

Application for Credentialing Review
Licensed Practical Nurse (LPN) provision of Intravenous (IV) Therapy

Submitted by:
The Nebraska Board of Nursing

August 3, 2016

Description of the Applicant Group

1. Provide the following information for the applicant group:

a. Name, address, telephone number, e-mail address, and website of the applicant group in Nebraska, and any national parent organization;

Nebraska Board of Nursing
301 Centennial Mall South
Lincoln, NE 68509
402-471-0317
ann.oertwich@nebraska.gov

National Council of State Boards of Nursing
111 East Wacker Drive, Suite 2900
Chicago, IL 60601-4277
402-525-3600
info@ncsbn.org

b. Composition of the group and approximate number of members in Nebraska;

The Nebraska Board of Nursing is composed of 12 members: eight Registered Nurses, two licensed practical nurses, and two public members. The registered nurses on the board shall be from the following areas: (a) One practical nurse educator; (b) one associate degree or diploma nurse educator; (c) one baccalaureate nurse educator; (d) two nursing service administrators; (e) two staff nurses; and (f) one advanced practice registered nurse.

(2) The State Board of Health shall attempt to ensure that the membership of the Board of Nursing is representative of acute care, long-term care, and community-based care. A minimum of three and a maximum of five members shall be appointed from each congressional district, and each member shall have been a bona fide resident of the congressional district from which he or she is appointed for a period of at least one year prior to the time of the appointment of such member.

c. Relationship of the group to the occupation dealt with in the application.

The Nebraska Board of Nursing regulates the Licensed Practical Nurse and the Licensed Practical Nurse Certified in Nebraska.

2. Identify by title, address, telephone number, e-mail address, and website of any other groups, associations, or organizations in Nebraska whose membership consists of the following;

a. Members of the same occupation or profession as that of the applicant group

Licensed Practical Nurse Association of Nebraska (LPNAN)
1200 Libra Dr., Suite 100
Lincoln, NE 68512
402-435-3551
nhca@nehca.org
<https://www.nehca.org/lpn/>

b. Members of the occupation dealt with in the application

The Licensed Practical Nurse (LPN) is a category of licensure for nurses who complete 12 – 18 months of education and are eligible to take the National Council of State Boards of Nursing licensure exam or NCLEX-PN. This licensure examination determines minimum competency to practice nursing at this level and is

recognized by all 50 states as one requirement for licensure. In Nebraska, the LPN can license by examination (new graduates) or endorsement (current license held in another state). General license requirements include:

- Be of good moral character;
- Have completed four years of high school or its equivalent
- Completion of an approved program of practical nursing and hold a diploma from that program

Regulations specify other requirements such as citizenship, require fingerprinting and criminal background checks, as well as other specifications.

There are currently 6,260 LPNs licensed in Nebraska.

There is also a specialty certification in Nebraska for the LPN to provide Intravenous (IV) therapy. This credential is called LPN-C, and is referenced by Neb. Stat. 38-1601 to 38-16256 and Title 172, Chapter 102, which allows the provision of IV therapy by an LPN after completing a special IV therapy course, passing a certification examination and paying an additional fee to become certified with the State of Nebraska. There are currently 671 LPN-Cs licensed in Nebraska.

c. Employers of the occupation dealt with in the application

Results of the 2015 LPN renewal survey indicate that 90% of LPNs licensed in Nebraska are primarily employed in Nebraska. Percentages by category are as follows:

• Nursing home/extended care/assisted living facility	40.8%
• Other	16.4%
• Hospital	13.0%
• Ambulatory Care Setting	10.7%
• Home Health	6.0%
• Community Health	6.0%
• Public Health	2.3%
• School Health Service	1.7%
• Correctional Facility	1.3%
• Occupational Health	0.9%
• Academic Setting	0.5%
• Insurance Claims/Benefits	0.4%
• Policy/Planning/Regulatory/Licensing	0.1%

At the national level, nearly 30% of LPNs work in hospitals (2015 LPN Renewal Survey). In Nebraska, a higher proportion of LPNs work in rural hospitals than in urban areas (20.8% vs 10.2% respectively). In terms of positions held, eight out of ten LPNs work as 'staff nurses', followed by 'nurse manager' (6.4%). In terms of specialty practice areas, over one-third of LPNs work in 'geriatric/gerontology' (34.7%), with differences noted by geographic location (43.2% rural vs 31.8% urban).

Renewal survey data is not collected on the LPN-C category (671 licensees). However, anecdotal evidence from programs providing LPN certification, indicates a similar pattern of employment with a focus on critical access hospitals, skilled care, and outpatient or physician clinics, with more a rural vs. urban setting.

d. Practitioners of the occupations similar to or working closely with members of the occupation dealt with in the application;

The Registered Nurse would be the practitioner most similar to the LPN or LPN-C, but with a distinctly difference scope of practice.

e. Educators or trainers of prospective members of the occupation dealt with in the application;

LPN and LPN-C education is primarily conducted in community college settings. A complete list of approved LPN and LPN-C education programs follows:

