans to address health promotion, maintenance, and restoration.	Provides safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services. Implements the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles. Develops and implements teaching plans to address health promotion, maintenance, restoration, and population risk reduction.

Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Evaluation	Participates in evaluating effectiveness of nursing interventions. Participates in making referrals to resources to facilitate continuity of care.	Evaluates and reports patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plans follow-up nursing care to include referrals for continuity of care.	Evaluates and reports patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research, and plans follow-up nursing care to include referrals for continuity of care.

(Adopted: 07/2011)
(Revised: 01/2013; 01/2016; 01/2018; 01/2019)
(Reviewed: 01/2012; 01/2014; 01/2015; 01/2017)

15.28 The Registered Nurse Scope of Practice

The BON recommends that all nurses utilize the Six-Step Decision-Making Model for Determining Nursing Scope of Practice[1] when deciding if an employer's assignment is safe and legally within the nurse's scope of practice.

The Texas Board of Nursing (BON or Board) is authorized by the Texas Legislature to regulate the nursing profession to ensure that every licensee is competent to practice safely. The Texas Nursing Practice Act (NPA) defines the legal scope of practice for professional registered nurses (RN).[2] The RN takes responsibility and accepts accountability for practicing within the legal scope of practice and is prepared to work in all health care settings, and may engage in independent nursing practice without supervision by another health care provider. The RN, with a focus on patient safety, is required to function within the parameters of the legal scope of practice and in accordance with the federal, state, and local laws, rules, and regulations. In addition, the licensed vocational nurse (LVN) must comply with policies, procedures, and guidelines of the employing health care institution or practice setting. ***The RN is responsible for providing safe, compassionate, and comprehensive nursing care to patients and their families with complex healthcare needs.***

The purpose of this position statement is to provide direction and recommendations for nurses and their employers regarding the safe and legal scope of practice for RNs and to promote an understanding of the differences in the RN programs of study and between the RN and LVN levels of licensure. The LVN scope of practice is interpreted in Position Statement 15.27.

Every nursing education program in the state of Texas is required to ensure that their graduates exhibit competencies outlined in the Board's *Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgements, and Behaviors (DECs)(Oct 2010)*[3]. These competencies are included in the program of study so that every graduate has the knowledge, clinical judgement and behaviors necessary for RN entry into safe, competent, and compassionate nursing care. The *DECs* serve as a guideline for employers to assist RNs as they transition from the educational environment into nursing practice. As RNs enter the workplace, the DECs serve as the foundation for the development of the RN scope of practice.

Completion of on-going, informal continuing nursing education offerings and on-the-job training in a RN's area of practice serves to develop, maintain, and expand competency. Because the RN scope of practice is based upon the educational preparation in the RN program of study, there are limits to the expansion of the scope. The Board believes that for a nurse to successfully make a transition from one level of nursing practice to the next requires the nurse to complete a formal education program.[4]

The RN Scope of Practice

The professional RN is an advocate for the patient and the patient's family, and promotes safety by practicing within the NPA and the BON Rules and Regulations. The RN

provides nursing services that require substantial specialized judgment and skill. The planning and delivery of professional nursing care is based on knowledge and application of the principles of biological, physica,l and social science as acquired by a completed course of study in an approved school of professional nursing. Unless licensed as an advanced practice registered nurse, the RN scope of practice does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures.[2] RNs utilize the nursing process to establish the plan of care in which nursing services are delivered to patients. The level and impact of the nursing process differs between the RN and LVN as well as between the different levels of RN education (see Table).

Assessment

The comprehensive assessment is the first step, and lays the foundation for the nursing process. The comprehensive assessment is the initial and ongoing, extensive collection, analysis and interpretation of data. Nursing judgment is based on the assessment findings. The RN uses clinical reasoning and knowledge, evidence-based outcomes, and research as the basis for decision-making and comprehensive care. Based upon the comprehensive assessment the RN determines the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families using evidence-based health data and a synthesis of knowledge. Surveillance is an essential step in the comprehensive assessment process. The RN must anticipate and recognize changes in patient conditions and determine when reassessments are needed.

Nursing Diagnosis/Problem Identification/Planning

The second step in the nursing process is nursing diagnosis and problem identification. The role of RN is to synthesize comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients, families, populations, and communities using information from evidence-based practice and publish research in collaboration with these groups and the interdisciplinary health care team.

The third step in the nursing process is planning. The RN synthesizes the data collected during the comprehensive assessment to identify problems; to make nursing diagnoses; and to formulate goals, teaching plans, and outcomes. A nursing plan of care for patients is developed by the RN, who has the overall responsibility to coordinate nursing care for patients. Teaching plans address health promotion, maintenance, restoration, and prevention of risk factors. The RN utilizes evidence-based practice, published research, and information from patients and the interdisciplinary health care team during the planning process.

