

KENTUCKY BOARD OF NURSING  
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**SUMMARY REPORT OF KENTUCKY BOARD OF NURSING ADVISORY OPINIONS ON  
NURSING PRACTICE ISSUES**

**July 1, 2013 – June 30, 2014**

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Advisory Opinion Statements – New

Advisory Opinion Statements – Revised

- AOS #34, “Role of Nurses in Maintaining Confidentiality of Patient Information” – revised 12/2013
- AOS #35, “Cosmetic and Dermatological Procedures by Nurses” – revised 12/2013; revised 4/2014
- AOS #15, “Roles of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel” – revised 4/2014
- AOS #30, “School Nursing Practice” – revised 05/2014
- AOS #27, “Components of LPN Practice” – revised 05/2014
- AOS #5 “The Performance of Advanced Life Support Procedures by Nurses” – revised 05/2014

Task Forces Established to Discuss Issues and Consider Revision of Advisory Opinion Statement

- AOS #32, “Administration of Medications for Sedation by Nurses
- Delegation of Insulin Administration in School Settings by Unlicensed Personnel

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The primary mission and purpose of the Board is to enforce public policy related to the safe and effective practice of nursing in the interest of public welfare. As a regulatory agency of state government, the Board of Nursing accomplishes this mission as authorized by Kentucky Revised Statutes (KRS) Chapter 314—The *KENTUCKY NURSING LAWS* and attendant administrative regulations. In accomplishing one aspect of the mission, the Board of Nursing issues advisory opinions on what constitutes the legal scope of nursing practice.

An 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.

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

"Advanced practice registered nursing" means the performance of additional acts by registered nurses who have gained added knowledge and skills through an approved organized post-basic program of study and clinical experience; 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 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 as classified in KRS 218A.060, 218A.070, 218A.080, 218A.090, 218A.100, 218A.110, 218A.120, and 218A.130, under the conditions set forth in KRS 314.042 and regulations promulgated by the Kentucky Board of Nursing on or before August 15, 2006. ... (c) 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 314.021(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.

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.

Acts that are within the permissible scope of practice for a given licensure level may be performed only by those licensees who personally possess the education and experience 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 physician prescribing the act, if applicable, of his/her decision not to perform the act.

If a licensee accepts an assignment that the licensee believes is unsafe or for which the licensee is not educationally prepared, then the licensee 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.

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

The Board has published “Scope of Practice Determination Guidelines” as a decision making model for an individual licensee to use in determining whether the performance of a specific act is within the scope of practice for which the individual is educationally prepared, clinically competent and licensed to perform. Individuals are encouraged to utilize the “Guidelines” in making decisions as to whether he/she should or should not perform a particular act. A copy may be downloaded from the Board’s website at <http://kbn.ky.gov>.

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 which lend support to the types of nursing services offered.

To date, the Board has published thirty-nine (39) (there are actually only 34) advisory opinion statements, as listed on the “Kentucky Board of Nursing Publications” form and on the Board’s website at <http://kbn.ky.gov>.

Advisory opinion statements are developed and published when:

1. Multiple inquiries are received regarding a specific nursing procedure or act;
2. The Practice Committee determines that a specific nursing procedure or act has general applicability to nursing practice and warrants the development of an opinion statement; or
3. The Board directs that an opinion statement be developed.

When studying 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.

In addition to the thirty-nine (39) (while they are numbered to 39 there are only 34 ) advisory opinion statements published as of June 30, 2014, the Board has issued from July 1, 2013 to June 30, 2014, individual advisory opinions in response to inquiries on specific nursing practice situations, summarized as follows:

**1. Scope of Practice of the Advanced Practice Registered Nurse in the insertion of central lines.**

December 2013 – it was the advisory opinion of the Board that:

- The insertion of central lines is not within the scope of practice of the Advanced Practice Registered Nurse, designated family nurse practitioner

**2. Scope of Practice of the Advanced Practice Registered Nurse in the performance infant male circumcision.**

December 2013 – it was the advisory opinion of the Board that:

- It is within the scope of the advanced registered nursing practice of the certified Nurse Midwife and the certified Neonatal Nurse Practitioner who is educationally prepared and has demonstrated clinical competence, to perform infant male circumcisions

**3. Scope of Practice of the Advanced Practice Registered Nurse in the performance of interlaminar lumbar epidural steroid injections and the performance of transforaminal lumbar epidural steroid injections for pain management.**

December 2013 – it was the advisory opinion of the Board that:

- The Board reaffirmed its previous opinions that the insertion, advancement, or repositioning of a percutaneous epidural, intrathecal, or caudal catheter as well as the use of fluoroscopy in the performance of pain management procedures, are within the scope of advanced practice registered nursing practice, designated nurse anesthetist, and are not within the scope of practice of the APRN designated family nurse practitioner

**4. Scope of Practice of the Registered Nurse in the insertion of external jugular peripheral intravenous catheters.**

May 2014 – it was the advisory opinion of the Board that:

- The insertion of an external jugular peripheral intravenous catheter is within the scope of registered nursing (RN) practice for the RN who is educationally prepared and clinically competent. There should be documented evidence of educational preparation and clinical competence. The RN should follow written policy and procedures that have been agreed upon by the medical staff and nursing administration and formally adopted by the facility. Policies and procedures should be consistent with the Infusion Nurses Society Position Paper “The Role of the Registered Nurse in the Insertion of External Jugular Peripherally Inserted Central Catheters (EJ PICC) and External Jugular Peripheral Intravenous Catheters (EJ PIV) (2008)  
[http://www.ins1.org/files/public/08\\_26\\_08\\_INS\\_Position\\_Paper.pdf](http://www.ins1.org/files/public/08_26_08_INS_Position_Paper.pdf) .

Further the Board stated that the insertion of an external jugular peripheral intravenous catheter is outside of the scope of licensed practical nursing practice.

**All advisory opinion statements may be downloaded from the KBN website  
<http://kbn.ky.gov>.**

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