



**KENTUCKY BOARD OF NURSING**  
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ADVISORY OPINION STATEMENT

**CARDIOPULMONARY/RESPIRATORY NURSING PRACTICE**

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, promulgate regulations and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of the Commonwealth.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guideline to licensees who wish to engage in safe nursing practice, and to facilitate the delivery of safe, effective nursing care to the public.

**Opinion:** Cardiopulmonary/Respiratory  
Nursing Practice

**Approved:** 2/1993

**Revised:** 2/2005; 4/2007; 12/2012;  
6/2018

**Editorial Revision:** 1/2011; 5/2012;  
10/2016

**Accountability and Responsibility of Nurses**

In accordance with KRS 314.021(2), nurses are responsible and accountable for making decisions that are based upon the individuals' educational preparation and current clinical competence in nursing, and requires licensees to practice nursing with reasonable skill and safety. Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

**Rationale for Advisory Opinion**

The Board has received multiple inquiries on the role, utilization and scope of practice for both the registered nurse and the licensed practical nurse in the provision of cardiopulmonary/respiratory care for clients with altered or potential for altered cardiopulmonary function. In addition, inquiries have been received requesting the Board to consider the overlap in the provision of respiratory care by both nurses and respiratory care practitioners.<sup>1</sup>

<sup>1</sup> Respiratory care practitioners are governed by the Kentucky Board of Respiratory Care (KBRC). For information on certification requirements, educational preparation, and scope of practice of respiratory care practitioners, please contact the KBRC, Lexington, Kentucky.

## **Respiratory Nursing Practice**

In 1990, KRS Chapter 314A was enacted governing respiratory care practitioners; defining the "practice of respiratory care"; establishing a respiratory care practitioner scope of practice, and a statutory provision that "nothing in this section shall limit, preclude, or otherwise restrict the practices of other licensed personnel in carrying out their duties under the terms of their license." Subsequently, an overlap exists in the provision of respiratory care by nurses, respiratory care practitioners, and other health care providers.

## **Advisory Opinion**

After review of the statutes governing nursing practice, curricula of prelicensure and continuing education nursing programs, standards of nursing practice, and study of the issues and concerns regarding the provision of cardiopulmonary care, the Kentucky Board of Nursing issued this advisory opinion statement.

KRS 314A.010(2) defines the practice of respiratory care. Much of what is included in this definition is a part of nursing practice pursuant to KRS 314.011(6) registered nursing practice and/or KRS 314.011(10) licensed practical nursing practice. (See section entitled "Applicable Statutes", pages 5-6). While the definitions of nursing practice do not contain a specific list of procedures and practice functions, the definitions are stated in broad, comprehensive language and do include the provision of nursing care for clients with altered cardiopulmonary function.

## **Licensed Practical Nursing Practice**

It is within the scope of licensed practical nursing practice for the licensed practical nurse, qualified by education, experience, and current clinical competence, to provide components of care, under the delegation and supervision of a registered nurse, to clients experiencing altered or a potential for altered cardiopulmonary function, including but not limited to the following:

- Participation with a registered nurse in the assessment, planning, intervention, and evaluation of a client's nursing care.
- Performance of acts as taught in prelicensure practical nurse education programs, including but not limited to: oxygen therapy, oral/nasal, pharyngeal, tracheal and endotracheal suctioning, administration of aerosol and inhalant medications, and maintenance of oral/nasal airway.

## **Registered Nursing Practice**

It is within the scope of registered nursing practice for a registered nurse, qualified by education, experience, and current clinical competence, to provide care to clients with altered or potential for altered cardiopulmonary function, including care of clients with a nursing diagnosis<sup>2</sup>, including but not limited to the following:

- Ineffective airway clearance
- Ineffective breathing patterns
- Impaired gas exchange
- Altered tissue perfusion

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<sup>2</sup>Carpenito, Lynda Juall, *Nursing Diagnosis: Application to Clinical Practice*, 15<sup>th</sup> edition. Walters Kluwer/Lippincott Williams & Wilkins, Philadelphia, 2017

Further, it is within the scope of registered nursing practice for a registered nurse qualified by education, experience, and current clinical competence to provide nursing intervention<sup>3</sup>, including but not limited to the following:

- Promotion of acid-base balance and prevention of complications resulting from acid-base imbalance
- Collection and analysis of client data to regulate acid-base balance
- Insertion and/or assisting with insertion and stabilization of an artificial airway
- Facilitation of patency of air passages
- Removal of airway secretions via suctioning
- Artificial airway management
- Aspiration precautions
- Limitation of complications resulting from an imbalance between myocardial oxygen supply and demand
- Promotion of balance of oxygen consumption and supply
- Chest physiotherapy
- Optimization of hemodynamic regulation
- Measurement and interpretation of invasive hemodynamic parameters/monitoring
- Use of an artificial device/mechanical ventilation to assist clients with breathing
- Mechanical ventilatory weaning
- Oxygen therapy
- Respiratory monitoring
- Chest tube care

It is also within the scope of registered nursing practice for the registered nurse qualified by education, experience, and current clinical competence, to serve in a clinical casemanager role for clients with altered cardiopulmonary function.