Implementation

Implementing the plan of care is the third step in the nursing process. The RN may begin, deliver, assign, or delegate certain interventions within the plan of care for patients within legal, ethical, and regulatory parameters and in consideration of health restoration, disease prevention, wellness, and promotion of healthy lifestyles. The RN’s duty to patient safety when making assignments to other nurses or when delegating tasks to unlicensed staff is to consider the education, training, skill, competence, and physical and emotional abilities of those to whom the assignments or delegation is made. The RN is responsible for reasonable and prudent decisions regarding assignments and delegation. The RN scope of practice may include the supervision of LVNs. Supervision of LVN staff is defined

as the process of directing, guiding, and influencing the outcome of an individual's performance and activity.[5] The RN may have to directly observe and evaluate the nursing care provided depending on the LVN's skills and competence, patient conditions, and emergent situations.

The RN may determine when it is appropriate to delegate tasks to unlicensed personnel and maintains accountability for how the unlicensed personnel perform the tasks. The RN is responsible for supervising the unlicensed personnel when tasks are delegated. The proximity of supervision is dependent upon patient conditions and skill level of the unlicensed personnel. In addition, teaching and counseling are interwoven throughout the implementation phase of the nursing process.

Evaluation and Re-assessment

A critical and fourth step in the nursing process is evaluation. The RN evaluates and reports patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plans any follow-up care and referrals to appropriate resources that may be needed. The evaluation phase is one of the times when the RN reassesses patient conditions and determines if interventions were effective and if any modifications to the plan of care are necessary.

Essential Skills Used in the Nursing Process

Communication

Communication is an essential and fundamental component used during the nursing process. The RN must communicate verbally, in writing, or electronically with members of the healthcare team, patients and their families in all aspects of the nursing care provided to patients. These communications must be appropriately documented in the patient record or nursing care plan. Because RNs plan, coordinate, initiate, and implement a multidisciplinary team's approach to patient care, collaboration is a quality crucial to the communication process. When patient conditions or situations exceed the RN's level of competency, the RN must be prepared to seek out other RNs with greater competency or other health care providers with differing knowledge and skill sets and actively cooperate to ensure patient safety.

Clinical Reasoning

Clinical reasoning is another integral component in the nursing process. RNs use critical thinking skills to problem-solve and make decisions in response to patients, their families, and the healthcare environment. RNs are accountable and responsible for the quality of nursing care provided and must exercise prudent and professional nursing judgment to ensure the standards of nursing practice are met at all times.

Employment Setting

When an employer hires a RN to perform a job, the RN must assure that it is safe and legal. Caution must be exercised not to overstep the legal parameters of nursing practice when an employer may not understand the limits of the RN scope of practice and makes an assignment that is not safe. The RN must determine before he or she engages in an activity or assignment whether he or she has the education, training, skill, competency, and the physical and emotional ability to safely carry out the activity or assignment. The

RN's duty is to always provide safe, compassionate, and comprehensive nursing care to patients.

Summary

The RN, with a focus on patient safety, is required to function within the parameters of the legal scope of practice and in accordance with the federal, state, and local laws; rules and regulations; and policies, procedures and guidelines of the employing health care institution or practice setting. The RN functions under his or her own license and assumes accountability and responsibility for quality of care provided to patients and their families according to the standards of nursing practice. The RN demonstrates responsibility for continued competence in nursing practice, and develops insight through reflection, self-analysis, self-care, and lifelong learning.

The table below offers a brief synopsis of how the scope of practice for nurses differs based on educational preparation and level of licensure. These are minimum competencies, but also set limits on what the LVN or RN can do at his or her given level of licensure, regardless of experience.

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[1]Texas Board of Nursing (2010). *Six-step decision-making model for determining nursing scope of practice.*

[2]Nursing Practice Act, *TOC §301.002(2)*

[3] Texas Board of Nursing (2010). *Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgements, and Behaviors (DECs).*

[4] Texas Board of Nursing (2017). Position statement 15.10, *Continuing education: Limitations for expanding scope of practice.*

