



15.28 The Registered Nurse Scope of Practice

The BON recommends that all nurses utilize the [Six-Step Decision-Making Model for Determining Nursing Scope of Practice](#)¹ when deciding if an employer's assignment is safe and legally with the nurse's scope of practice.

The Texas Board of Nursing (BON) is authorized by the Texas Legislature to regulate the nursing profession to ensure that every licensee is competent to practice safely. The Texas Nursing Practice Act (NPA) defines the legal scope of practice for professional registered nurses (RN).² The RN takes responsibility and accepts accountability for practicing within the legal scope of practice and is prepared to work in all health care settings, and may engage in independent nursing practice without supervision by another health care provider. The RN, with a focus on patient safety, is required to function within the parameters of the legal scope of practice and in accordance with the federal, state, and local laws; rules and regulations; and policies, procedures and guidelines of the employing health care institution or practice setting. ***The RN is responsible for providing safe, compassionate, and comprehensive nursing care to patients and their families with complex healthcare needs.***

The purpose of this position statement is to provide direction and recommendations for nurses and their employers regarding the safe and legal scope of practice for RNs and to promote an understanding of the differences in the RN education programs of study and between the RN and LVN levels of licensure. The LVN scope of practice is interpreted in Position Statement 15.27.

Every nursing educational program in the state of Texas is required to ensure that their graduates exhibit competencies outlined in the Board's [Differentiated Essential Competencies \(DECs\) of Graduates of Texas Nursing Programs](#).³ These competencies are included in the program of study so that every graduate has the knowledge, clinical behaviors and judgment necessary for RN entry into safe, competent and compassionate nursing care. The *DECs* serve as a guideline for employers to assist RNs as they transition from the educational environment into nursing practice. As RNs enter the workplace, the *DECs* serve as the foundation for the development of the RN scope of practice.

Completion of on-going, informal continuing nursing education offerings and on-the-job trainings in a RN's area of practice serves to develop, maintain, and expand competency. Because the RN scope of practice is based upon the educational preparation in the RN program of study, there are limits to the expansion of the scope. The Board believes that for a nurse to successfully make a transition from one level of nursing practice to the next requires the completion of a formal program of education.⁴

The RN Scope of Practice

The professional registered nurse is an advocate for the patient and the patient's family, and promotes safety by practicing within the NPA and the BON Rules and Regulations. The RN provides nursing services that require substantial specialized judgment and skill. The planning and delivery of professional nursing care is based on knowledge and application of the principles of biological, physical and social science as acquired by a completed course of study in an approved school of professional nursing. Unless licensed as an advanced practice registered nurse, the RN scope of practice does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures.² RNs utilize the nursing process to establish the plan of care in which nursing services are delivered to patients. The level



and impact of the nursing process differs between the RN and LVN as well as between the different levels of RN education (see Table).

Assessment

The comprehensive assessment is the first step, and lays the foundation for the nursing process. The comprehensive assessment is the initial and ongoing, extensive collection, analysis and interpretation of data. Nursing judgment is based on the assessment process. The RN uses clinical reasoning and knowledge, evidence-based outcomes, and research as the basis for decision-making and comprehensive care. Based upon the comprehensive assessment the RN determines the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families using evidence-based health data and a synthesis of knowledge. Surveillance is an essential step in the comprehensive assessment process. The RN must anticipate and recognize changes in patient conditions and determines when reassessments are needed.

Planning

The second step in the nursing process is planning. The RN synthesizes the data collected during the comprehensive assessment to identify problems, make nursing diagnoses, and to formulate goals, teaching plans and outcomes. A nursing plan of care for patients is developed by the RN, who has the overall responsibility to coordinate nursing care for patients. Teaching plans address health promotion, maintenance, restoration, and prevention of risk factors. The RN utilizes evidence-based practice, published research, and information from patients and the interdisciplinary health care team during the planning process.

Implementation

Implementing the plan of care is the third step in the nursing process. The RN may begin, deliver, assign or delegate certain interventions within the plan of care for patients within legal, ethical, and regulatory parameters and in consideration of health restoration, disease prevention, wellness, and promotion of healthy lifestyles. The RN's duty to patient safety when making assignments to other nurses or when delegating tasks to unlicensed staff is to consider the education, training, skill, competence, and physical and emotional abilities of those to whom the assignments or delegation is made. The RN is responsible for reasonable and prudent decisions regarding assignments and delegation. The RN scope of practice may include the supervision of LVNs. Supervision of LVN staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance and activity.⁵ The RN may have to directly observe and evaluate the nursing care provided depending on the LVN's skills and competence, patient conditions, and emergent situations.

