KENTUCKY BOARD OF NURSING
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ADVISORY OPINION STATEMENTS 1983-2010 SUMMARY

Beginning in 1983, the Kentucky Board of Nursing published Advisory Opinion Statements on various nursing practice issues. This document provides a consolidated summary of those statements issued from 1983 - 2010.

Index of Practice Components
This summary includes information on the following practice components:

Abandonment, patient
Advanced life support procedures
Arterial puncture, specimen collection
Assignments, accountability/responsibility
Cancer, Gyn, detection procedures
Cardiac invasive procedures, assistance with
Confidentiality of patient information
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Sheath removal
Spinal screening
Surgery, RN first assistant
Wound closure, superficial
Would debridement

KBN Mission
The primary mission and purpose of the Board is to develop and enforce state laws governing the safe practice of nursing in order to protect the health and welfare of the citizens of the Commonwealth. As a regulatory agency of state government, the Board of Nursing accomplishes an aspect of this mission by issuing advisory opinions on what constitutes the legal scope of nursing practice.

Information
An advisory opinion is not a regulation of the Board; it does not have the force and effect of law. Rather, an opinion is issued as a guidepost to licensees who wish to engage in safe nursing practice.

Applicable Statutory Definitions
KRS 314.011(8) defines "advanced registered nursing practice" as:

> ... The performance of additional acts by registered nurses who have gained added knowledge and skills through an organized postbasic program of study and clinical experience and who are certified by the American Nurses' Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced nursing practice. The additional acts shall, subject to approval of the board, include, but not be limited to, prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced registered nurse practitioners who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905, under the conditions set forth in KRS 314.042. Nothing in this chapter shall be construed as requiring an advanced registered nurse practitioner designated by the board as a nurse anesthetist to obtain prescriptive authority pursuant to this chapter or any other provision of law in order to deliver anesthesia care The performance of these additional acts shall be consistent with the certifying organization or agencies' scopes and standards of practice recognized by the board by administrative regulation.

KRS 314.011(6) defines "registered nursing practice" as:

> ...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:
>
> a) The care, counsel, and health teaching of the ill, injured or infirm.
> b) The maintenance of health or prevention of illness of others.
>
> c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
>
> 1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
> 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
> 3. Intervening when emergency care is required as a result of drug therapy;
> 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
> 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
> 6. Instructing an individual regarding medications.
>
> d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care.
>
> e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

> ...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:
>
> a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist.
>
> b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.
>
> c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.
>
> d) Teaching, supervising, and delegating except as limited by the board.
>
> e) The performance of other nursing acts, which are authorized, or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

KRS 314.021(2) states:

> All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

Accountability and Responsibility of Nurses

KRS 314.021(2) holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care.

Acts, which are within the permissible scope of practice for a given licensure level, may be performed only by those licensees who personally possess the educational preparation and current clinical competency to perform those acts safely and competently. A nurse/licensee who doubts his/her personal competency to perform a requested act has an affirmative obligation to refuse to perform the act, and to inform his/her supervisor and the provider prescribing the act, if applicable, of his/her decision not to perform the act.

If a nurse accepts an assignment that the nurse believes is unsafe or for which the nurse is not educationally prepared, then the nurse also assumes the potential liability, which may occur as a result of the assignment. Others may equally or concurrently be responsible, accountable, and liable for a licensee's actions.

The responsibilities which any nurse can safely accept are determined by the variables in each nursing practice setting. These variables include:

1. The nurse's own qualifications including:
   a) basic prelicensure educational preparation;
   b) knowledge and skills subsequently acquired through continuing education and practice; and
   c) current clinical competence.
2. The "standard of care" which would be provided in similar circumstances by reasonable and prudent nurses who have similar training and experience.
3. The complexity and frequency of nursing care needed by a given client population.
4. The proximity of clients to personnel.

5. The qualifications and number of staff.
6. The accessible resources.
7. The established policies, procedures, standards of practice, and channels of communication that lend support to the types of nursing services offered.

Educational Preparation and Documentation
Nurses are responsible for having adequate educational preparation and experience to safely perform any act they perform as required by KRS 3l4.02l (2). Nurses should maintain documented evidence of completion of continuing education and/or other training, and of demonstrated clinical competency in the performance of nursing acts.

Standards of Practice
Nurse's practice should be consistent with the *Kentucky Nursing Laws,* established standards of practice, and be evidence-based.

