

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

July 1, 2014 – June 30, 2015

INDEX:

1. *Scope of Practice of the Registered Nurse in the Performance of Gastric Band Adjustments – 10/2014*
2. *Scope of Practice of the Licensed Practical Nurse in the Performance of Gastric Band Adjustments – 12/2014*
3. *Scope of Practice of the Licensed Practical Nurse in the Performance of Dynamic Endocrine Testing – 04/2015*
4. *Scope of Practice of the Registered Nurse in the Pronouncement of Death – 04/2015*
5. *Scope of Practice of the APRN in the Placement of Deep Central Lines – 04/2015*

Advisory Opinion Statements – New

- Kentucky Board of Nursing Guidelines for Determination of APRN Scope of Practice – new 04/2015
- Kentucky Board of Nursing Scope of Practice Decision-Making Model for APRNs – new 04/2015
- Endorsement of the “Association of periOperative Registered Nurses (AORN) Position Statement on Advanced Practice Registered Nurses in the Perioperative Environment” – new 01/2015
- Endorsement of the “Emergency Nurses Association (ENA) Advanced Practice in Emergency Nursing Position Statement” – new 01/2015

Advisory Opinion Statements – Revised

- AOS #15, “Roles of Nurses in the Supervision and Delegation of Nursing Tasks to Unlicensed Personnel” – revised 10/2014
- AOS #25 “Peripheral Insertion of Central and Midline Intravenous Catheters by Nurses” – revised 10/2014 and 12/2014
- AOS #16 “Roles of Nurses in the Administration of Medications Via Various Routes” – revised 10/2014
- AOS #32, “Administration of Medications for Procedural Sedation and Analgesia by Nurses” – revised 12/2014
- AOS #3, “Recommended Course Content in Intravenous (IV) Therapy for Registered Nurses and Licensed Practical Nurses” – revised 03/2015
- AOS #38, “Facilitation of Self-Administration of Medications in a Non-Healthcare Setting” – revised 03/2015
- AOS #24, “Patient Abandonment by Nurses” -- revised 03/2015
- AOS #19, “Responsibility and Accountability of Nurses for Patient Care Assignments and Nursing Care Delivery” – revised 04/2015
- AOS #17, “Roles of Nurses in the Administration of “PRN” Medication and Placebos” – revised 04/2015
- AOS #33, “Roles of Nurses in the Delegation of Tasks to Paramedics in a Hospital Emergency Department” – revised 04/2015

SUMMARY REPORT OF KBN ADVISORY OPINIONS ON NURSING PRACTICE ISSUES
July 1, 2014 – June 30, 2015

- AOS #18, “Employment of Nursing Students as Nursing Personnel Using Either an Academic or a “Nurse Extern” Service Model” – revised 04/2015
- AOS #25, “Placement of Central Lines by Nurses” – revised 06/2015
- AOS #28, “Roles of Nurses in Endoscopic Procedures – revised 06/2015
- AOS #37, “Role of the Advanced Practice Registered Nurse in the Prescribing of Medications to Self and/or Family” – revised 06/2015
- RN/LPN Scope of Practice Determination Guidelines – revised 06/2015

Advisory Opinion Statements – Retired

- AOS #38, “Facilitation of Self-Administration of Medications in a Non-Healthcare Setting” – retired 03/2015

Task Forces Established

- A Task Force to evaluate the scope of nursing practice with regard to the placement of central lines – 10/2014

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.

Mission of the Kentucky Board of Nursing

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.

To date, the Board has published thirty-nine (39) (33 are currently active) 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.

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.

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.

Practice Opinions

In addition to the 33 active advisory opinions published as of June 30, 2015, the Board has issued from July 1, 2014 to June 30, 2015, individual practice opinions in response to inquiries on specific nursing practice situations, summarized as follows:

1. RN Scope of Practice in Gastric Band Adjustments

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

It is within the Scope of Registered Nursing Practice for an RN who is educationally prepared and currently clinically competent to perform gastric band adjustments under the supervision of a physician or APRN. There should be documented evidence of the registered nurse's educational preparation and current clinical competence. The RN should follow written policy and procedures and evidence-based protocols agreed upon by the medical and nursing staff and formally adopted by the facility, organization or practice.

2. LPN Scope of Practice in Gastric Band Adjustments

April 2015 – it was the advisory opinion of the Board that:

The performance of gastric band adjustment is not within the scope of licensed practical nursing practice.

3. LPN Scope of Practice in the Performance of Dynamic Endocrine Testing

April 2015 – it was the advisory opinion of the Board that:

It is within the scope of licensed practical nursing practice for an LPN, who is educationally prepared and currently clinically competent, to perform dynamic endocrine testing¹ under the onsite supervision of a physician, APRN, or registered nurse in accordance with 201 KAR 20:490 “Licensed practical nurse intravenous therapy scope of practice”. There should be documented evidence of the LPN’s educational preparation and current clinical competence. The LPN would be expected to follow written policy and procedures and evidence-based protocols agreed upon by the medical and nursing staff and formally adopted by the facility or organization.

¹Dynamic endocrine testing refers to the practice of introducing a provocative or suppressive agent or situation and monitoring the hormonal response

<http://www.mayoclinic.org/documents/MC5810-0612-pdf/doc-20079201>.

4. Registered Nursing Scope of Practice in the Pronouncement of Death

April 2015 --An opinion was requested on the interpretation of KRS 314.181 and KRS 446.400 as they pertain to the scope of registered nursing practice in the pronouncement of death when there is irreversible cessation of a patient’s heartbeat and vital signs in spite of previous use of artificial maintenance technology such as pacemaker, mechanical ventilator, or vasoactive drips, etc.

Following review of these statutes and discussion, it was advisory opinion of the Board that:

The term “maintained” as used in KRS 314.181 and KRS 446.400 be interpreted to mean that artificial respiration and circulatory support are in use and result in the patient having a heartbeat and vital signs. Therefore if a heartbeat and vital signs are not present even in the presence of previous artificial respiration and circulatory support and the patient is not to be resuscitated per MD or family, the nurse may pronounce death.

5. APRN Scope of Practice in the Placement of Deep Central Lines by APRNs

April 2015 –An opinion was requested on the previous advisory opinion on the placement of deep central lines by APRNs, designated Family Nurse Practitioners.

Following review of information and discussion, it was the advisory opinion of the Board that:

The previous advisory opinion on the placement of deep central lines by APRNs, designated Family Nurse Practitioners, be rescinded. An APRN should utilize the Kentucky Board of Nursing Guidelines for Determination of APRN Scope of Practice, and the Kentucky Board of Nursing Decision-Making Model for APRNs, to guide the APRN in

the performance of deep central line placement.

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

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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 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 may be downloaded from the KBN website at <http://kbn/ky/gov>.

Applicable Kentucky Nursing Law:

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.

SUMMARY REPORT OF KBN ADVISORY OPINIONS ON NURSING PRACTICE ISSUES
July 1, 2014 – June 30, 2015

- 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 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 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;...

SUMMARY REPORT OF KBN ADVISORY OPINIONS ON NURSING PRACTICE ISSUES
July 1, 2014 – June 30, 2015