The RN may determine when it is appropriate to delegate tasks to unlicensed personnel and maintains accountability for how the unlicensed personnel perform the tasks. The RN is responsible for supervising the unlicensed personnel when tasks are delegated. The proximity of supervision is dependent upon patient conditions and skill level of the unlicensed personnel. In addition, teaching and counseling are interwoven throughout the implementation phase of the nursing process.



Evaluation and Re-assessment

A critical and fourth step in the nursing process is evaluation. The RN evaluates and reports patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plans any follow-up care and referrals to appropriate resources that may be needed. The evaluation phase is one of the times when the RN reassesses patient conditions and determines if interventions were effective and if any modifications to the plan of care are necessary.

Essential Skills Used in the Nursing Process

Communication

Communication is an essential and fundamental component used during the nursing process. The RN must communicate verbally, in writing, or electronically with members of the healthcare team, patients and their families in all aspects of the nursing care provided to patients. These communications must be appropriately documented in the patient record or nursing care plan. Because RNs plan, coordinate, initiate and implement a multidisciplinary team's approach to patient care, collaboration is a quality crucial to the communication process. When patient conditions or situations exceed the RN's level of competency, the RN must be prepared to seek out other RNs with greater competency or other health care providers with differing knowledge and skill sets and actively cooperate to ensure patient safety.

Clinical Reasoning

Clinical reasoning is another integral component in the nursing process. RNs use critical thinking skills to problem-solve and make decisions in response to patients, their families and the healthcare environment. RNs are accountable and responsible for the quality of nursing care provided and must exercise prudent and professional nursing judgment to ensure the standards of nursing practice are met at all times.

Employment Setting

When an employer hires a RN to perform a job, the RN must assure that it is safe and legal. Caution must be exercised not to overstep the legal parameters of nursing practice when an employer may not understand the limits of the RN scope of practice and makes an assignment that is not safe. The RN must determine before he or she engages in an activity or assignment whether he or she has the education, training, skill, competency and the physical and emotional ability to safely carry out the activity or assignment.⁶ The RN's duty is to always provide safe, compassionate, and comprehensive nursing care to patients.

Summary

The RN, with a focus on patient safety, is required to function within the parameters of the legal scope of practice and in accordance with the federal, state, and local laws; rules and regulations; and policies, procedures and guidelines of the employing health care institution or practice setting. The RN functions under his or her own license and assumes accountability and responsibility for quality of care provided to patients and their families according to the standards of nursing practice.⁷ The RN demonstrates responsibility for continued competence in nursing practice, and develops insight through reflection, self-analysis, self-care, and lifelong learning.



The table below offers a brief synopsis of how the scope of practice for nurses differs based on educational preparation and level of licensure. These are minimum competencies, but also set limits on what the LVN or RN can do at his or her given level of licensure, regardless of experience.

¹ Texas Board of Nursing (2010). *Six-step decision-making model for determining nursing scope of practice.*

² Texas Nursing Practice Act, TOC §301.002(2)

³ Texas Board of Nursing (2010). *Differentiated essential competencies (DECs) of graduates of Texas Nursing Programs*

⁴ Texas Board of Nursing (2011). Position statement 15.10 Continuing education: Limitations for expanding scope of practice.

⁵ Texas Administrative Code, 22 TAC §217.11(2)

⁶ Texas Administrative Code, 22 TAC §217.11(1)(T)

⁷ Texas Administrative Code, 22 TAC §217.11

Additional Resources

Idaho Board of Nursing (2010). *Position on safety to practice.*

Kentucky Board of Nursing. (2005). *Components of licensed practical nursing practice (AOS #27 LPN Practice).*

National Council of State Boards of Nursing. (2009). *Changes in healthcare professions' scope of practice: Legislative consideration.*

North Carolina Board of Nursing. (2010). *LPN scope of practice: Clarification: Position statement for LPN practice.*

North Carolina Board of Nursing. (2010). *RN and LPN scope of practice components of nursing comparison chart.*

North Carolina Board of Nursing. (2010). *RN scope of practice: Clarification: Position statement for RN practice.*

Texas Administrative Code, 22 TAC §224 (2011).

Texas Administrative Code, 22 TAC §225 (2011).



Texas Board of Nursing (2011). *Rules and guidelines governing the graduate vocational and registered nurse candidates or newly licensed vocational or registered nurse.*