* indicates programs offering approved LPN-C courses

Central Community College *

3134 West Highway 34
PO Box 4903
Grand Island, NE 68803-4903
www.cccneb.edu

College of Saint Mary

7000 Mercy Rd.
Omaha, NE 68106
www.csm.edu

Kaplan University

5424 N. 103rd Street
Omaha, NE 68134
www.omaha.kaplanuniversity.edu

Metropolitan Community College

2909 Edward Babe Gomez Ave
Omaha, NE 68107
www.mccneb.edu

Mid-Plains Community College *

601 West State Farm Rd.
North Platte, NE 69101
www.mpcc.edu

Northeast Community College *

801 East Benjamin Avenue
PO Box 469
Norfolk, NE 68702-0469
www.northeast.edu

Southeast Community College *

8800 O Street
Lincoln, NE 68520
www.southeast.edu

Western Nebraska Community College *

1601 E. 27th Street
Scottsbluff, NE 69361-1899
www.wncc.edu

f. Citizens familiar with or utilizing the services of the occupation dealt with in the application (e.g., advocacy groups, patient rights groups, volunteer agencies for particular diseases or conditions, etc.); and

Any citizen of Nebraska served by licensed nursing services would have an interest in this application. Currently, there is confusion among consumers, employers, professional associations, and even licensed nurses about the special 'certification' allowed by the LPN-C statute. The confusion is centered on what the LPN-C can and cannot do within the special legal scope of practice. The LPN-C has very specific permissions and limitations, leading to confusion, misinformation, and lack of appropriate utilization of this level of provider.

g. Any other group that would have an interest in the application.

The National Council of State Boards of Nursing (NCSBN) would also have an interest in this application as it relates to continuity of regulation across the Nurse Licensure Compact (NLC) states. Nebraska has been a member of the NLC since 2000, and is one of 26 member states who participate in what is designed to be a seamless licensure compact, allowing increased mobility of licensed RNs and LPNs among compact states.

Currently, the regulations for LPNs and IV therapy varies remarkably among states, with approximately 39-41 states allowing LPNs to provide select IV therapy activities as part of the basic education of the LPN. Nebraska is one of approximately 6-8 states that require a special certification post licensure as an LPN to provide IV therapy. This means that *most* LPNs who migrate into Nebraska to provide LPN nursing services *may not* be able to provide IV therapy as an LPN to the full extent of their education and training, based on needing an additional IV therapy certification course and subsequent license to practice as they have in other compact states. The NCSBN has model practice act language that promotes seamless regulatory standards to allow public protection and safe practice in all states, as well allowing for primary state regulatory boards to provide discipline for unsafe practitioners. Statutes such as the current LPN-C act create workforce barriers for the LPN.

- 3. If the profession is currently credentialed in Nebraska, provide the current scope of practice of this occupation as set forth in state statutes. If a change in this scope of practice is being requested, identify that change. This description of the desired scope of practice constitutes the proposal. The application comprises the documentation and other materials that are provided in support of the proposal.**

The profession currently credentialed in Nebraska is the LPN, with a specialty certification credential for LPN-C. The Nebraska Board of Nursing is requesting a repeal of the LPN-C statute, with a new provision in the Nurse Practice Act (Neb. Stat. 38-2201-2236) for the LPN to be able to provide select IV therapy activities that are outline in the LPN-C practice as part of the legal scope of practice of all LPNs.

- 4. If the profession is not currently credentialed in Nebraska, describe the proposed credential and the proposed scope of practice, and/or the proposed functions and procedures of the group to be reviewed. This description of the desired scope of practice and the proposed credential constitute the core of the proposal. Also, please describe how the proposal would be administered. The application comprises the documentation the documentation and other materials that are provided in support of the proposal.**

Not applicable

- 5. Describe in detail the functions typically performed by practitioners of this occupation, and identify what if any specific statutory limitations have been placed on these functions. If possible, explain why the Legislature created these restrictions.**

The typical functions performed by the LPN-C are defined in Neb. Stat. 38-1613 as

38-1613. Licensed practical nurse-certified; activities authorized. A licensed practical nurse-certified may perform the following activities related to the administration of intravenous therapy under the direction of a licensed practitioner or registered nurse:

- (1) Calculate the rate of intravenous fluid infusions, except for pediatric patients;
- (2) Perform venipuncture, excluding jugular, for purposes of peripheral intravenous therapy, except (a) for pediatric patients or (b) with devices which exceed three inches in length. Direct supervision by a licensed practitioner or registered nurse shall be required for initial venipuncture for purposes of peripheral intravenous therapy;
- (3) Except in the case of a pediatric patient, administer approved medications by approved methods. Approved methods of administration and approved medications shall be those for which nursing interventions are routine and predictable in nature related to individual responses and adverse reactions and as defined in rules and regulations of the board;

- (4) Flush intravenous ports with heparin solution or saline solution; and
- (5) Add pain medication solutions to a patient-controlled infusion pump.

The history of the LPN and LPN-C with IV therapy is lengthy, with legislative interventions as detailed below. Nursing licensure in Nebraska has not always recognized the LPN, with the first Nurse Practice Act to do so, amended and passed in 1955. This licensure was 'permissive' only at this time. This was the year the first LPN was licensed in Nebraska. Initial LPN education was commensurate with nursing practice and education, meaning, LPNs were allowed to do IV therapy based on their education and as the practice of IV therapy evolved in health care. Extensive changes to the Nurse Practice Act in 1975 created mandatory licensure for the LPN. It was around this time period that practical nursing education programs stopped teaching IV therapy, so LPN practice did not allow for IV therapy, based on changes in educational preparation. There was no statutory change to deny or allow this practice, simply changes in educational competency preparation.

