



KENTUCKY BOARD OF NURSING
312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172
<http://kbn.ky.gov>

ADVISORY OPINION STATEMENT

Role of Nurses in 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: Role of Nurses in Respiratory Nursing Practice

Approved: 2/1993

Revised: 2/2005; 4/2007; 12/2012; 6/2018; 10/2022; 12/2022; 10/2023

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 respiratory care for clients with altered or potential for altered pulmonary 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.¹ The Board of Nursing has issued opinions contained herein.

¹Respiratory 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.

Nursing Interventions identified in this Advisory Opinion Statement include:

- **Roles of Nurses in the Performance of:**
 - Respiratory Care
 - Removal of Chest Tubes
 - Thoracentesis
 - Diagnostic and Therapeutic Bronchoscopy

Pursuant to KRS 314.021(2) all nurses are held responsible and accountable for making decisions that are based upon the individual's educational preparation and current clinical competence. One method for demonstrating educational preparation and clinical competence is through obtaining relevant certifications within a specialty area. Another method would be to create a portfolio of trainings, workshops, and continuing education that demonstrates the acquisition of additional knowledge and clinical competency in the specialty area.

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: Respiratory Care

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 respiratory 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. 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 pulmonary 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 pulmonary 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 pulmonary function, including care of clients with a nursing diagnosis², including but not limited to the following:

- Ineffective airway clearance

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

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

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 intervention³, 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
- 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 case manager role for clients with altered pulmonary 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 pulmonary problems and/or provide primary healthcare services to clients with altered or potential for altered pulmonary 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 pulmonary 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 precicensure 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).

Advisory Opinion: Removal of Chest Tubes

In April of 1993, the KBN issued the following practice opinion on the removal of chest tubes from patients post coronary artery bypass graft surgery.

The removal of chest tubes from patients post coronary artery bypass graft is within the scope of registered nursing practice for the registered (nurse) who is educationally and experientially prepared to perform the act in a safe effective matter. The removal of chest tubes should be based upon a physician's order for the individual patient.

³ Butcher, Howard K., Bulechek, Gloria M., Dochterman McCloskey, Joanne M., and Wagner, Cheryl, 8th edition. *Nursing Interventions Classification (NIC)*, Elsevier Health Sciences. 2018.

Nursing Practice

Further, it was the advisory opinion of the Board that the registered nurse who removes chest tubes should:

1. Possess substantial specialized knowledge and current clinical competency in cardio- thoracic nursing practice and in the performance of the procedure.
2. Perform the procedure according to a well-defined, appropriately established policy, procedure, and standardized protocol. The policy and procedure should describe the performance of the act; clinical parameters for removal of chest tubes; standing orders for nursing intervention in potential complications; and availability and access to medical care for complications requiring emergency intervention.
3. Perform the procedure only when a qualified physician is immediately available in the facility to intervene if complications occur.
4. Possess current clinical competency in the performance of the procedure.

Chest tubes are utilized to drain air, blood, or fluid from the intrapleural or mediastinal space of a patient who is experiencing disruption in the pleural space due to a condition such as Chylothorax, Empyema, Hemopneumothorax, Hemothorax, Pleural effusion, and Pneumothorax, and/or to prevent some postoperative complications.⁴

Advisory Opinion: Role of Nurses in Thoracentesis Procedures

“Thoracentesis” refers to a procedure performed to remove fluid from the thoracic cavity via a cannula, or hollow needle for diagnostic or therapeutic purposes.

Registered Nursing Practice and Advance Practice Registered Nurse (APRN)

It is within the scope of practice of a registered nurse who is educationally prepared and clinically competent to remove a thoracentesis catheter after it has been inserted. The physician, physician assistant, or APRN must remain onsite during monitoring and removal of the thoracentesis catheter by the registered nurse.

Further it is the advisory opinion of the Board that it is within the scope of practice of an APRN who is educationally prepared and clinically competent to perform thoracentesis procedures.