Issuance of Advisory Opinion Statements and Individual Opinion Letters
When studying practice issues, the Board reviews and considers applicable standards of practice statements published by professional nursing organizations; the educational preparation of both registered and licensed practical nurses as provided in the prelicensure nursing education programs in the Commonwealth; and, when applicable, the organized post-basic educational programs for advanced registered nurse practitioners. The Board also gathers information regarding practice issues from nurses in relevant practice settings (including staff nurses, supervisors, nurse faculty members, etc.) and/or representatives from state nursing associations in the Commonwealth, among others. Further, the Board reviews applicable opinions issued by the Office of the Attorney General.

When multiple inquiries are received on the same practice matter, the Board publishes an advisory opinion statement for wide dissemination. In addition, the Board has addressed many individual practice related inquiries and issued advisory opinion responses/letters to these individual requests. These letters are also available from the agency. Should you have a practice related question that is not addressed in a published advisory opinion statement, please contact the Board office with the questions.

CONSOLIDATED SUMMARY OF ADVISORY OPINION STATEMENTS ISSUED FROM 1983-2010

Alphabetized by Topic

PRACTICE COMPONENT	WITHIN ARNP SCOPE?	WITHIN RN SCOPE?	WITHIN LPN SCOPE?	AOS # REFERENCE and COMMENTS
Abandonment (Patient)	⇒	⇒	⇒	See AOS #24 for the complete statement.
Advanced Life Support Procedures: • Cricothyrotomy • Chest tube placement • Defibrillation • Endotracheal intubation • Peripheral IV placement – external jugular vein site • Umbilical arterial catheterization	Yes	Yes	No	See AOS #5 for the complete statement. ARNP may independently initiate the procedures. RN initiates the procedures using established guidelines. LPN may assist others in performing the procedures.
Arterial Puncture, Specimen Collection	Yes	Yes	No	AOS #6 *
Assignments, Accountability and Responsibility	⇒	⇒	⇒	See AOS #19 for the complete statement.
Cancer, GYN • Bi-Manual exam • Breast exam • Pap smear	Yes	Yes	No	AOS #2 * ARNP may independently initiate the procedures. RN initiates according to guidelines, identifies abnormalities and reports/refers to others for treatment and diagnosis. LPN may assist others in performing the procedures.
Cardiac Procedures (Invasive) Assistance	Yes	Yes	No	See AOS #20 for the complete statement.
Confidentiality	⇒	⇒	⇒	See AOS # 34 for the complete statement.
Cosmetic & Dermatological Procedures by Nurses	⇒	⇒	⇒	See AOS #35 for the complete statement.
Delegation to Unlicensed Persons	Yes	Yes	Yes	See 201 KAR 20:400 and AOS #15 for the complete information.
Delegation to Paramedics in ER	Yes	Yes	No	See 201 KAR 20:400 and AOS #33 for the complete information.

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PRACTICE COMPONENT	WITHIN ARNP SCOPE?	WITHIN RN SCOPE?	WITHIN LPN SCOPE?	AOS # REFERENCE and COMMENTS
Dialysis (Nurse and Technician Roles)	Yes	Yes	Yes	See 201 KAR 20:470 and AOS #21 for the complete information.
Endoscopic Procedures	Yes	Yes	Yes, with limitations	See AOS #28 for the complete statement.
Gastric Tubes Gastrostomy Reinsertion and Nasogastric Tubes Insertion/Removal	Yes	Yes	Yes, with limitations	See AOS #11 for the complete statement.
Intrapartum Patient Care	Yes	Yes	Yes, with limitations	See AOS #10 for the complete statement.
Intravenous Therapy – recommended course content	⇒	⇒	⇒	See AOS #03 for complete statement. See 201 KAR 20:490 for IV therapy practice.
Intraspinal Route Administration of Analgesic Medications	Yes	Yes, except in laboring patients.	No	See AOS #4 for the complete statement.
LPN Practice Components	Not applicable	Not applicable	Yes	See AOS #27 for the complete statement and 201 KAR 20:490 for IV therapy practice.
Medication Administration • Placebos • "PRN" Medications	⇒	⇒	⇒	See AOS #17 for the complete statement.
Medication Administration Via Various Routes	Yes	Yes	Yes, with limitations	See AOS #16 for the complete statement.
Nursing Students, Employment of	Not applicable	Not applicable	Not applicable	See AOS #18 for the complete statement.
Orders (Medical) Implementation	Yes	Yes	Yes	See AOS #14 for the complete statement.
Orthopedics – • Cast Application • Closed Reduction	Yes Yes	Yes, with limitation No	No, but may remove, spread or split cast No	See AOS #23 for a complete statement.
PICC Line Insertion and management	Yes	Yes	No on insertion; Yes, with limitations—See 201 KAR 20:490.	See AOS #25 for the complete statement.
Prehospital Emergency Care	Yes	Yes	No	See AOS #26 for the complete statement.
Prescribing of Medications to self and/or family	⇒	⇒	⇒	See AOS #37 for the complete statement.