Subsequently, based on an evolving need for an expanded LPN role, the LPN-Certified role was developed. This evolved from the mid-1980's until the original LPN-C act was passed by the Nebraska legislature in 1993. This act has been amended several times, most recently in 2007.

6. Identify other occupations that perform some of the same functions or similar functions.

The Registered Nurse provides some of the same functions as the LPN-C and LPN, but at a higher level of accountability, based on RN licensure. The dialysis technician is the only other occupation that performs limited IV access and therapy in a circumscribed setting, following specific protocols, based on federal regulations.

7. What functions are unique to this occupation? What distinguishes this occupation from those identified in question 6?

The Nurse Practice Act provides the following language that distinguishes RNs from LPNs and unlicensed individuals (ie. dialysis technicians). The LPN-C Act is a separate statute that defines a specific carve out role for the LPN in IV therapy.

Functions unique to this occupation - LPN (statutory definition):

38-2211. Practice of nursing by a licensed practical nurse, defined.

- (1) Practice of nursing by a licensed practical nurse means the assumption of responsibilities and accountability for nursing practice in accordance with knowledge and skills acquired through an approved program of practical nursing. A licensed practical nurse may function at the direction of a licensed practitioner or a registered nurse.
- (2) Such responsibilities and performances of acts must utilize procedures leading to predictable outcomes and must include, but not be limited to:
 - (a) Contributing to the assessment of the health status of individuals and groups;
 - (b) Participating in the development and modification of a plan of care;
 - (c) Implementing the appropriate aspects of the plan of care;
 - (d) Maintaining safe and effective nursing care rendered directly or indirectly;
 - (e) Participating in the evaluation of response to interventions; and
 - (f) Assigning and directing nursing interventions that may be performed by others and that do not conflict with the Nurse Practice Act.

Functions unique to the LPN-C (statutory definition):

38-1613. Licensed practical nurse-certified; activities authorized. A licensed practical nurse-certified may perform the following activities related to the administration of intravenous therapy under the direction of a licensed practitioner or registered nurse: (1)

- (1) Calculate the rate of intravenous fluid infusions, except for pediatric patients;
- (2) Perform venipuncture, excluding jugular, for purposes of peripheral intravenous therapy, except (a) for pediatric patients or (b) with devices which exceed three inches in length. Direct supervision by a licensed practitioner or registered nurse shall be required for initial venipuncture for purposes of peripheral intravenous therapy;
- (3) Except in the case of a pediatric patient, administer approved medications by approved methods. Approved methods of administration and approved medications shall be those for which nursing interventions are routine and predictable in nature related to individual responses and adverse reactions and as defined in rules and regulations of the board;
- (4) Flush intravenous ports with heparin solution or saline solution; and
- (5) Add pain medication solutions to a patient-controlled infusion pump.

Functions unique to the RN occupation (statutory definition):

38-2212. Practice of nursing by a registered nurse, defined.

- (1) The practice of nursing by a registered nurse means assuming responsibility and accountability for nursing actions.
- (2) Nursing actions include, but are not limited to:
 - (a) Assessing human responses to actual or potential health conditions;
 - (b) Establishing nursing diagnoses;
 - (c) Establishing goals and outcomes to meet identified health care needs;
 - (d) Establishing and maintaining a plan of care;
 - (e) Prescribing nursing interventions to implement the plan of care;
 - (f) Implementing the plan of care;
 - (g) Teaching health care practices;
 - (h) Delegating, directing, or assigning nursing interventions that may be performed by others and that do not conflict with the Nurse Practice Act;
 - (i) Maintaining safe and effective nursing care rendered directly or indirectly;
 - (j) Evaluating responses to interventions, including, but not limited to, performing physical and psychological assessments of patients under restraint and seclusion as required by federal law, if the registered nurse has been trained in the use of emergency safety intervention;
 - (k) Teaching theory and practice of nursing;
 - (l) Conducting, evaluating, and utilizing nursing research;
 - (m) Administering, managing, and supervising the practice of nursing; and
 - (n) Collaborating with other health professionals in the management of health care.

