



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

**Roles of Nurses in Women's Health Across the Lifespan**

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:** Roles of Nurses in Women's Health Across the Lifespan  
**Approved Date:** 4/1985  
**Revised:** 1987; 1992; 1/1993; 2/2005; 4/2007; 2/2011; 4/2016; 12/2023  
**Editorial Revision:** 5/2012, 12/2016; 5/2018

**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 Statement**

The Board receives multiple inquiries related to the role of nurses in the care of prenatal and intrapartum patients. After a review of the issue, the Board has issued the following advisory opinions:

**Nursing Interventions identified in this Advisory Opinion Statement include:**

- **The Role of Nurses in the performance of:**
  - Gynecological Cancer Detection
  - Ultrasound/Ultrasonography
  - Determination of False Labor
  - Intrapartum Patients
    - Administration of Medications Via Spinal Routes
    - Application of Suprapubic Pressure and Fundal Pressure
  - Hormone Replacement Therapy (Testosterone Pellets)
  - Infant Male Circumcision

**Educational Preparation and Clinical Competency**

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.

**Advisory Opinion: Gynecological Cancer Detection**

**Licensed Practical Nursing Practice**

The licensed practical nurse does **not** possess the basic educational and clinical preparation to perform Papanicolaou smear procedures. However, the LPN may assist in gynecological cancer detection screening under the direction and supervision of an APRN, registered nurse, physician assistant or licensed physician when following the approved protocol of the employing agency for gynecological cancer detection.

**Registered Nursing Practice**

The registered nurse has a role in gynecological cancer screening and cervical cancer detection, with a qualified healthcare provider's order, when the following criteria are met:

- 1) The nurse possesses the educational preparation and clinical competence to perform the required tasks involved in gynecological cancer screening and cervical cancer detection (e.g., Papanicolaou smear/bimanual pelvic examination).
- 2) Policy, procedure, and protocol for gynecological cancer screening and cervical cancer detection are established and medically approved by the employing agency.

**Registered nurses who perform bimanual examinations should:**

- Possess substantial specialized knowledge and skill in gynecological physical assessment, obtained via prelicensure nursing or continuing education programs and supervised clinical practice opportunities.
- Be able to demonstrate current clinical competency in the performance of the procedures; and
- Report/refer any questionable or abnormal findings to qualified healthcare professional. A registered nurse may **not** make a medical diagnosis unless certified as an advanced practice registered nurse in the appropriate population foci.

**The Board of Nursing believes that a complete gynecological examination at the time of a Pap smear is necessary to provide for the safety and welfare of the women in the Commonwealth.**

### **Advisory Opinion: Ultrasound/Ultrasonography**

The performance of ultrasound imaging is not a component of prelicensure registered nursing education curricula. The Kentucky Board of Nursing recognizes, however, that registered nurses may become qualified to perform acts via continuing education or through completion of educational and supervised clinical practice. As stated in Kentucky Revised Statutes (KRS) 314.011(12), "Continuing education means participation in approved offerings beyond the basic nursing program that present specific content planned and evaluated to meet competency based behavioral objectives which develop new skills and upgrade knowledge." When a nurse is educationally prepared and clinically competent to perform an act and performs that act as a nurse, then the nurse [as stated in KRS 314.021(2)] is held accountable and responsible for performing the act in a safe, effective manner.

A nurse who is educationally prepared and clinically competent to perform ultrasound/ultrasonography may perform the act within the legal scope of registered nursing practice. The formulation of a medical diagnosis is not within the scope for registered nursing practice.

### **Advisory Opinion: Determination of False Labor**

It is within the scope of registered nursing practice for an RN to perform a medical screening exam (MSE) as required by the Emergency Medical Treatment and Labor Act (EMTALA). The RN completing the MSE is establishing the presence or absence of an emergency medical condition and is not engaged in making an independent medical diagnosis or developing a medical treatment plan.

An RN performing a medical screening exam should do so under the following conditions:

1. When all of the components of the MSE performed by the RN are within the registered nursing scope of practice;
2. The RN follows documented, facility approved policy, procedures and/or protocols that allow and guide MSE by registered nurses;
3. An authorized provider is available for consultation; and
4. The RN is educationally prepared and clinically competent to perform the MSE.