Advisory Opinion: Scope of Practice of the APRN in the Performance of Diagnostic and Therapeutic Bronchoscopy

Bronchoscopy is an endoscopic technique of visualizing the inside of the airways for diagnostic and therapeutic purposes. An instrument called bronchoscope is inserted into the airways, usually through the nose or mouth, or occasionally through a tracheostomy. This allows the practitioner to examine the patient's airways for abnormalities such as foreign bodies, bleeding, tumors, or inflammation. Specimens may be taken from inside the lungs. The construction of bronchoscopes ranges from rigid metal tubes with attached lighting devices to flexible optical fiber instruments with real-time video equipment.

It is the advisory opinion of the Board that the performance of a bronchoscopy is within the scope of advanced practice registered nursing practice for the adult acute care APRN who is currently educationally prepared and clinically competent in the performance of the procedure. The APRN should maintain documentation of having completed specific education and a competency validation. The performance of a bronchoscopy should be in accordance with documented facility policy and procedures and credentialing processes, as well as current evidence-based practice.

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.

⁴(Bauman et al., 2011) Chest-tube Care: The more you know the easier it gets. American Nurse Today. Retrieved from <https://www.americannursetoday>

In summary, pulmonary care is an integral part of the healthcare rendered to clients and is one component of a client's plan of care. Pulmonary 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 respiratory care is practiced by respiratory care practitioners pursuant to KRS Chapter 314A, however, this practice does not restrict the practice of nurses in respiratory care. It is also recognized that elements of respiratory care may also be practiced by other qualified healthcare providers within the limits of their scope of practice and applicable licensure.

The following grid provides a list of procedures outlined in the AOS. An "X" indicates that such is within the scope of practice of the nurse who is educationally prepared and clinically competent to provide care as described above.

Performance of	LPN	RN	APRN
	Requires Qualified Healthcare Provider* Order and Under the Delegation and Supervision of an	Requires Qualified Healthcare Provider* Order	APRNs Certified in the Relevant Role and Population Foci
Respiratory Care			
Assessment, Planning, Intervention, and Evaluation of a Client's Nursing Care	<i>May Participate with an RN</i>	X	X
Oxygen Therapy, Oral/Nasal, Pharyngeal, Tracheal, and Endotracheal Suctioning	X	X	X
Administration of Aerosol and Inhalant Medications	X	X	X
Insertion and/or Assisting with Insertion and Stabilization of an Artificial Airway	X	X	X
Removal of Airway Secretions via Suctioning	X	X	X
Artificial Airway Management	X	X	X
Chest Physiotherapy	X	X	X
Optimization of Hemodynamic Regulation		X	X
Measurement and Interpretation of Invasive Hemodynamic Parameters/Monitoring		X	X
Mechanical Ventilatory Weaning		X	X
Chest Tube Care		X	X
Removal of Chest Tubes			
Removal of Chest Tubes		X	X
Thoracentesis			
Insertion of a Thoracentesis Catheter			X
Adjustment of a Thoracentesis Catheter			X
Removal of a Thoracentesis Catheter		X	X
Bronchoscopy			
Performance of Bronchoscopy			Adult Acute Care APRN

Please Note: Nurse must be educationally prepared and clinically competent to perform any of the tasks/procedures listed above and follow the policies of their facility or organization.

*Qualified Healthcare Providers include MD, PA, APRN, and/or Dentist KRS 314.011 (6) and (10)

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. A copy of the KBN Decision-Making Model for Determining Scope of Practice for RNs/LPNs may be downloaded from the Board's website <https://kbn.ky.gov/General/Documents/aos41-rn-lpn-scope-of-practice-determination-guidelines.pdf> and a copy of the APRN guidelines may be downloaded from the Board's website <https://kbn.ky.gov/General/Documents/aprn-scope-of-practice-decision-making-model.pdf>

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."