What most clearly defines the difference between the RN, the LPN, and the unlicensed person is the following grid from Title 172, Chapter 99:

99-003 Minimum standards for nursing care responsibilities of licensed nurses within the framework of the nursing process, including parameters for delegation and assignment of nursing interventions, include but are not limited to:

	Registered Nurse (RN)	Licensed Practical Nurse (LPN)	Unlicensed Person
	Based on independent, dependent, and interdependent functions:	At the direction of RN or Licensed Practitioner:	As assigned, delegated, and/or directed by the RN or as assigned and directed by the LPN:
99-003.01 Assessing	<p><u>99-003.01A</u> Conducts and documents nursing assessments of the health status of individuals, families, and groups by:</p> <ol style="list-style-type: none"> 1) Collecting objective and subjective data from observations, examinations, interviews, and written records. The data include but are not limited to: <ol style="list-style-type: none"> a) Biophysical and emotional status including patterns of coping and interacting; b) Growth and development; c) Cultural, spiritual, and socio-economic background; d) Health history; e) Information collected by other health team members; f) Client/patient knowledge about health status and potential, or maintaining health status; g) Availability to perform activities of daily living and personal care; h) The client/patient's health goals; i) Environmental factors (e.g., physical, social, emotional and ecological); and j) Available and accessible human 	<p><u>99-003.01B</u> Contributes to the assessment of health status of individuals including interactions of individuals with family members or group members, by:</p> <ol style="list-style-type: none"> 1) Collecting basic objective and subjective data from observations, examinations, interviews, and written records. The scope and depth of data collection is consistent with the educational preparation of the LPN. Such data may include: <ol style="list-style-type: none"> a) Physical and emotional status; b) Growth and development; c) Cultural, spiritual, and socio-economic background; d) Health history; e) Information collected by other health team members; f) Client/patient understanding of health status and self-care needs; g) Ability to perform activities of daily living and personal care; h) Environmental factors (e.g., physical, social, emotional and ecological); and i) Available and accessible human 	<p><u>99-003.01C</u> Contributes to the assessment of the health status of individuals including interactions of individuals with family members or group members by:</p> <ol style="list-style-type: none"> 1) Collecting basic subjective and objective data from observations and interviews. The data to be collected is identified by the RN and/or LPN. 2) Reporting and recording the collected data.

	Registered Nurse (RN)	Licensed Practical Nurse (LPN)	Unlicensed Person
	Based on independent, dependent, and interdependent functions:	At the direction of RN or Licensed Practitioner:	As assigned, delegated, and/or directed by the RN or as assigned and directed by the LPN:
	and material resources 2) Sorting, selecting, reporting, and recording the data. 3) Validating, refining and modifying the data by utilizing available resources including interactions with the client/patient, family, significant others and health team members.	and material resources; 2) Recording and reporting the data. 3) Assisting with validating, refining and modifying the data by utilizing available resources including interactions with the client/patient, family, significant others, and health team members.	
99-003.02 Establishing nursing diagnoses	<u>99-003.02A</u> Utilizes all data to: 1) Identify and document responses to actual or potential health conditions and derives nursing diagnosis(es): a) Based upon synthesis of the collected data, b) Which identify(ies) the needs and priorities of the client(s)/patient(s). 2) Identify educational and counseling needs.	<u>99-003.02B</u> Contributes to establishing nursing diagnoses which identify(ies) the needs of the client/patient by: 1) Identifying signs and symptoms of deviation from normal health status. 2) Identifying overt learning needs.	<u>99-003.02C</u> Identifies basic signs and symptoms of deviations from normal health status and provides basic information which licensed nurses use in identification of problems and needs.
99-003.03 Planning Care	<u>99-003.03A</u> Develops a plan of care for individuals, families, and groups based on assessment and nursing diagnosis(es). This includes: 1) Consideration of the cultural, ethnic, and spiritual needs of the client/patient; 2) Considerations of client/patient decisions regarding treatment; 3) Identification of priorities; 4) Collaborating with client/patient to establish goals/outcomes;	<u>99-003.03B</u> Participates in the development of the plan of care for individuals. This includes: 1) Recognition of the client/patients cultural, ethnic, and spiritual needs; 2) Recognition of the client/patient's beliefs and rights to choice; 3) Providing data; 4) Contributing to the identification of priorities; 5) Contributing to setting goals/outcomes; and	<u>99-003.03C</u> Contributes to the development of the plan of care for individuals by reporting basic data.

	Registered Nurse (RN) Based on independent, dependent, and interdependent functions:	Licensed Practical Nurse (LPN) At the direction of RN or Licensed Practitioner:	Unlicensed Person As assigned, delegated, and/or directed by the RN or as assigned and directed by the LPN:
	5) Prescribing nursing interventions; 6) Identifying measures to: a) Maintain comfort; b) Support human functions and response; and 7) Consideration of educational and counseling measures to promote, maintain, and restore health; and 8) Identifying community resources for continued care.	6) Assisting in identification of measures to: a) Maintain comfort; b) Support human functions and response; and c) Maintain an environment conducive to wellbeing. 7) Consideration of the overt learning needs of the client/patient. 8) Contribution to identification of community resources for continued care.	
99-003.04 Implementing the plan of care	<u>99-003.04A</u> Implements a plan of care including; 1) Initiating nursing interventions through: a) Writing nursing directives; b) Giving direct care; c) Assisting with care; d) Providing education and counseling; and e) Assigning, directing, and delegating. 2) Implementing the diagnostic or therapeutic regimens of licensed practitioners. 3) Documenting nursing interventions and client/patient responses to care, and 4) Communicating interventions and responses to other members of the health team.	<u>99-003.04B</u> Participates in the assisting and giving of care by: 1) Providing care for client/patients whose conditions are stabilized and/or predictable; 2) Under the direct supervision of the RN, assisting with the provision of care for client/patients whose conditions are not stable and/or predictable and who are not competent to make informed decisions and provide necessary information; 3) Implementing nursing care according to the priority needs and established plan of care; 4) Implementing diagnostic or therapeutic regimens of licensed practitioners.	<u>99-003.04C</u> Participates in the giving of direct care by: 1) Assisting with ADLs, personal cares, and encouraging self-care; 2) Providing comfort measures and emotional support to client/patients whose condition is stable and/or predictable; 3) Assisting with basic maintenance and restorative nursing; 4) Providing a safe and healthy environment; 5) Documenting and communicating completion of assigned/delegated activities and client/patient responses; and 6) Seeking guidance and direction when appropriate.