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Synopsis Of Differences in Scope Of Practice for Licensed Vocational, Associate, Diploma and Baccalaureate Degree Nurses			
Nursing Practice	LVN Scope of Practice <i>Directed/Supervised Role</i>	ADN or Diploma RN Scope of Practice <i>Independent Role</i>	BSN RN Scope of Practice <i>Independent Role</i>
Education	<p>The curriculum for the VN education is in a clinically intensive certificate program of approximately one year in length. The Texas BON rules mandate a minimum of 558 theory and 840 clinical hours in the VN program of study.</p> <p>The VN curriculum includes instruction in five basic areas of nursing care: adults; mothers and newborns; children; elderly; and individuals with mental health problems. Clinical experience in a unit or a facility specifically designed for psychiatric care is optional.</p> <p>Required support courses should provide instruction in biological, physical, social, behavioral, and nursing sciences, including body structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development, vocational adjustments, and nursing skills.</p>	<p>ADN programs require a minimum of two full years of study, integrating a balance between courses in liberal arts; natural, social, and behavioral sciences; and nursing. Academic associate degrees consist of 60-72 credit hours with approximately half the program requirements in nursing courses.</p> <p>The Texas BON approved curriculum includes requirements for didactic instruction and clinical experiences in four contents areas: medical-surgical, maternal/child health, pediatrics, and mental health nursing.</p> <p>Diploma programs are hospital-based, single purpose schools of nursing that consist of two-three years of general education and support courses.</p>	<p>The BSN program of study integrates approximately 60 hours from liberal arts and natural, social, and behavioral science courses and approximately 60-70 hours of nursing courses.</p> <p>In addition to the ADN/Diploma education requirements, BSN education includes instruction in community health, public health, research, nursing leadership, and nursing management with preparation and skills to practice evidence based nursing.</p>
Supervision	Supervision is required for the LVN scope of practice. LVNs are not licensed	Provides supervision to other RNs, LVNs and UAPs.	Provides supervision to other RNs, LVNs and UAPs. Supervision of LVN



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	<p>for independent nursing practice.</p> <p>A LVN must ensure that he or she has an appropriate clinical supervisor, i.e. RN, APRN, Physician, PA, Dentist or Podiatrist. The proximity of a clinical supervisor depends on skills and competency of the LVN, patient conditions and practice setting. Direct, on-site supervision may not always be necessary depending on the LVN's skill and competence and should be determined on a case-by-case situation taking into consideration the practice setting laws. However, clinical supervisors must provide timely and readily available supervision and may have to be physically present to assist LVNs should emergent situations occur.</p>	<p>Supervision of LVN staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance and activity.</p>	<p>staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance and activity.</p>
Setting	<p>Provides focused nursing care to individual patients with predictable health care needs under the direction of an appropriate clinical supervisor.</p> <p>The setting may include areas with well defined policies, procedures and guidelines with assistance and support from appropriate clinical supervisors, i.e.</p>	<p>Provides independent, direct care to patients and their families who may be experiencing complex health care needs that may be related to multiple conditions. Provides healthcare to patients with predictable and unpredictable outcomes in various settings.</p>	<p>Provides independent, direct care to patients, families, populations, and communities experiencing complex health care needs that may be related to multiple conditions. Provides healthcare to patients with predictable and unpredictable outcomes in various settings.</p>



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	nursing home, hospital, rehabilitation center, skilled nursing facility, clinic, or a private physician office. As competencies are demonstrated, if the LVN transitions to other settings, it is the LVN's responsibility to ensure he or she has an appropriate clinical supervisor and that the policies, procedures and guidelines for that particular setting are available to guide the LVN practice.		
Assessment	<p>Assists, contributes and participates in the nursing process by performing a focused assessment on individual patients to collect data and gather information. A focused assessment is an appraisal of the situation at hand for an individual patient and may be performed prior to the RN's initial and comprehensive assessment.</p> <p>The LVN reports and documents the assessment information and changes in patient conditions to an appropriate clinical supervisor.</p>	<p>Independently performs an initial or ongoing comprehensive assessment (Extensive data collection). Anticipates changes in patient conditions to include emergent situations. Reports and documents information and changes in patient conditions to a health care practitioner and or a responsible party.</p> <p>Determines the physical and mental health status, needs, and preferences of culturally diverse patients and their families.</p>	<p>Independently performs an initial or ongoing comprehensive assessment (Extensive data collection). Anticipates changes in patient conditions to include emergent situations. Reports and documents information and changes in patient conditions to a health care practitioner and or a responsible party.</p> <p>Determines the physical and mental health status, needs, and preferences of culturally diverse patients, families, populations and communities.</p>