It is **not** within the scope of licensed practical nursing practice for an LPN to perform MSE; however, the LPN may contribute to the assessment as defined by the LPN scope of practice.

### **Advisory Opinion: Intrapartum Patients**

Nurses who care for intrapartum patients should provide care according to the STANDARDS FOR PROFESSIONAL NURSING PRACTICE IN THE CARE OF WOMEN AND NEWBORNS, 8<sup>th</sup> Edition (AWHONN, 2019), and according to appropriately established policies and procedures of the healthcare facility, which are consistent with the definitions of nursing practice. Nurses are responsible for having adequate educational preparation and clinical competence in the care of intrapartum patients. Registered nurses should have documented evidence of educational preparation and clinical competence, which includes supervised clinical practice and demonstration of competency in the performance of the application of fetal scalp leads.

After review of the statutes governing nursing practice, the STANDARDS FOR PROFESSIONAL NURSING PRACTICE IN THE CARE OF WOMEN AND NEWBORNS, (AWHONN, 2019), current evidence-based practice literature, and the knowledge and skills required to provide nursing care for intrapartum patients, the Kentucky Board of Nursing issued the following opinion:

- The **initial and ongoing nursing assessment** of intrapartum patients should be performed by a registered nurse who possesses cognitive knowledge, clinical competence, and expertise in obstetric nursing. The performance of a manual vaginal examination to assess dilation, effacement of the cervix, and/or station of the fetus is within the scope of registered nursing practice.
- The **application of fetal scalp leads/electrodes** for internal fetal monitoring based upon a documented order of the provider or a written medically approved protocol, is within the scope of registered nursing practice provided that rupture of the membranes is documented, and presentation is vertex and engaged.

- A registered nurse may insert an **Intrauterine Pressure Catheter (IUPC)** to assist with the evaluation and management of labor, if the following guidelines have been met and according to hospital/facility policy:
  1. Cesarean section and emergency resuscitation services are on-site and readily available.
  2. Education Requirements:
    - a. Minimum of one (1) year of current experience in Labor and Delivery prior to facility-specific training program.
    - b. The facility provides an approved training program for insertion of IUPC's which includes both didactic and clinical portions.
    - c. Training must include at least five (5) successful demonstrations supervised by an Advanced Practice Registered Nurse (APRN), a Physician, or a Registered Nurse currently experienced and qualified in the procedure.
    - d. Training must be reinforced annually including didactic and clinical review with successful return demonstration.
    - e. All education and training must also include the risks, alternatives, benefits and practices of amnioinfusion.
  3. The qualified healthcare provider order must be obtained prior to insertion of an IUPC. Documentation should include estimated placement and position of the catheter, fetal and maternal responses, fetal heart rate patterns, increase in vaginal bleeding, vasovagal response and interventions.
  4. Manufacturer recommendations should be followed regarding insertion, placement and technique employed for insertion (Nevada Board of Nursing, 1997).
- The **artificial rupture of membranes** is **not** within the scope of registered nursing practice. The artificial rupture of membranes is within the scope of practice of the advanced practice registered nurse (APRN), designated nurse midwife (CNM).
- The **performance of an episiotomy** is **not** within the scope of registered nursing practice. The performance of an episiotomy, as identified in the document entitled, "Core Competencies for Basic Nurse Midwifery Practice, American College of Nurse Midwives", (2020), is within the scope of advanced registered nursing practice for the advanced practice registered nurse, designated nurse midwife.

The licensed practical nurse may assist in the care of intrapartum patients under the direct supervision of the registered nurse, APRN, or physician; however, it is **not** within the scope of licensed practical nursing practice to perform manual vaginal examinations, apply fetal scalp leads, or insert intrauterine pressure catheters. For more information see Kentucky Board of Nursing AOS #27 entitled, "Components of Licensed Practical Nursing Practice."