PRACTICE COMPONENT	WITHIN ARNP SCOPE?	WITHIN RN SCOPE?	WITHIN LPN SCOPE?	AOS # REFERENCE and COMMENTS
"Private Duty" Nursing	Yes	Yes	Yes	See AOS #22 for the complete statement.
Psychiatric Nursing Practice- • Counseling • Psychotherapy	Yes	Yes, if Master's prepared, other RNs may assist in psycho-therapy, and perform counsel-ing	See AOS # 27 Compo-nents of LPN practice	See AOS #13 for the complete statement.
Respiratory Nursing Practice (Cardiopulmonary)	Yes	Yes	Yes, with limitations	See AOS #29 for the complete statement.
Resuscitation	⇒	⇒	⇒	See AOS #36 for the complete statement.
School Nursing Practice	Yes	Yes	Yes, with limitations	See AOS #30 for the complete statement.
Sedation, Administration of Medications	Yes	Yes, for sedation and analgesia but not for anesthesia	No, prohibited by 201 KAR 20:490	See AOS #32 for the complete statement.
Self-Administration of medications in a non-healthcare setting	⇒	⇒	⇒	See AOS #38 for the complete statement.
Sheath Removal	Yes	Yes	No	See AOS #31 for the complete statement.
Spinal Screening	Yes	Yes	No	See AOS #1 *
Surgery, RN First Assistant	Yes	Yes	No	See AOS #8 for the complete statement.
Wound Closure (Superficial) • Stapling and Suturing • Topical adhesives • Removal of Staples and Sutures	 Yes Yes Yes	 Yes, with exception. Yes Yes	 No Yes Yes	AOS #7 * RN does not suture muscle, nerve or tendon, except as an OR First Assistant.
Wound Debridement	Yes	Yes	No	Includes surgical and/or mechanical removal of nonviable tissue. See AOS #9 for the complete statement.

* This AOS has been removed from current publication and archived as the practice has been incorporated into the common practice of nursing. The practice information has been consolidated into this summary grid.

Attached is a list of the current Advisory Opinion Statements. A copy of the statements may be purchased from the Board office or downloaded from the KBN website at http://kbn.ky.gov

Determining Scope of Practice
In addition to these advisory opinion statements, the Kentucky Board of Nursing has published "Scope of Practice Determination Guidelines" which contains a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the guidelines are available on the KBN website at http:\\kbn.ky.gov or may be ordered from the Board office.

Approved: 2/05
Revision: 9/06; 5/07; 6/2010

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01 ROLE OF THE RN/LPN IN SPINAL SCREENING FOR DETECTION OF COMMON ABNORMAL/CURVATURES OF THE SPINE *(Initially Approved 1983, Withdrawn from Publication 2/05)*

02 ROLE OF THE ARNP, RN, and LPN IN GYNECOLOGICAL CANCER DETECTION *(Initially Approved 1983, Withdrawn from Publication 2/05)*

03 RECOMMENDED COURSE CONTENT INTRAVENOUS (IV) THERAPY FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES
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04 ROLES OF NURSES IN THE ADMINISTRATION OF MEDICATION PER INTRASPINAL ROUTES *(Initially Approved 1984, Revised 4/07)*

05 THE PERFORMANCE OF ADVANCED LIFE SUPPORT PROCEDURES BY NURSES *(Initially Approved 1984, Revised 2/05)*

06 THE PERFORMANCE OF ARTERIAL PUNCTURE BY REGISTERED NURSES *(Initially Approved 1984, Withdrawn from Publication 2/05)*