[5] *22 TAC §217.11(2)*

Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Education	The curriculum for the VN education is in a clinically intensive certificate program of approximately one year in length. The VN curriculum includes instruction in five basic areas of nursing care: adults; mothers and newborns; children; elderly; and individuals with mental health problems. Clinical experience in a unit or a facility specifically designed for psychiatric care is optional. Required support courses should provide instruction in biological, physical, social, behavioral, and nursing sciences, including body structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development, vocational adjustments, and nursing skills.	ADN and Diploma programs require a minimum of two full years of study, integrating a balance between courses in liberal arts; natural, social, and behavioral sciences; and nursing. Academic associate degrees consist of 60credit hours with approximately half the program requirements in nursing courses. The Texas BON approved curriculum includes requirements for didactic instruction and clinical experiences in five content areas: medical-surgical, maternal/child health, pediatrics, geriatrics and mental health nursing.	The BSN program of study integrates approximately 60 hours from liberal arts and natural, social, and behavioral science courses and approximately 60-70 hours of nursing courses. In addition to the ADN/Diploma education requirements, BSN education must also include nursing courses which include didactic content and supervised clinical learning experiences, as appropriate, in the community health, basic research, and management/leadership with preparation and skills to practice evidence-based nursing.

Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Supervision	Supervision is required for the LVN scope of practice. LVNs are not licensed for independent nursing practice. A LVN must ensure that he or she has an appropriate clinical supervisor, i.e. RN, APRN, Physician, PA, Dentist or Podiatrist. The proximity of a clinical supervisor depends on skills and competency of the LVN, patient conditions and practice setting. Direct, on-site supervision may not always be necessary depending on the LVN's skill and competence and should be determined on a case-by-case situation taking into consideration the practice setting laws. However, clinical supervisors must provide timely and readily available supervision and may have to be physically present to assist LVNs should emergent situations occur.	Provides supervision to other RNs, LVNs and UAPs. Supervision of LVN staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance of an activity.	Provides supervision to other RNs, LVNs and UAPs. Supervision of LVN staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance of an activity.

Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Setting	Provides focused nursing care to individual patients with predictable health care needs under the direction of an appropriate clinical supervisor. The setting may include areas with well-defined policies, procedures and guidelines with assistance and support from appropriate clinical supervisors, i.e. nursing home, hospital, rehabilitation center, skilled nursing facility, clinic, or a private physician office. As competencies are demonstrated, if the LVN transitions to other settings, it is the LVN's responsibility to ensure he or she has an appropriate clinical supervisor and that the policies, procedures and guidelines for that particular setting are available to guide the LVN practice.	Provides independent, direct nursing care to patients and their families who may be experiencing complex health care needs that may be related to multiple conditions. Provides healthcare to patients with predictable and unpredictable outcomes in various settings.	Provides independent, direct nursing care to patients, families, populations, and communities experiencing complex health care needs that may be related to multiple conditions. Provides healthcare to patients with predictable and unpredictable outcomes in various settings.

Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Assessment	Assists, contributes and participates in the nursing process by performing a focused assessment on individual patients to collect data and gather information. A focused assessment is an appraisal of the situation at hand for an individual patient and may be performed prior to the RN's initial and comprehensive assessment. The LVN reports and documents the assessment information and changes in patient conditions to an appropriate clinical supervisor.	Independently performs an initial or ongoing comprehensive assessment (extensive data collection). Anticipates changes in patient conditions to include emergent situations. Documents and reportsinformation and changes in patient conditions to a health care practitioner and/or a responsible party. Determines the physical and mental health status, needs, and preferences of culturally diverse patients and their families.	Independently performs an initial or ongoing comprehensive assessment (extensive data collection). Anticipates changes in patient conditions to include emergent situations. Reports and documents information and changes in patient conditions to a health care practitioner and/or a responsible party. Determines the physical and mental health status, needs, and preferences of culturally diverse patients, families, populations and communities.

Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Nursing Diagnosis/ Problem Identification/ Planning	Uses clinical reasoning based on established evidence-based policies, procedures and guidelines for decision-making. Report data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team. May assign specific daily tasks to and supervise nursing care by other LVNs or UAPs.	Uses clinical reasoning based on established evidence-based policies, procedures and guidelines for decision-making. Analyzes assessment data to identify problems, formulate goals and outcomes, and develops nursing plans of care for patients and their families. May assign tasks and activities to other nurses. May delegate tasks to UAPs.	Uses clinical reasoning based on established evidence-based practice outcomes and research for decision-making and comprehensive care. Synthesizes comprehensive data to identify problems, formulate goals and outcomes, and develop nursing plans of care for patients, families, populations, and communities. May assign tasks and activities to other nurses. May delegate tasks to UAPs.

Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Implementation	Provides safe, compassionate and focused nursing care to patients with predictable health care needs. Implements aspects of the nursing care plan, including emergency interventions under the direction of the RN or another appropriate clinical supervisor. Contributes to the development and implementation of teaching plans for patients and their families with common health problems and welldefined health needs.	Provides safe, compassionate, comprehensive nursing care to patients, and their families through a broad array of health care services. Implements the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles. Develops and implements teaching plans to address health promotion, maintenance, and restoration.	Provides safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services. Implements the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles. Develops and implements teaching plans to address health promotion, maintenance, restoration, and population risk reduction.

Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice *Directed/Supervised Role*	ADN or Diploma RN Scope of Practice *Independent Role*	BSN RN Scope of Practice *Independent Role*
Evaluation	Participates in evaluating effectiveness of nursing interventions. Participates in making referrals to resources to facilitate continuity of care.	Evaluates and reports patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plans follow-up nursing care to include referrals for continuity of care.	Evaluates and reports patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research, and plans follow-up nursing care to include referrals for continuity of care.

(Adopted: 07/2011)
(Revised: 01/2013; 01/2016; 01/2018; 01/2019)
(Reviewed: 01/2012; 01/2014; 01/2015; 01/2017)

15.29 Professional Boundaries including Use of Social Media by Nurses

The purpose of this Position Statement is to provide guidance to nurses regarding expectations related to professional boundaries, inclusive of social media, and to provide nurses with guidance to prevent boundary violations.

The Texas Board of Nursing (BON or Board), in keeping with its mission to protect the public health, safety, and welfare, holds nurses accountable for knowing, recognizing, and maintaining professional boundaries of the nurse-patient/client relationship [*22 TAC §217.11 (1)(J)*]. The term professional boundaries is defined as: the appropriate limits which should be established by the nurse in the nurse/client relationship due to the nurse's power and the patient's vulnerability. Professional boundaries refers to the provision of nursing services within the limits of the nurse/client relationship which promote the client's dignity, independence and best interests and refrain from inappropriate involvement in the client's personal relationships and/or the obtainment of the nurse's personal gain at the client's expense [*22 TAC §217.1(29)*].

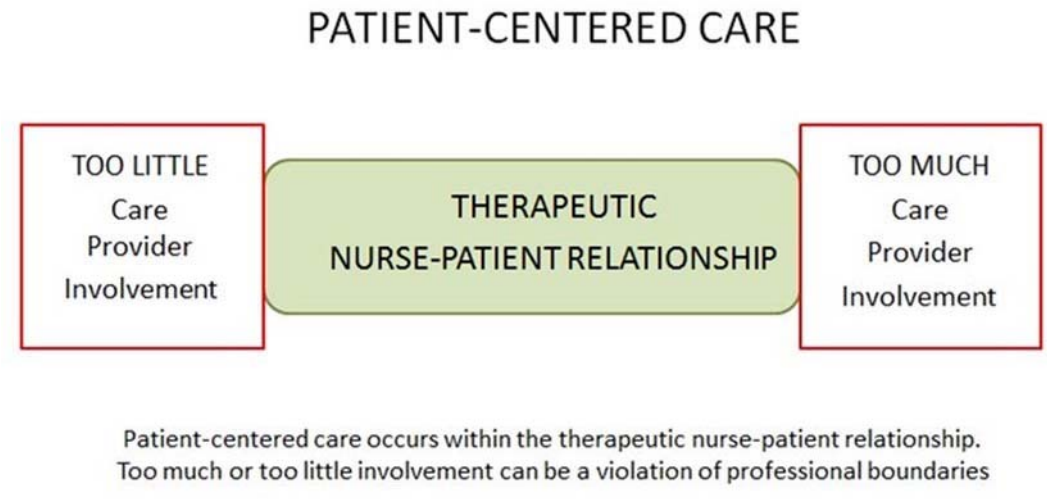
The National Council of State Boards of Nursing (NCSBN) defines professional boundaries as the spaces between the nurse's power and the patient's vulnerability. The power of the nurse comes from the nurse's professional position and access to sensitive personal information. The difference in personal information the nurse knows about the patient versus personal information the patient knows about the nurse creates an imbalance in the nurse-patient relationship. Nurses should make every effort to respect the power imbalance and ensure a patient-centered relationship.

Common to the definition of professional boundaries from the Texas Board of Nursing and from the NCSBN is that a nurse abstains from personal gain at the client's expense and the nurse refrains from inappropriate involvement with the patient or the patient's family.

Duty of a Nurse in Maintenance of Professional Boundaries

There is a power differential between the nurse and the patient. The patient depends on the knowledge of the nurse and relies on the nurse to advocate for the patient and to ensure actions are taken in the patient's best interest. The nurse has a duty to protect the patient including establishing and maintaining professional boundaries in the nurse-patient/client relationship. Under or over involvement can be harmful to the patient and may interfere with the nurse-patient relationship. Visualizing the two ends of the spectrum may assist the nurse in knowing, recognizing and maintaining the professional boundaries of nurse-patient relationships.