### **Advisory Opinion: Administration of Medications Via Spinal Routes**

The Board recognizes and supports the position of the *Association of Women's Health, Obstetric, and Neonatal Nurses* that has issued a position statement entitled, "The Role of the Registered Nurse in the Care of the Pregnant Woman Receiving Analgesia and Anesthesia by Catheter Techniques" (2020).

To that end, it is the opinion of the Board that the insertion, initial injection, bolus or re-bolus injection, initiation of continuous infusion, verification of correct catheter placement, and increasing or decreasing the rate of a continuous infusion, is within the scope of the advanced practice registered nurse, designated nurse anesthetist.

Following stabilization of vital signs after either initial insertion, initial injection, bolus injection, re-bolus injection, or initiation of continuous infusion by a licensed, credentialed anesthesia care provider, the

educationally prepared, clinically competent non-anesthetist registered nurse, in communication with the obstetric and anesthesia care providers may:

- Monitor the status of the mother and fetus;
- Replace empty infusion syringes or infusion bags with new, pre-prepared solutions containing the same medication and concentration, according to standing orders provided by the anesthesia provider; and
- Stop the continuous infusion if there is a safety concern or the woman has given birth.

### **Advisory Opinion: Application of Suprapubic Pressure and Fundal Pressure**

The registered nurse may NOT apply fundal pressure during the second stage of labor, including but not limited to the following clinical circumstances: a) in the presence of a non-reassuring fetal heart rate pattern, b) maternal exhaustion, or c) in instances of shoulder dystocia.

Under specified conditions, it is within the scope of registered nursing practice for a labor and delivery registered nurse to perform fundal pressure and suprapubic pressure when stipulations for safe practice are present, as listed below. The performance of such pressures is not within the scope of licensed practical nursing practice.

It is the advisory opinion of the Board that a registered nurse may apply suprapubic pressure during the vaginal delivery of a fetus with suspected shoulder dystocia or breech delivery. A registered nurse, under the direction of a physician or CNM, may apply gentle fundal pressure for the purposes of preventing the upward displacement of the presenting part during fetal scalp electrode placement, and during an amniotomy when the vertex presentation is ballotable. A registered nurse, who is scrubbed and is a member of the surgical team, may apply fundal pressure during a cesarean section.

As referenced above, the Board advises that stipulations for safe practice include, but are not limited to the following:

1. The registered nurse is educationally prepared and clinically competent in the performance of the procedures. The educational preparation should include, but not be limited to instruction in the application of and rationale for the procedures and how the procedures differ. The educational preparation for performance of pressures is directed by a licensed health care professional, such as a licensed physician with substantial specialized knowledge, judgment and skill related to obstetrics, or an APRN designated nurse midwife, or a registered nurse with documented clinical knowledge and competency in the application of pressure.
2. For each registered nurse expected to perform pressures, the facility maintains written documentation of each registered nurse's initial and continued competency to perform pressures.
3. The registered nurse practices according to *Kentucky Nursing Laws*, generally accepted standards of care, and evidence-based practice.
4. A licensed physician or an APRN designated nurse midwife is present in the room and directing the performance of pressure.
5. All necessary resources are available.
6. The facility/agency has detailed policies and procedures in place addressing all aspects of this issue to include, but not limited to: specific guidelines/criteria for these procedures and a mechanism of data collection for quality control.
7. The facility's policy and procedures are reviewed and approved by the Departments of Nursing and Medicine, both initially, and at planned periodic intervals.
8. The labor and delivery registered nurse document the performance of pressure and the results of its application in the maternal medical record.

It is inappropriate for a registered nurse to perform suprapubic pressure or fundal pressure when the application of these technical procedures is beyond the parameters of the registered nurse's educational preparation and clinical competence.

Although the determination of medical procedures and patient's medical status is a medical decision, the registered nurse has the right and the obligation to question orders and decisions which are contrary to acceptable standards and to refuse to participate in procedures which may result in harm to the patient.