07 ROLES OF NURSES IN SUPERFICIAL WOUND CLOSURE *(Initially Approved 1984, Withdrawn from Publication 2/05)*

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09 THE PERFORMANCE OF WOUND DEBRIDEMENT BY NURSES *(Initially Approved 1985, Revised 4/07)*

10 ROLES OF NURSES IN THE CARE OF INTRAPARTUM PATIENTS *(Initially Approved 1985, Revised 4/07)*

11 ROLES OF NURSES IN THE INSERTION AND REMOVAL OF A NASOGASTRIC TUBE AND IN THE REINSERTION OF A GASTROSTOMY TUBE *(Initially Approved 1985, Revised 4/08)*

13 ROLES OF NURSES IN PSYCHIATRIC- MENTAL HEALTH NURSING PRACTICE *(Initially Approved 1985, Revised 4/07)*

14 ROLES OF NURSES IN THE IMPLEMENTATION OF PATIENT CARE ORDERS *(Initially Approved 1987, Revised 2/05)*

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16 ROLES OF NURSES IN THE ADMINISTRATION OF MEDICATION VIA VARIOUS ROUTES *(Initially Approved 1987, Revised 4/07)*

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19 RESPONSIBILITY AND ACCOUNTABILITY OF NURSES FOR PATIENT CARE ASSIGNMENTS AND NURSING CARE DELIVERY *(Initially Approved 1988, Revised 2/05)*

20 ROLES OF REGISTERED NURSES IN INVASIVE CARDIAC PROCEDURES *(Initially Approved 1989, Revised 2/05)*

21 ROLES OF NURSES AND TECHNICIANS IN DIALYSIS *(Initially Approved 1990, Revised 2/05)*

22 ROLES OF NURSES WHO PROVIDE "PRIVATE DUTY" NURSING *(Initially Approved 1990, Revised 2/05)*

23 THE APPLICATION AND REMOVAL OF A CAST BY NURSES AND CLOSED REDUCTION OF A FRACTURE BY ARNP *(Initially Approved 1990, Revised 4/07)*

24 ADVISORY OPINION STATEMENT ON PATIENT ABANDONMENT BY NURSES *(Initially Approved 1990, Revised 2/05)*

25 PERIPHERAL INSERTION OF CENTRAL AND MIDLINE INTRAVENOUS CATHETERS BY NURSES *(Initially Approved 1991, Revised 2/05)*

26 ROLES OF NURSES IN THE DELIVERY OF PREHOSPITAL EMERGENCY MEDICAL CARE VIA AMBULANCE SERVICES *(Initially Approved 1991, Revised 2/05)*

27 COMPONENTS OF LICENSED PRACTICAL NURSING PRACTICE *(Initially Approved 1992, Revised 2/05)*

28 ROLES OF NURSES AND UNLICENSED NURSING PERSONNEL IN ENDOSCOPIC PROCEDURES *(Initially Approved 1992, Revised 2/05)*

29 CARDIOPULMONARY/RESPIRATORY NURSING PRACTICE *(Initially Approved 1993, Revised 4/07)*

30 SCHOOL NURSING PRACTICE *(Initially Approved 1993, Revised 4/07)*

31 REMOVAL OF FEMORAL ACCESS DEVICES (SHEATHS) AND USE OF MECHANICAL COMPRESSION DEVICES BY NURSES *(Initially Approved 1994, Revised 4/07)*

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33 ROLES OF NURSES IN THE DELEGATION OF TASKS TO PARAMEDICS IN A HOSPITAL EMERGENCY DEPARTMENT (*Initially Approved 2003, Revised 2/05)*

34 ROLES OF NURSES IN MAINTAINING CONFIDENTIALITY OF PATIENT INFORMATION (*Initially Approved 8/2005).*

35 COSMETIC AND DERMATOLOGICAL PROCEDURES BY NURSES (*Initially Approved 2/2008).*

36 ROLE OF NURSES IN RESUSCITATION *(Initially Approved 2/2008).*

37 ROLE OF THE ADVANCED REGISTERED NURSE PRACTITIONER IN THE PRESCRIBING OF MEDICATIONS TO SELF AND/OR FAMILY (*Initially Approved 10/2009).*

38 FACILITATION OF SELF-ADMINISTRATION OF MEDICATIONS IN A NON-HEALTHCARE SETTING (*Approved 4/2010)*

Revised 04/2010 cls