

RN and LPN Practice: Legal Differences and Similarities

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How did we get here?

- LPNs have always been nurses and held accountable to practice to the defined standards of their license.
- Acute care phased out LPNs and replaced with RNs for primary nursing and evidence that more RNs meant safer care.
- Primary nursing turned into “the RN does everything” nursing. Interventions that are not listed in the Practice Act were thought to be the sole domain of the RN. More and more tasks added to nursing as regulations regarding reimbursement increased.
- Do the number of RNs mean safer care or is it what the RN monitors and supervises that makes for safer care?
- Is the completion of tasks the practice of Registered Nursing?
- LPNs moved to nursing facilities where there was frequently only a few (or one) RNs to plan the care, LPNs implemented the care.
- Lack of available RNs has led to a renewed interest in the utilization of LPNs
- Have RNs and LPNs become unknown to each other?

Primary Concepts

- *The decision -making scope of each license type is not determined by the individual who has the license, but rather, the legal boundaries assigned to that license.*
- *For any care team to fully address the needs of the patient (client) there must be a recognition of these legal boundaries. Not superior or inferior, but different.*
- *The difference is based upon prescribed levels of education and competency assessment.*
- *It is the independence of the decision making that differentiates scope of license.*

Licensed Practical Nurse (Mt Hood Community College)	Registered Nurse- Associate Degree (Mt Hood Community College)	Registered Nurse- Bachelor Degree (Oregon Health & Science University)
Nursing Success Strategies	Foundations of Nursing in Acute Care I	Foundations of Nursing in Acute Care I
Foundations of Practical Nursing I,II and Lab I,II	Foundations of Nursing in Chronic Illness I	Foundations of Nursing in Chronic Illness I
Fundamentals of Adult Care and Lab	(Embedded in Foundations of Nursing classes and clinicals)	(Embedded in Foundations of Nursing classes and clinicals)
	(Embedded in Foundations of Nursing in Acute Care)	(Embedded in Foundations of Nursing in Acute Care)
Advanced and Specialty Practical Nursing and Lab	(Embedded in acute, chronic, and end of life classes and clinicals)	(Embedded in acute, chronic, and end of life classes and clinicals)
Pharmacology in Practical Nursing I	(See 200 level class)	(See 200 level class)
Pharmacology in Practical Nursing II	(See 200 level class)	(See 200 level class)
	Humanities	Humanities
Below 100 Level	Below 100 Level	Below 100 Level
Beginning Algebra (or higher)	Intermediate Algebra	Intermediate Algebra

200 Level Classes	200 Level Classes	200 Level Classes
General Psychology		
Psychology- Human Development	Psychology- Human Development	Psychology- Human Development
	Clinical Pharmacology I	Clinical Pharmacology I
	Clinical Pharmacology II	Clinical Pharmacology II
	Pathophysiological Processes I	Pathophysiological Processes I
	Pathophysiological Processes II	Pathophysiological Processes II
	Health and Fitness for Life	Health and Fitness for Life
	Introduction to Contemporary Mathematics	Introduction to Contemporary Mathematics
	Foundations of Nursing in Chronic Illness I and End of Life and Clinical	Foundations of Nursing in Chronic Illness I and End of Life and Clinical
	Foundations of Nursing in Acute Care and Clinical	Foundations of Nursing in Acute Care and Clinical
	Social Science Elective	Social Science Elective
		Statistics
	Integrative Practicum	(See 400 level class)
100 Level Classes	100 Level Classes	100 Level Classes
	English Composition I	English Composition I
	English Composition II	English Composition II
Medical Language for Healthcare Settings	(Embedded in Foundations Classes)	(Embedded in Foundations Classes)
Human Anatomy and Physiology I	Human Anatomy and Physiology I	Human Anatomy and Physiology I
Human Anatomy and Physiology II	Human Anatomy and Physiology II	Human Anatomy and Physiology II
	Human Anatomy and Physiology III	Human Anatomy and Physiology III
Computer Concepts Lab	Microbiology	Microbiology
	Nutrition	Nutrition
Introduction to Practical Nursing Theory and Lab	Foundations of Nursing - Health Promotion I, II	Foundations of Nursing - Health Promotion I, II

Clinical Decision: <ul style="list-style-type: none"> • Interdependent nursing process, nursing care • Independent self-care activities (e.g., bathing, feeding, etc.) • Dependent medical 	Clinical Decision: <ul style="list-style-type: none"> • Independent nursing process, nursing care • Interdependent medical care 	Clinical Decision: <ul style="list-style-type: none"> • Independent nursing process, nursing care • Interdependent medical care
Total Credit Hours: 100	Total Credit Hours: 130	Total Credit Hours: 310
400 Level Classes	400 Level Classes	400 Level Classes
		Populations-Based Care and Clinical
		Epidemiology
		Nursing Leadership in Health Care Delivery Systems and Clinical
		Exploration of Specialty Nursing Practice
		Integrative Practicum I
		Integrative Practicum II
300 Level Classes	300 Level Classes	300 Level Classes
		Foundations of Nursing in Chronic Illness II and End of Life and Clinical
		Nursing in Acute Care II and Clinical

Licensed Practical Nurses

- ORS 678.010 (9):

The application of knowledge drawn from basic education in the social and physical sciences in planning and giving nursing care and assisting persons toward achieving of health and well being.

Registered Nurses

- ORS 678.010 (10):
- ***The application of knowledge drawn from broad in-depth education in the social and physical sciences in assessing, planning, ordering, giving, delegating, teaching and supervising care that promotes the person's optimum health and independence.***

What Does This Mean For the RN...legally?