### **Advisory Opinion: Hormone Replacement Therapy (Testosterone Pellets)**

APRNs may be authorized to perform additional acts due to training and experience, such as prescribing treatment, devices, and order diagnostic tests pursuant to KRS 314.011(8). Hormone pellets are compounded implantable pellets for slow release of hormones that lasts four to six months, as such APRN's are unable to prescribe hormone pellets containing testosterone as it is a schedule III-controlled substance and, prescribing of schedule III substances is limited to a 30-day supply without refill. See KRS 314.011(8)(b). Upon review and discussion at the June 19, 2023, meeting it was the decision of the Board that:

The performance of the subcutaneous administration/insertion of hormone replacement therapy with pellet implants is within the scope of advanced practice registered nursing practice for the APRN who is educationally prepared and clinically competent.

Any testosterone supply provided in quantities or duration that are greater than 30 days requires an APRN to obtain a physician's order pursuant to KRS 314.011 (8)(b) for the administration of the hormone replacement therapy pellet implants and the performance of the procedure.

### **Advisory Opinion: Infant Male Circumcision- APRN**

Infant male circumcision is performed in the neonatal period and is one of the most common procedures performed in the world.

As part of a review of past advisory opinions, the Board issued the following opinion on October 19, 2023:

It is within the scope of an advanced practice registered nurse, who is educationally prepared and clinically competent, to perform infant circumcision, according to facility policy and procedures.

### **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/practice/Documents/41%20KBN%20Decision-Making%20Model%20for%20Determining%20Scope%20of%20Practice%20for%20RNs-LPNs.pdf> and a copy of the APRN guidelines may be downloaded from the Board's website <http://kbn.ky.gov/practice/Documents/APRN%20Scope%20of%20Practice%20%20Decision%20Making%20Model.pdf>.

Care/Procedure	LPN	RN	APRN
	Requires Qualified Healthcare Provider* Orders	Requires Qualified Healthcare Provider* Orders	APRNs Certified in the Relevant Role and Population Foci
<b>Gynecological Cancer Detection</b>			
Pap Smear		X	X
Gynecologic Screening and Cervical Cancer Detection	May Assist	X	X
Diagnosis			X
Performance of Ultrasound/Ultrasonography		RN with specialized training	X
Determination of False Labor		X	X
Performance of Medical Screening Exam (MSE)		RN with specialized training	X
Intrapartum Patients	May assist in the care of intrapartum patients under the direct supervision of a qualified health care provider.	RN with specialized training	X
Initial and Ongoing Nursing Assessment	May contribute in the assessment process.	X	X
Manual Vaginal Examination		X	X
Application of Fetal Scalp Leads/Electrodes		X	X
Insertion of Intrauterine Pressure Catheters (IUPC)		X	APRN Certified Nurse Midwife (CNM)
Artificial Rupture of Membranes			CNM
Performance of an Episiotomy			CNM
Administration of Medications via Spinal Route			
Insertion, initial injection, bolus or re-bolus injection, initiation of continuous infusion, verification of correct catheter placement, and increasing or decreasing rate of continuous infusions			APRN Certified Registered Nurse Anesthetists (CRNA)
Following stabilization of vital signs after administration of medications via spinal route as described above: <ul style="list-style-type: none"> <li>▪ Monitor the status of the mother and fetus;</li> <li>▪ Replace empty infusion syringes or infusion bags with new, pre-prepared solutions containing the same medication and concentration, according to standing orders provided by the anesthesia provider; and</li> <li>▪ Stop the continuous infusion if there is a safety concern or the woman has given birth.</li> </ul>		X	X
Application of Suprapubic Pressure and Fundal Pressure			
Application of fundal pressure during the second stage of labor, including but not limited to: <ul style="list-style-type: none"> <li>▪ Presence of a non-reassuring fetal heart rate pattern;</li> <li>▪ Maternal exhaustion; or</li> <li>▪ Instances of shoulder dystocia</li> </ul>			CNM
<i>Specified Conditions - Suprapubic Pressure and Fundal Pressure</i>			
Application of suprapubic pressure during the vaginal delivery of a fetus with suspected shoulder dystocia or breech delivery.		Labor or delivery RN who possess educational preparation and competency	CNM
Application of genital fundal pressure for the purpose of preventing the upward displacement of the presenting part during fetal scalp electrode placement, and during an amniotomy when the vertex presentation is ballotable.		Labor or delivery RN who possess educational preparation and competency	CNM
Fundal pressure during a cesarean section.		possess educational preparation and competency and is a part of the surgical team	CNM
<b>Additional Procedures</b>			
Hormone Replacement Therapy (Testosterone Pellets)			Administration per a physician's order KRS 314.011 (8)(b)
Infant male circumcision			X