	Registered Nurse (RN) Based on independent, dependent, and interdependent functions:	Licensed Practical Nurse (LPN) At the direction of RN or Licensed Practitioner:	Unlicensed Person As assigned, delegated, and/or directed by the RN or as assigned and directed by the LPN:
		5) Directing and assigning nursing interventions. 6) Providing an environment conducive to safety and health; 7) Documenting nursing interventions and client/patient responses to care; and 8) Communicating interventions and responses to care to appropriate members of the health team.	
99-003.05 Evaluating response to interventions	<u>99-003.05A</u> Evaluates the responses of individuals, families and groups to nursing interventions. 1) Evaluation data must be documented and communicated to appropriate members of the health care team; and 2) Evaluation data must be used as a basis for: a) Reassessing client/patient health status; b) Measuring outcomes and goal attainment; c) Modifying nursing diagnosis(es); d) Revising strategies of care; and e) Prescribing changes in nursing interventions.	<u>99-003.05B</u> Contributes to the evaluation of the responses of individuals to nursing interventions. 1) Evaluation data must be documented and communicated to appropriate members of the healthcare team. 2) Contribute to the modification of the plan of care based upon the evaluation.	<u>99.003.05C</u> Contributes to the evaluation. 1) Document and communicate client/patient responses; 2) Assist with collection of data.

8. Identify other occupations whose members regularly supervise members of this occupation, as well as other occupations whose members are regularly supervised by this occupation. Describe the nature of the supervision that occurs in each of these practice situations.

The Registered Nurse (defined above) regularly directs and supervises both the LPN and LPN-C. Statutory definitions involving direction and supervision will be provided, as well as the definition and role of the Licensed Practitioner.

First, the role of the Licensed Practitioner:

38-2209. Licensed Practitioner, defined. Licensed practitioner means a person lawfully authorized to prescribe medications or treatments.

This broad, statutory definition includes any number of licensees (physicians, nurse practitioners, etc.) that provides direction to the RN, LPN or LPN-C.

The statutory definition of directing, in the Nurse Practice Act is:

38-2206. Directing, defined. Directing means managing, guiding, and supervising the nursing interventions performed by another individual.

Direction is further defined in Title 172, Chapter 99 (Provision of Nursing Care):

Direction means the provision of guidance and supervision by a licensed nurse or licensed practitioner who is responsible to manage the provision of nursing interventions by another person.

In the case of the LPN-C, either the RN or Licensed Practitioner provide direction. The other term germane to this discussion is supervision. This is defined in Title 172, Chapter 99 as:

Supervision means the provision of oversight and includes maintaining accountability to determine whether or not nursing care is adequate and delivered appropriately. Supervision includes the assessment and evaluation of client/patient condition and responses to the nursing plan of care, and evaluation of the competence of persons providing nursing care.

1. Conditions of supervision means the method of supervision (direct or indirect), the identification of the persons to be supervised as well as the nursing interventions being provided, and the stability and/or predictability of the client/patient(s)' condition.
2. Direct supervision means that the responsible licensed nurse or licensed practitioner is physically present in the clinical area, and is available to assess, evaluate and respond immediately. Direct supervision DOES NOT mean that the responsible licensed nurse or licensed practitioner must be in the same room, or "looking-over-the-shoulder" of the persons providing nursing care.
3. Indirect supervision means that the responsible licensed nurse or licensed practitioner is available through periodic inspection and evaluation and/or tele-communication for direction, consultation and collaboration.

9. What actions, judgments, and procedures of this occupation can typically be carried out without supervision or orders? To what extent is this occupation, or portions of its practice autonomous?

There are no actions, judgments, or procedures carried out by the LPN or LPN-C without supervision or orders. There is no defined portion of LPN or LPN-C practice that is autonomous.

10. Approximately how many people are performing the functions of this occupation in Nebraska, or are presenting themselves as members of this occupation? To what extent are these people credentialed in Nebraska?

There are currently 698 LPN-Cs and 6,453 LPNs licensed in Nebraska.

11. Describe the general level of education and training possessed by practitioners of this occupation, including any supervised internship or fieldwork required for credentialing. Typically, how is this education and training acquired?

In Nebraska, the typical Practical Nursing (PN) education program is 12 – 18 months in length and most programs reside in community college settings across the state. The Nurse Practice Act provides statutory authority to approve or discontinue nursing programs in the state of Nebraska, while the regulations, Title 172, Chapter 97 provide more specific details on requirements for nursing educational programs. Select language is as follows for PN programs:

97-003 CLASSIFICATION OF BASIC PROGRAMS IN NURSING EDUCATION:

The practical program, which is an educational program of at least one academic year conducted by a community college or educational agency that is accredited by an accrediting body that is recognized as an accrediting body by the United States Secretary of Education.

