



**KENTUCKY BOARD OF NURSING**  
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**ADVISORY OPINION STATEMENT**

**COMPONENTS OF LICENSED PRACTICAL 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.

**Opinion: COMPONENTS OF LICENSED PRACTICAL NURSING PRACTICE**

**Approved Date:** 4/1992

**Revised:** 1/1993; 6/2011, 6/2014; 2/2019; 4/2022

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**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 experience 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**

In response to inquiries on the scope of licensed practical nurses, the Kentucky Board of Nursing issued this statement as a guideline identifying components of clinical practice for the licensed practical nurse.

## **Components of Licensed Practical Nursing Practice**

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...” Licensed practical nurses practice under the direction of a registered nurse, physician, physician assistant, dentist, or advanced practice registered nurse and are not licensed for independent practice.

“**LPN Scope of Practice** in all steps of the nursing process is limited and focused because, by law, it is a dependent and directed scope of practice” (NC BON, 2017). Licensed practical nurses may function under direction as direct care providers in a variety of structured practice settings. Licensed practical nurses may also function under direction of a registered nurse, physician, physician assistant, dentist, or advanced practice registered nurse in other areas, including but not limited to administrative and management areas, and quality assurance and peer review programs.

It is not within the legal scope of licensed practical nursing practice for a licensed practical nurse to direct and supervise the practice of a registered nurse.

Authorization for medication administration is found in KRS 314.011(10)(c) which states, “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”.

**Note:** The practice of nursing is constantly evolving as new and changing technology and therapies are introduced. The Kentucky Board of Nursing defines and interprets scopes of practice for all levels of providers of nursing care. Each agency/employer is responsible for developing policies/procedures/standards of practice and ensuring competency of the nursing staff. An agency/employer, including a registered nurse or physician employer, may restrict the nurse’s practice but never expand the practice beyond the legal scope as defined. LPN practice is not defined by specific activities or tasks, but rather as a process consisting of a set of legally defined Components of Practice as outlined in KRS 314.011 (10)(a)(b)(c)(d)(e) (NC BON, 2017).

### **Components of licensed practical nursing practice include, but are not limited to the following:**

- A. **Assessment** is an ongoing process that consists of participation with the registered nurse in the determination of nursing care needs based upon collection and interpretation of data relevant to the health status of a client.

“**Both registered nurses and licensed practical nurses assess clients. Some elements of assessment are identical for both the RN and LPN...**” (NC Board of Nursing, 2017).

For the LPN, nursing assessment is a focused appraisal of an individual’s status and situation at hand, contributing to assessment, analysis, and development of a comprehensive plan of care by the RN. The LPN supports ongoing data collection and decides who to inform of the information and when to inform them. The LPN identifies the need for immediate assessment (beyond that specified in the plan of care) in response to current client status and condition. (National Council of State Boards of Nursing, Model Law and Rules, 2021).

“*Contributes*” means to have a part in or participate to the elements of the nursing process (NC BON, 2017).

The licensed practical nurse **contributes** to the assessment of the health status of individuals and groups by:

1. Collecting information from relevant sources regarding the biological, psychological, social, spiritual, and cultural factors of the client’s life, and the influence these factors have on health status, according to structured and written guidelines, policies, and forms. The collection of data should include:
  - a) Observations of appearance and behavior;
  - b) Measurements of physical structure and physiologic function; and
  - c) Observations of a client’s subjective and objective signs and symptoms.

2. Interpreting data should include:
  - a) Recognizing existing relationships between data gathered and a client's health status, established plan of care, and medical treatment regimen;
  - b) Determining a client's need for nursing intervention based upon data gathered regarding the client's health status, ability to care for self, and established plan of care and treatment regimen; and
  - c) Appropriate consultation.

B. **Planning** includes participation with the registered nurse in determining nursing interventions to meet client needs. The licensed practical nurse contributes in the ongoing development and modification of the plan/strategy of care.

**“The LPN provides important input in the planning process while the RN has the responsibility for developing the nursing plan of care and modifying the plan as indicated by ongoing assessment and evaluation”** (NC BON, 2017).

C. **Implementation** of nursing interventions consists of delivering nursing care according to an established plan/strategy of care and/or as delegated by the registered nurse, physician, physician assistant, dentist, or advanced practice registered nurse.