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Planning	<p>Uses clinical reasoning based on established evidence-based policies, procedures and guidelines for decision-making.</p> <p>May assign specific daily tasks and supervise nursing care to other LVNs or UAPs.</p>	<p>Uses clinical reasoning based on established evidence-based policies, procedures and guidelines for decision-making. Analyzes assessment data to identify problems, formulate goals and outcomes, and develops nursing plans of care for patients and their families.</p> <p>May assign tasks and activities to other nurses. May delegate tasks to UAPs.</p>	<p>Uses clinical reasoning based on established evidence-based practice outcomes and research for decision-making and comprehensive care. Synthesizes comprehensive data to identify problems, formulate goals and outcomes, and develop nursing plans of care for patients, families, populations, and communities.¹³</p> <p>May assign tasks and activities to other nurses. May delegate tasks to UAPs.</p>
Implementation	<p>Provides safe, compassionate and focused nursing care to patients with predictable health care needs. Implements aspects of the nursing care plan, including emergency interventions under the direction of the RN or another appropriate clinical supervisor. Contributes to the development and implementation of teaching plans for patients and their families with common health problems and well-defined health needs.</p>	<p>Provides safe, compassionate, comprehensive nursing care to patients, and their families through a broad array of health care services. Implements the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles. Develops and implements teaching plans to address health promotion, maintenance, and restoration.</p>	<p>Provides safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services. Implements the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles. Develops and implements teaching plans to address health promotion, maintenance, restoration, and population risk reduction.</p>



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Evaluation	<p>Participates in evaluating effectiveness of nursing interventions.</p> <p>Participates in making referrals to resources to facilitate continuity of care.</p>	<p>Evaluates and reports patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plans follow-up nursing care to include referrals for continuity of care.</p>	<p>Evaluates and reports patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research, and plans follow-up nursing care to include referrals for continuity of care.</p>



Frequently Asked Questions (FAQs) Regarding Position Statements 15.27, The LVN Scope of Practice and 15.28, The RN Scope of Practice

1) I am a LVN and read in Position Statements 15.27 and 15.28 that it is the LVN's responsibility to ensure that he or she has an appropriate *Clinical Supervisor*. Who can be my clinical supervisor?

Each LVN is required to ensure that he or she has the appropriate supervisor prior to accepting an assignment, a position or employment. The Nursing Practice Act (NPA) Section 301.353 states that "*the practice of vocational nursing must be performed under the supervision of a registered nurse, physician, physician assistant, podiatrist, or dentist.*" Rule 217.11, Standards of Nursing Practice, (2) further goes on to require and explain that "*the licensed vocational nurse practice is a directed scope of nursing practice under the supervision of a registered nurse, advanced practice registered nurse, physician's assistant, physician, podiatrist, or dentist. Supervision is the process of directing, guiding, and influencing the outcome of an individual's performance of an activity.*"

LVNs provide valuable and essential nursing care in different types of health care settings. When LVNs work in settings, such as hospitals, long-term care facilities, rehabilitation centers, or skilled nursing facilities, RNs are mostly likely to serve as the LVN's supervisor. LVNs also work in private physician or dentist offices, where physicians, dentists and podiatrists function as the LVN's supervisor. Because LVNs may practice in these various health care settings, the clinical supervisor is a term used to describe the different licensed healthcare providers that are authorized in the NPA to supervise and direct the LVN's practice, i.e.: registered nurse, advanced practice registered nurse, physician, physician assistant, podiatrist or dentist. These types of clinical supervisors oversee the nursing practice of a LVN by monitoring the health status of patients and then directing the LVN's actions to ensure the delivery of safe and effective nursing care.

2) In Position Statements 15.27 and 15.28, I read that LVNs are responsible for providing safe, compassionate and focused nursing care to assigned patients with predictable health care needs. What does *predictable* mean in this statement?

The LVN in Texas provides nursing care to patients with health care needs that are predictable in nature, under the direction and supervision of a registered nurse, advanced practice registered nurse, physician, physician assistant, podiatrist or dentist. The term predictable describes health conditions that behave or occur in an expected way. A predictable health condition does not mean that the patient is always stable. Instead, predictable health conditions follow an expected range or pattern that allows the LVN with his or her clinical supervisor to anticipate and appropriately plan for the needs of patients.

For example, it is appropriate for a LVN to care for a patient with a diagnosis of asthma. The disease process for asthma, while sometimes acute in nature, is predictable or well-known, and the symptoms can be anticipated. The LVN assists his or her clinical supervisor in the development of a plan, in which the LVN provides care, prevents possible complications and stabilizes the symptoms of asthma. In addition, when complications arise or events occur that are outside the predicted range, the LVN must be able to recognize this change in condition and notify his or her clinical supervisor.



Helpful Resources:

Texas Board of Nursing (2010). [Differentiated essential competencies \(DECs\) of graduates of Texas Nursing Programs](#)

Texas Board of Nursing (2011). Position statement 15.27, The LVN Scope of Practice

Texas Board of Nursing (2011). Position statement 15.28, The RN Scope of Practice

Texas Occupations Code, Chapter 301.002(5). [Definition of Vocational Nursing](#)

Texas Occupations Code, Chapter 301.353. [Supervision of Vocational Nurse](#)

22 Tex. Admin. Code §217.11 (1). [Standards of Nursing Practice](#)

22 Tex. Admin. Code §217.11 (2). [Standards Specific to Vocational Nurses](#)

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