*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)

Care/Procedure	LPN	RN	APRN
	Requires Qualified Healthcare Provider* Orders	Requires Qualified Healthcare Provider* Orders	APRNs Certified in the Relevant Role and Population Foci
<b>Gynecological Cancer Detection</b>			
Pap Smear		X	X
Gynecologic Screening and Cervical Cancer Detection	May Assist	X	X
Diagnosis			X
Performance of Ultrasound/Ultrasonography		RN with specialized training	X
Determination of False Labor		X	X
Performance of Medical Screening Exam (MSE)		RN with specialized training	X
Intrapartum Patients	May assist in the care of intrapartum patients under the direct supervision of a qualified health care provider.	RN with specialized training	X
Initial and Ongoing Nursing Assessment	May contribute in the assessment process.	X	X
Manual Vaginal Examination		X	X
Application of Fetal Scalp Leads/Electrodes		X	X
Insertion of Intrauterine Pressure Catheters (IUPC)		X	APRN Certified Nurse Midwife (CNM)
Artificial Rupture of Membranes			CNM
Performance of an Episiotomy			CNM
Administration of Medications via Spinal Route			
Insertion, initial injection, bolus or re-bolus injection, initiation of continuous infusion, verification of correct catheter placement, and increasing or decreasing rate of continuous infusions			APRN Certified Registered Nurse Anesthetists (CRNA)
Following stabilization of vital signs after administration of medications via spinal route as described above: <ul style="list-style-type: none"> <li>▪ Monitor the status of the mother and fetus;</li> <li>▪ Replace empty infusion syringes or infusion bags with new, pre-prepared solutions containing the same medication and concentration, according to standing orders provided by the anesthesia provider; and</li> <li>▪ Stop the continuous infusion if there is a safety concern or the woman has given birth.</li> </ul>		X	X
Application of Suprapubic Pressure and Fundal Pressure			
Application of fundal pressure during the second stage of labor, including but not limited to: <ul style="list-style-type: none"> <li>▪ Presence of a non-reassuring fetal heart rate pattern;</li> <li>▪ Maternal exhaustion; or</li> <li>▪ Instances of shoulder dystocia</li> </ul>			CNM
<i>Specified Conditions - Suprapubic Pressure and Fundal Pressure</i>			
Application of suprapubic pressure during the vaginal delivery of a fetus with suspected shoulder dystocia or breech delivery.		Labor or delivery RN who possess educational preparation and competency	CNM
Application of genital fundal pressure for the purpose of preventing the upward displacement of the presenting part during fetal scalp electrode placement, and during an amniotomy when the vertex presentation is ballotable.		Labor or delivery RN who possess educational preparation and competency	CNM
Fundal pressure during a cesarean section.		Labor or delivery RN who possess educational preparation and competency and is a part of the surgical team	CNM
<b>Additional Procedures</b>			
Hormone Replacement Therapy (Testosterone Pellets)			Administration per a physician's order KRS 314.011 (8)(b)
Infant male circumcision			X

*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)



**Applicable Statutes from the Kentucky Nursing Laws**

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 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.
- 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 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.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.

### References

- American College of Nurse Midwives - ACNM. (2020). Core Competencies for Basic Nurse Midwifery Practice. [ACNMCoreCompetenciesMar2020\\_final.pdf \(midwife.org\)](#).
- AWHONN. (2020). Role of the registered nurse in the care of the pregnant woman receiving analgesia and anesthesia by catheter techniques. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 49(3), 327-329.
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- Nevada Board of Nursing. (1997). Practice Decision. Intrauterine pressure catheter. <https://nevadanursingboard.org/wpcontent/uploads/2019/10/Intrauterine-pressure-catheter.pdf>
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