1. The licensed practical nurse implements appropriate aspects of the plan/strategy of care as follows:
  - a) Procuring resources;
  - b) Prioritizing and Performing nursing interventions and medical orders consistent with the legal scope of licensed practical nursing practice that is within an environment conducive to client safety ;
  - c) Recognizing client responses to nursing interventions ; and
  - d) Modifying nursing interventions based on changes in a client's status.
2. The degree of direction and/or supervision required for licensed practical nurse performance of any nursing activity is determined by variables which include, but are not limited to:
  - a) Educational preparation of the licensed practical nurse, including both the basic prelicensure educational program and the knowledge and skills subsequently acquired by the nurse through continuing education and practice;
  - b) Stability of the client's clinical condition, which involves both the predictability and rate of change. When a client's condition is highly predictable (i.e., any change that would be expected to occur over a period of days or weeks rather than minutes or hours) the licensed practical nurse participates in the care with minimal supervision. When the client's condition is unpredictable or unstable (i.e., any change that would occur within minutes or hours) the licensed practical nurse participates in the care under direct, on-site supervision of the registered nurse, physician, physician assistant, dentist, or advanced practice registered nurse;
  - c) Complexity of the nursing task is determined by the task's potential impairment to the client's well-being, and the degree to which a scientific body of knowledge is used to make clinical judgments when performing the task. When a task is complex, the licensed practical nurse participates in the performance of the task under direct, on-site supervision of the registered nurse, physician, physician assistant, dentist, or advanced practice registered nurse.

Supervision is provided in accordance with established policies, procedures, practices, and channels of communication which are consistent with the laws governing nursing practice. “Supervision” for the purpose of this statement means the provision of guidance by a qualified nurse for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task including validation that the task has been performed according to the established standards of practice.

3. The licensed practical nurse, under the direction of a registered nurse, may participate in implementing the plan/strategy of care by delegating nursing tasks to other licensed practical nurses and unlicensed personnel qualified to perform such tasks providing all of the following criteria are met:

- a) The licensed practical nurse, prior to delegation to another person, will have either instructed the person in the delegated task or validated the person's competency to perform the task in a safe, effective manner.
- b) The delegated nursing task is one that a reasonable and prudent nurse would find is within the scope of sound nursing judgment to delegate.
- c) The delegated nursing task shall not require that an unlicensed person exercise independent nursing judgment or intervention.
- d) The licensed practical nurse supervises the performance of delegated tasks and validates that tasks have been performed according to established standards of practice.

**“It is beyond the LPN’s Scope of Practice to supervise or assign nursing responsibilities to the RN”**  
(NC BON, 2017).

### **LPN Supervision in Non-Acute Health Care Settings**

“In non-acute health care settings, the Licensed Practical Nurse (LPN) may participate in assuring the implementation of the established health care plan(s) for a specified number of clients as assigned and supervised by the Registered Nurse (RN). This participation in assuring plan of care implementation may be carried out by the LPN in the capacity of a “nurse-in-charge” role (differentiated from a RN Charge Nurse) as long as the following criteria are met:” (NC BON, 2022)

- (1) “Time limited - restricted to a specific assigned tour of duty which shall not exceed the usual 8-12 hours within any 24-hour time frame;” (NC BON, 2022)
- (2) “Geographically limited - restricted to a geographically-defined unit or clinical area within an institutional setting or for a group of clients within a specified program or service area of an agency;” (NC BON, 2022)
- (3) “Client acuity limited - restricted to the care of clients whose health status would be expected to change only over a period of days and weeks, rather than minutes and hours, and whose complexity and frequency of nursing care needed is within the LPN scope of practice; and” (NC BON, 2022)
- (4) When the RN is not on-site the RN **MUST** be continuously available, for notification of significant changes in client status that becomes unstable or unpredictable (i.e., any change that would occur within minutes or hours) for consultation regarding further evaluation and care planning decisions (NC BON, 2022).
- (5) “Nursing plan of care – are established by an RN for each client” (NC BON, 2022).

### **DEFINITIONS**

“*Charge Nurse* - an RN who supervises and manages patient care delivery settings or groups of clients, usually for designated time periods” (NC BON, 2022).

“*Nurse-in-charge* - the assigned role and responsibilities of an LPN who participates in assuring the implementation of established health care plans for a designated number of clients under RN supervision (NC BON, 2022).

The RNs role and responsibility during a “nurse-in-charge” setting is the management and administering of the delivery of nursing care, as in any practice setting. The RN assigning the implementation of any “nurse-in-charge” responsibilities to a Licensed Practical Nurse (LPN) is held accountable for assuring the delivery of safe nursing care by all personnel to whom such care is assigned and/or delegated (NC BON, 2022).

- D. **Evaluation** consists of participation with the registered nurse in determining the extent to which desired outcomes of nursing care are being met, and then subsequently planning for continued care. Components of evaluation by the licensed practical nurse should include:
  1. Collecting evaluative data from relevant sources according to written guidelines, policies and forms;

2. Recognizing the effectiveness of nursing actions; and
3. Proposing modifications to be a plan/strategy of care for review by the registered nurse or other person(s) authorized by law to prescribe such a plan.

E. **Reporting and Recording** are those communications required to document on essential records all aspects of nursing care for which the licensed practical nurse is responsible.