These regulations also provide requirements for faculty, curriculum, and clinical experiences, but are not prescriptive as to hours or types of educational experiences.

Nursing programs are approved by the Nebraska Board of Nursing, based on statutes and regulations.

Programs may also seek national accreditation, which generally provides for more specific guidelines for didactic and clinical experiences.

To earn the credential of LPN-C, one must complete an approved LPN-C education program. The statutory reference includes:

38-1622. Curriculum for training; department; duties; approved certification course; requirements.

1. The board shall adopt and promulgate rules and regulations defining competencies required for enrollment in an approved certification course and acceptable means for measuring the competencies. Before enrolling in a course, a licensed practical nurse shall successfully demonstrate the prerequisite competencies.
2. The department with the advice of the board shall prescribe a curriculum for training licensed practical nurses-certified, establish an examination, and adopt and promulgate rules and regulations setting minimum standards for approved certification courses, including faculty qualifications, record keeping, faculty-to-student ratios, and other aspects of conducting such courses. The department may approve certification courses developed by associations, educational institutions, or other entities if such courses meet the requirements of this section and the criteria prescribed in the rules and regulations.
3. An approved certification course shall be no less than forty-eight hours of classroom regulations of the board. Classroom instruction shall include the following: (a) State laws governing the administration of intravenous therapy; (b) anatomy and physiology of the circulatory system; (c) pharmacology; (d) fluid and electrolyte balance; (e) procedures and precautions in performing intravenous therapy; (f) types of equipment for intravenous therapy; (g) actions, interactions, and effects of medications in intravenous therapy; (h) documentation; and (i) other subjects relevant to the administration of intravenous therapy. An approved certification course shall be supervised by a registered nurse with a minimum of three years of clinical experience immediately prior to supervision of the course. An educator may be a physician, pharmacist, or other qualified professional. Nothing in this section shall be deemed to prohibit any courses from exceeding the minimum requirements.

A statewide curriculum and test plan have been developed and are utilized for LPN-C education, based on this statute. Exams are offered periodically by the Department, and the credential is issued after candidates successfully complete the LPN-C examination.

12. Identify the work settings typical of this occupation (e.g., hospitals, private physicians' offices, clinics, etc.) and identify the predominant practice situations of practitioners, including typical employers for practitioners not self-employed (e.g. private physician, dentist, optometrist, etc.)

Results of the 2015 LPN renewal survey indicate that 90% of LPNs licensed in Nebraska are primarily employed in Nebraska. Percentages by category are as follows:

• Nursing home/extended care/assisted living facility	40.8%
• Other	16.4%
• Hospital	13.0%
• Ambulatory Care Setting	10.7%
• Home Health	6.0%
• Community Health	6.0%
• Public Health	2.3%
• School Health Service	1.7%
• Correctional Facility	1.3%
• Occupational Health	0.9%
• Academic Setting	0.5%
• Insurance Claims/Benefits	0.4%
• Policy/Planning/Regulatory/Licensing	0.1%

At the national level, nearly 30% of LPNs work in hospitals (2015 LPN Renewal Survey). In Nebraska, a higher proportion of LPNs work in hospitals in rural areas than LPNs in urban areas (20.8% vs 10.2% respectively). In terms of positions held, eight out of ten LPNs work as 'staff nurses', followed by 'nurse manager' (6.4%). In terms of specialty practice areas, over one-third of LPNs work in 'geriatric/gerontology' (34.7%), with differences noted by geographic location (43.2% of rural LPNs vs 31.8% urban LPNs).

Renewal survey data is not collected on the LPN-C category (671 licensees). However, anecdotal evidence from programs providing LPN certification, indicates a similar pattern of employment with a focus on critical access hospitals, skilled care, and outpatient or physician clinics, with more a rural vs. urban setting.

13. Do practitioners routinely serve members of the general population? Are services frequently restricted to certain segments of the population (e.g., senior citizens, pregnant women, etc.)?

LPN-C practitioners routinely serve the general population, but predominantly in rural areas and select settings, meaning those who elect to employ the LPN-C do so based on their special skill set (physician offices, critical access hospitals, etc.). It is probable that LPN-Cs serve senior citizens in long term care settings as well as critical access hospitals, and pregnant women for administration of fluids in physician offices. By statutory specification, the LPN-C does not serve the pediatric population.

14. Identify the typical reasons a person would have for using the services of a practitioner. Are there specific illnesses, conditions or situations that would be likely to require the services of a practitioner? If so, please specify.

As noted above in question 13, the LPN-C has a specific carve out set of skills used in specific settings. In general, settings that may have a shortage of RNs (long term care, critical access hospitals, and physician clinics) often seek to utilize or expand the role of their existing LPN workforce through the additional education and certification. The ability of this licensee to administer IV fluids and select medications has augmented care in settings that have been limited by lack of available RNs. Anecdotal data has yielded that by appropriate use of the LPN-C in select settings, patient needs have been met resulting in improved outcomes.

15. Identify typical referral patterns to and from members of the occupational group. What are the most common reasons for referral?