- OAR 851-045-0060
- *The RN performs a comprehensive assessment by*
 - *Collecting data: The practice act does not require the RN to self-collect the data.*
 - *Validating the data: utilizing a variety of resources such as: the client, members of the healthcare team, literature.*
 - *Normal from abnormal data: Sorting, selecting, recording, evaluating, synthesizing, and communicating data.*
- *Developing reasoned conclusions that identify client problems and risks.*
- *Develop a client centered plan of care based on the analysis that establishes priorities in the plan of care, identifies measurable outcomes.*

What does this mean for the LPN...legally?

- OAR 851- 045-0050
- The LPN has a supervised practice that occurs at the clinical direction and under the clinical supervision of the RN or LIP who have authority to make changes in the plan of care....
- ***Clinical Direction***” means the communication between the registered nurse (RN) or licensed independent practitioner (LIP) to the licensed practical nurse (LPN) for the implementation of the nursing plan of care or provider treatment plan. The LPN communicates any concerns or issues regarding the plan implementation. The RN or LIP must review the LPN communication to determine if the plan requires revision. Any revisions are communicated to the LPN for implementation. While Clinical Direction does not specifically require supervision of tasks or interventions directed by the plan of care or treatment plan, the LPN may not implement these interventions unless part of the education program preparing the LPN for licensure or competency has been validated.

What does this mean for the LPN...legally?

- OAR 851-045-0050
- *Conduct Focused assessments through observations, examinations, interviews, and records in an accurate and timely manner as appropriate to the client's healthcare needs and context of care. **
- *Validate the data by utilizing interactions with the client and healthcare team members.**
- *Normal for Abnormal Data: Sorting, selecting, recording, and reporting data discrepancies to the supervising RN or supervising LIP.*
- *Evaluating data to identify problems or risks presented by the client.**
- *Contribute to the development of a comprehensive plan of care or develop a focused plan of care.*
- *Evaluate client responses to nursing interventions, progress toward measurable outcomes, and communicate such to appropriate members of the healthcare team.*

Definitions

- **“Assessment”** means the first step in the nursing process. In this phase, subjective and objective data is gathered about the patient, client, family, or community that the nurse is working with. Objective data, or data that can be collected through examination, is measurable. This may include vital signs or observable behaviors. The data is analyzed and evaluated by the registered nurse (RN) to develop the plan of care. Data may be collected by other healthcare providers; however, the RN is accountable for validating the information in order to develop the plan of care. This definition is also applicable to the term “comprehensive nursing assessment”.
- **“Focused Assessment”**, for the purposes of these rules, means recognizing the patient’s priority condition at the time of the intervention. The nurse collects and validates and records assessment data and demonstrates attentiveness by observing, monitoring, and reporting signs and symptoms, and changes in the patient’s condition in an ongoing manner. For the licensed practical nurse (LPN), the focused assessment remains within the parameters of the Registered Nurse (RN) established plan of care or within the parameters of the licensed independent practitioner (LIP’s) established treatment plan.

The Primary Legal Differences Between RN and LPN Practice

- *The RN uses broad knowledge to determine (1) what data is appropriate to the client's health status based on data collected by the RN or other team members (2) synthesizes the data to determine reasoned conclusions (nursing diagnosis) (3) develops and authors the plan of care (4) supervises the implementation of the plan (5) modifies the plan as information regarding the client's condition changes.*
- *The LPN uses basic knowledge to determine (1) the client's status at the time of intervention (2) implements the plan of care authored by the RN or LIP (3) determines if the plan of care is achieving measurable outcomes (4) collaborates with the RN or LIP and contributes to plan of care when a change is needed or when the plan has achieved its goals.*

Common Legal Myths

The LPN works under the license of the RN...

- No licensee works under the license of another. The LPN has their own scope of practice and is accountable for the decisions made under their license.

The RN supervises the Practice of the LPN and must sign off the chart...

- No, the RN supervises the implementation of the plan of care by the LPN and that the LPN understands the plan through communication with the RN. Charting is under the license of the LPN.

Common Legal Myths

- Only an RN can give IV medications...
 - The Practice Act is silent about medication administration.
- Only an RN can double check and hang blood...
 - The Practice Act is silent about the administration of blood.
- Only an RN can access a central line...
 - The Practice Act is silent about the accessing of a central line.
- Only an RN can administer controlled substances...
 - The Practice Act is silent about administration of controlled substances.
- Only an RN can care for patients in the ICU...
 - The Practice Act is silent about context of care.

Legal Clarification

- Can an LPN perform Triage?
 - An LPN's legal parameters of their license does not allow for determination of a plan of care. Is the client sick enough to warrant immediate attention? Can the client wait until an appointment can be arranged? What should be ordered based on protocol? Is the completed assessment enough to determine risks allowing for a plan to mitigate risk? An LPN is not authorized to perform independent triage.
 - An LPN can perform triage of clients with pre-determined diagnosis based on a population specific protocol with pre-determined pathways. If the client deviates from the protocol or displays symptoms beyond the protocol, then the LPN must consult with the RN or LIP. The LPN cannot deviate based on their own decision making.

Legal Clarification

- How can an organization determine how best to utilize a mix of RN and LPN?
 - The risks of the clients necessitating independent decision - making regarding plan of care and interventions.
 - Defining the role of the RN and the role of the LPN. When does the benefit of utilizing an RN outweigh the utilization of an LPN? When does utilizing an LPN mean equal quality of care?
 - An RN and LPN are NOT legally interchangeable. The RN has an independent decision-making scope; the LPN does not.

Questions???????