1. Reporting and recording of significant information should include:
  - a) Directing communication to the appropriate person(s) consistent with established policies, procedures, practices, and channels of communication;
  - b) Communicating within a timely manner which is consistent with the client's need for care;
  - c) Evaluating responses to information reported; and
  - d) Determining whether further communication is indicated.
2. Documentation on the appropriate client record, plan/strategy of care, or other essential records should:
  - a) Be pertinent to the client's health care including client's response to care provided;
  - b) Accurately describe all aspects of nursing care provided;
  - c) Be completed within a timely manner consistent with the client's need for care;
  - d) Reflect the communication of significant information to other persons; and
  - e) Verify proper administration and security of medications.

F. **Collaborating** involves communicating and working cooperatively in implementing the nursing plan/strategy of care with individuals whose services may have a direct or indirect effect upon the client's health care.

The licensed practical nurse's scope of practice in collaborating in client care should include:

1. Participating in planning and implementing nursing or multidisciplinary approaches for the client's care;
2. Seeking and utilizing appropriate resources in the referral process; and
3. Safeguarding confidentiality of client information and records.

G. **Teaching and Counseling** involve those educational activities for clients based upon established written guidelines/teaching plans as assigned by the registered nurse, etc. as delineated in a plan/strategy of care, and should include:

Providing accurate and consistent information, demonstrations and guidance to clients, their families or significant others, regarding the client's health status and health care according to a structured written teaching plan or guidelines for the purpose of:

1. Increasing client's knowledge;
2. Assisting the client to reach an optimum level of health functioning and participation in self-care;
3. Promoting the client's ability to make informed decisions; and
4. Reinforcing the educational activities of other members of the health care team.

## **Tuberculin Skin Test**

902 KAR 20:205 Tuberculosis (TB) testing for health care workers Section 1 (17) provides the definition for “Tuberculin Skin Test” or “TST”. Section 3 (2) (b) of this regulation states “a licensed practical nurse under the supervision of a registered nurse may perform a TST.”

It is within the scope of practice of the licensed practical nurse, who is educationally prepared and clinically competent, to administer a TST and assess the result under the direction and supervision of a physician, advanced practice registered nurse, physician assistant or registered nurse. There should be documentation of the nurse’s educational preparation and clinical competence.

Training resources include the Kentucky Department of Health and Family Services Tuberculosis Prevention and Control Program and the Centers for Disease Control and Prevention. The LPN should follow written policies and procedures that have been agreed upon by the medical staff and nursing administration and have been formally adopted by the facility.

### **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 has issued Advisory Opinion Statement #41 RN/LPN Scope of Practice Determination Guidelines which contains the KBN 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. A copy of AOS #41 including the KBN Decision-Making Model for Determining Scope of Practice for RNs/LPNs may be downloaded from the Board's website [at aos41-rn-lpn-scope-of-practice-determination-guidelines.pdf \(ky.gov\)](https://www.ky.gov/boards/nursing/aos41-rn-lpn-scope-of-practice-determination-guidelines.pdf).

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**Note: For information on the administration of medications via intravenous routes, refer to “201 KAR 20:490 Licensed practical nurse infusion therapy scope of practice.” (Effective November 2, 2018.)**

### **Applicable Statutes From the Kentucky Nursing Laws<sup>1</sup>**

KRS 314.011(4) defines "nursing process" as:

...the investigative approach to nursing practice utilizing a method of problem-solving by means of:

- a) Nursing diagnosis, a systematic investigation of a health concern and an analysis of the data collected in order to arrive at an identifiable problem; and.
- b) Planning, implementation and evaluation based on nationally accepted standards of nursing practice.

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.
- 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, 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 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.

- 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.
- f) KRS 314.011(13) defines "nursing assistance" as:  
  
... the performance of delegated nursing acts by unlicensed nursing personnel for compensation under supervision of a nurse.

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 and shall practice nursing with reasonable skill and safety.

### **Responsibility and Accountability of Nurses**

KRS 314.021(2) imposes individual responsibility upon a nurse to undertake the performance of acts for which the nurse is educationally prepared and clinically competent to perform in a safe, effective manner. This section 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.

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, the qualifications of available staff, and the accessibility of needed resources.
4. Established policies, procedures, standards of practice, and channels of communication, which are consistent with, laws governing nursing practice.

Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

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<sup>1</sup> A copy of the *Kentucky Nursing Laws* may be downloaded from the Kentucky Board of Nursing website at <http://kbn.ky.gov>.



### References

National Council of State Boards of Nursing. (2021). NCSBN model act. [https://www.ncsbn.org/public-files/21\\_Model\\_Act.pdf](https://www.ncsbn.org/public-files/21_Model_Act.pdf)

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