### **Advanced Practice Registered Nursing Practice**

It is within the scope of the advanced practice registered nurse (APRN) qualified by education, experience, and current clinical competence, to manage acute and chronic cardiopulmonary problems and/or provide primary healthcare services to clients with altered or potential for altered cardiopulmonary function in accordance with 201 KAR 20:057 Scope and standards of practice of APRNs. The APRN may also perform acts within the scope of registered nursing practice.

### **Educational Preparation and Institutional Policy**

Nurses are responsible for having documented evidence of adequate educational and experiential preparation to perform cardiopulmonary nursing practice in a safe, effective manner. Such preparation should include supervised clinical practice, and where applicable, technical management of equipment. Specific educational preparation should be acquired in an approved prelicensure education program and/or through successful completion of continuing education course(s).

In addition, nurses should perform procedures(s) in accordance with the established written agency policies and procedures, which are consistent with the scopes and standards of practice as stated in KRS 314.011(6) and (10).

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<sup>3</sup> Butcher, Howard K., Bulechek, Gloria M., Dochterman McCloskey, Joanne M., and Wagner, Cheryl, 6<sup>th</sup> edition. *Nursing Interventions Classification (NIC)*, Mosby Year Book, 2013.

**Resources**

A collaborative role between nurses and other healthcare providers is essential in the delivery of safe, effective healthcare. Further, the provision of safe, effective healthcare is contingent upon the availability of an adequate number of personnel with sufficient resources who possess the knowledge, skill, and competence to make clinical judgments and perform at a level consistent with meeting a client's care needs in a safe manner.

Respiratory care practitioners are clearly recognized as qualified personnel who serve as major resources in providing care to meet the specialized respiratory needs of clients.

In summary, cardiopulmonary care is an integral part of the healthcare rendered to clients and is one component of a client's plan of care. Cardiopulmonary care is within the scope of practice of registered nurses (components are within the scope of practice of licensed practical nurses) and may be provided by nurses who are educationally prepared and currently clinically competent to provide such care in a safe, effective manner. It is recognized that cardiopulmonary/ respiratory care is practiced by respiratory care practitioners pursuant to KRS Chapter 314A, however, this practice does not restrict the practice of nurses in cardiopulmonary/respiratory care. It is also recognized that elements of cardiopulmonary care may also be practiced by other qualified healthcare providers within the limits of their scope of practice and applicable licensure.

**Determining Scope of Practice**

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. In addition to this advisory opinion statement, the Kentucky Board of Nursing issued Advisory Opinion Statement #41 RN/LPN Scope of Practice Determination Guidelines which contains the KBN Decision-Making Model for Determining Scope of Practice for RNs/LPNs, and published the APRN Scope of Practice Decision Making Model providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. Copies of Advisory Opinion Statement #41 RN/LPN Scope of Practice Determination Guidelines and the APRN Scope of Practice Decision Making Model may be downloaded from the Board's website <http://kbn.ky.gov>.

**Applicable Statutes from the Kentucky Nursing Laws**

KRS 314.021(2) states:

All individuals licensed or privileged 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 with reasonable skill and safety.

KRS 314.011(2) defines "delegation" as:

... Directing a competent person to perform a selected nursing activity or task in a selected situation under the nurse's supervision and pursuant to administrative regulations promulgated by the board in accordance with the provisions of KRS Chapter 13A.

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

"Advanced practice registered nursing" means the performance of additional acts by registered nurses who have gained advanced clinical knowledge and skills through an accredited education program that prepares the

registered nurse for one (1) of the four (4) APRN roles; 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 practice registered nursing as a certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist; and who certified in at least one (1) population focus. 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 practice registered nurses who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905 and to issue prescriptions for but not to dispense Schedules II through V controlled substances described in or as classified in KRS 218A.020, 218A.060, 218A.080, 218A.100, and 218A.120 under the conditions set forth in KRS 314.042 and regulations promulgated by the Kentucky Board of Nursing on or before August 15, 2006.... 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 practice registered nurse and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Scope and 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; and
- (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, advanced practice registered nurse, physician assistant 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 practice registered nurse 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; and
- (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 314.101(3) states: "Nothing in this chapter shall limit, preclude, or otherwise restrict the practices of other licensed personnel in carrying out their duties under the terms of their licenses."

Similarly, KRS 314A.105(2) states: "Nothing in this section shall limit, preclude, or otherwise restrict the practices of other licensed personnel in carrying out their duties under the terms of their licenses."