The LPN-C does not provide or receive referrals, based on their directed scope of practice.

16. Is a prescription or order from a practitioner of another health occupation necessary in order for services to be provided?

As noted in question 8 above, the LPN-C functions on orders from a Licensed Practitioner.

17. How is continuing competence of credentialed practitioners evaluated?

Statutory requirements for initial licensure, renewal and continuing competency are as follows:

38-1615. Licensure; requirements.

- (1) In order to obtain a license as a licensed practical nurse-certified, an individual shall:
 - (a) Have a current license to practice as a licensed practical nurse in Nebraska;
 - (b) Have successfully completed an approved certification course within one year before application for licensure; and
 - (c) Have satisfactorily passed an examination approved by the board.
- (2) There is no minimum age requirement for licensure as a licensed practical nurse-certified.
- (3) An individual holding a certificate as a licensed practical nurse-certified on December 1, 2008, shall be deemed to be holding a license under this section on such date. The certificate holder may continue to practice under such certificate as a license until the next renewal date.

38-1616. License; renewal; term. A license to practice as a licensed practical nurse-certified shall be renewed biennially and shall expire on the same date as the applicant's Nebraska license to practice as a licensed practical nurse.

38-1617. License; renewal; continuing competency activities. Continuing competency activities for renewal of a license to practice as a licensed practical nurse-certified shall relate to intravenous therapy and may be included in the continuing competency activities required under the Nurse Practice Act for renewal of a license as a licensed practical nurse.

LPN-C regulations, Title 172, Chapter 102, provide further specifications for continued competency as follows:

102-011.02 Before her or his certification will be renewed the licensed practical nurse-certified must:

1. Have completed five contact hours of continuing education and/or inservice education related to intravenous therapy. This contact hour requirement may be included in the continuing education required for renewal of the license to practice as a licensed practical nurse;
2. Have a current license or the authority based on the Nurse Licensure Compact to practice as a licensed practical nurse in Nebraska.

18. What requirements must the practitioner meet before his or her credentials may be renewed?

As noted in question 17 above, Title 172, Chapter 99 requires:

102-011.02 Before her or his certification will be renewed the licensed practical nurse-certified must:

1. Have completed five contact hours of continuing education and/or inservice education related to intravenous therapy. This contact hour requirement may be included in the continuing education required for renewal of the license to practice as a licensed practical nurse;
2. Have a current license or the authority based on the Nurse Licensure Compact to practice as a licensed practical nurse in Nebraska.

19. Identify other jurisdictions (states, territories, possessions, or the District of Columbia) wherein this occupation is currently regulated by the government, and the scopes of practice typical for this occupation in these jurisdictions.

Currently, the regulations for LPNs and IV therapy varies remarkably among states, with approximately 39-41 states allowing LPNs to provide select IV therapy activities as part of the basic education of the LPN. Nebraska is one of approximately 6-8 states that require a special certification post licensure as an LPN to provide IV therapy. Each of these states has its own special statutes or regulations for the LPN to provide IV therapy, hence no consistent authorization for LPN-C practice from state to state.

Additional questions an Applicant Group Must Answer about their Proposal

1. What is the problem created by not regulating the health professional group under review, or by not changing the scope of practice of the professional group under review?

There are three main issues created by *not* changing the scope of practice for the LPN to include IV activities.

The first issue created by the existing specific carve out licensure of the LPN-C is confusion. This confusion is among licensed nurses as to the specific tasks that the LPN-C can and cannot do. This can lead to violations of scope of practice, including under and over utilization of this specific provider. The confusion also exists among employers of the LPN-C for the same reason. Employers hire the LPN-C to fill a void (created by lack of RNs) and find that the LPN-C can only perform very specific IV therapy tasks under certain conditions, which essentially does not solve the employer's problem in needing coverage for IV therapy. There is also confusion among consumers, as most do not even realize there is a difference between the LPN and the LPN-C. This proposal seeks to decrease confusion by eliminating that specific licensure category and placing the authority for specific tasks in the provision of IV therapy within the role or scope of the LPN.

The second issue created by the specific carve out licensure of the LPN-C is lack of mobility afforded by the Nurse Licensure Compact for LPNs moving in and out of Nebraska. With Nebraska having a unique law regarding the LPN and IV therapy (LPN-C), LPNs coming into Nebraska, who practice IV therapy in

other states, must take an additional course and examination, to practice the full scope of LPN practice afforded in other states. The same handicap is afforded to LPNs educated and licensed in Nebraska. When they relocate to another state, they have not had educational content in IV therapy and cannot practice the full scope of LPN practice until obtaining additional education in IV therapy. The National Council of State Boards of Nursing completes a practice analysis every four years as it updates the NCLEX text plan for RN or PN candidates. Appendix A outlines results of the 2015 PN practice analysis, indicating IV therapy currently exists within the scope of PN practice on a national basis.

According to the Institute of Medicine report (2010) *The Future of Nursing: Leading Change, Advancing Health*, nurses should be allowed to practice to the full extent of their education and training. This would decrease confusion and allow for mobility of the LPN between states in the Nurse Licensure Compact. Intravenous (IV) therapy education that is currently provided only to LPN-C candidates has currently been moved into the LPN curricula in Nebraska PN programs, making this transition possible following legislation to allow LPNs to provide tasks of IV therapy.