Patients each have their own unique needs and abilities. The boundary line for any one particular patient may change over time and may not be the same as the boundary line for another patient. It is up to the nurse to assess the patient and recognize the patient’s needs, adjusting the nursing care accordingly. Every nurse is responsible for knowing, recognizing, and maintaining the professional boundaries of the nurse-client relationship [*§217.11(1)(J)*].



Boundary Violations A violation of professional boundaries is one element of the definition of "conduct subject to reporting [*Tex. Occ. Code Sec. 301.401(1)(C)*]. A professional boundary violation is also considered unprofessional conduct [*22 TAC §217.12 (6)(D*)]. Some of the specific categories of professional boundary violations include, but are not limited to physical, sexual, emotional, or financial boundary violations.

Use of Social Media

The use of social media and other electronic communication is expanding exponentially as the number of social media outlets, platforms and applications available continue to increase. Nurses play a significant role in the identification, interpretation, and transmission of knowledge and information within healthcare. As technological advances continue to expand connectivity and communication, rapid knowledge exchange and dissemination can pose risks to both patients and nurses. While the Board recognizes that the use of social media can be a valuable tool in healthcare, there are potentially serious consequences if used inappropriately. A nurse's use of social media may cause the nurse to unintentionally blur the lines between the nurse's professional and personal life.

Online postings may harm patients if protected health information is disclosed. In addition, social media postings may reflect negatively on individual nurses, the nursing profession, the public's trust of the nursing profession, or the employer and may jeopardize careers. In a survey by the NCSBN, many of the responding boards reported that they had received complaints about nurses inappropriately using social media sites. The survey results indicated that nurses have been disciplined by boards, fired by employers, and criminally charged for the inappropriate or unprofessional use of social media (NCSBN, 2012).

To ensure the mission to protect and promote the welfare of the people of Texas, the Texas Board of Nursing supports both the guidelines and principles of social media use by the NCSBN and American Nurses Association. In accordance with the NCSBN guidelines and Board rules, it is the Board's position that:

- Nurses have an ethical and legal obligation to maintain patient privacy and confidentiality at all times. When using social media, nurses do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy. Nurses must promptly report any identified breach of confidentiality or privacy [Board Rule 217.11(1) (E) and (K)].
- Nurses maintain professional boundaries in the use of electronic media. The nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Nurses do not refer to patients in a disparaging manner, even if the patient is not identified, or transmit information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient [Board Rule 217.11(1) (J)].
- Nurses must provide nursing services without discrimination and do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments [Board Rules 217.11(1) (L) and 217.12
  (6)(C), (D), and (F)].
- Nurses must be aware of and comply with all laws and rules, including employer policies regarding the use of electronic devices including employer-owned computers, cameras and use of personal devices in the work place. In addition, nurses must ensure appropriate and therapeutic use of all patient-related electronic media, including patient-related images, photos, or videos in accordance with applicable laws, rules, and institutional policies and procedures [Board Rule 217.11(1)(A)].

The use of social media can be of tremendous benefit to nurses and patients alike, for example dissemination of public safety announcements. However, nurses must be aware of the potential consequences of disclosing patient-related information via social media. Nurses must always maintain professional standards, boundaries, and compliance with local, state, and federal laws as stated in *22 TAC §217.11(1)(A)*. All nurses have an obligation to protect their patient's privacy and confidentiality (as required by *22 TAC §217.11(1)(E))* which extends to all environments, including the social media environment.

Resources

American Nurses Association. (2011). *Principles for social networking and the nurse*. Silver Spring, MD

American Nurses Association. (2017) *Social networking privacy toolkit*. Retrieved from https://www.nursingworld.org/practice-policy/nursing-excellence/social-networking-Principles

National Council of State Boards of Nursing. (2014). *A nurse's guide to professional boundaries.* Retrieved from https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf

National Council of State Boards of Nursing. (2014). Social media guidelines for nurses. Retrieved from https://www.ncsbn.org/347.htm

National Council of State Boards of Nursing. (2011). *White Paper: A nurse's guide to the use of social media*. Chicago, IL

22 TAC §217.1(29) (2016).

22 TAC §217.11(1)(J) (2016).

(Adopted: 04/2012)
(Revised: 01/2013; 01/2014; 01/2017; 01/2018; 01/2019)
(Reviewed: 01/2015; 01/2016)