A third issue is that the National Council Licensure Examination for Practical Nurses (NCLEX-PN) already includes questions on IV therapy education and practice, since the majority of states have IV therapy content and practice in place across the country (See Appendix A). This puts Nebraska PN licensure candidates at a disadvantage when taking their basic licensing examination. This information has prompted Nebraska Practical Nursing schools to add the IV therapy content to the current PN curriculum at this time.

- 2. If the proposal is for the regulation of a health professional group not previously regulated, all feasible methods of regulation, including those methods listed below, and the impact of such methods on the public, must be considered. For each of the following evaluate the feasibility of applying it to the profession and the extent to which the regulatory method would protect the public.**

This proposal is for a group already regulated in Nebraska. The bullet points that follow do not apply.

- Inspection requirements
 - Injunctive relief
 - Regulating the business enterprise rather than individual providers
 - Regulating or modifying the regulation of those who supervise the providers under review
 - Registering the providers under review
 - Certifying the providers under review by the state of Nebraska
 - Licensing the providers under review
- 3. What is the benefit to the public of regulating the health professional group under review or changing the scope of practice of the regulated health profession under review?**

The benefit to the public would be less confusion in which licensed nurse can perform which functions. As outlined above in question 1 of the additional questions, there is considerable confusion among providers, the public, employers, and even nurses themselves, created by the special carve out of IV therapy for the LPN-C. This proposal would streamline roles, once again providing for only the LPN and RN roles, with a specific role for the LPN in IV therapy provided for within the Nurse Practice Act and in regulation. Also, based on a projected shortage of RNs, LPNs would be able to provide additional care leading to positive health outcomes.

4. What is the extent to which the proposed regulation or the proposed change in scope of practice might harm the public?

The risk to the public is minimal, and probably less than with the current special LPN-C act, related to the confusion noted in question 3. All LPNs would have clear roles in providing IV therapy, with supervision and direction by the RN.

5. What standards exist or are proposed to ensure that a practitioner of the health professional group under review would maintain competency?

The LPN currently has standards for maintaining continuing competency upon renewal of the LPN license. Title 172, Chapter 101 outlines continuing competency and renewal requirements.

6. What is the current and proposed role and availability of third-party reimbursement for the services provided by the health professional group under review?

There is no direct or indirect reimbursement by a third party for the services provided by either the LPN or LPN-C.

7. What is the experience of other jurisdictions in regulating the practitioners affected by the proposal? Identify appropriate statistics on complaints, describing actions taken, etc., by jurisdictions where the profession is regulated.

There has been no specific data collected on the LPN-C in Nebraska, nor published nationally on the role of the LPN in IV therapy. In states where IV therapy is part of basic LPN practice, approximately 39-41 states, no exclusive complaint data could be located.

8. What are the expected costs of regulating the health professional group under review, including the impact of registration, certification, or licensure on the costs of services to the public? What are the expected costs to the state and to the general public of implementing the proposed legislation?

This proposal would actually save the state money, by eliminating the separate credential for a group that is already regulated (and moving that education into the current LPN education).

However, the proposal could also be considered a small revenue loss, as Nebraska licenses an average of 35 to 40 initial LPN-C licensees annually – with an initial license fee of \$26. There are around 698 current LPN-C's licensed in Nebraska and the renewal fee is \$25, with renewals every other year (a two year license, which renews at the same time/year as the LPN license). So Nebraska would be looking at revenue loss – with this 'merge' of statutes. Ideally the cost of not regulating a group would overshadow any licensing revenue lost.

9. Is there any additional information that would be useful to the technical committee members in their review of the proposal?

Statute references: Nurse Practice Act 38-2201 to 38-2236
LPN-C Act 38-1601 to 38-1625

Regulation references from Title 172:

Chapter 97 - Approval of Programs of Professional Nursing in Nebraska

Chapter 99 – Provision of Nursing Care

Chapter 101 – Practice of Nursing

Chapter 102 – Practice of Licensed Practical Nurses Certified

HRSA Supply, Demand, and Use of Licensed Practical Nurses

<http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/supplydemanduselpn.pdf>

National Council of State Boards of Nursing, Practical Nurse Scope of Practice White Paper

https://www.ncsbn.org/Final_11_05_Practical_Nurse_Scope_Practice_White_Paper.pdf

National Council of State Boards of Nursing. (2016). 2015 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice. Retrieved from

https://www.ncsbn.org/16_2015LPN_Practice_Analysis_vol67.pdf

National Council of State Boards of Nursing. (2014). *NCLEX-PN Detailed Test Plan*. Retrieved from

https://www.ncsbn.org/PN_Test_Plan_2014_Candidate.pdf

Appendix A: NCSBN 2015 PN Practice Analysis

Activities Rank Ordered By average Total Group Frequency

activities rank ordered by average Total group frequency				
activity Number	activity	average frequency (Total group)		
		N	avg	Std. err.
48	Assist with monitoring a client in labor	654	018	0103
111	Monitor transfusion of blood product	591	0126	0104
47	Assist with fetal heart monitoring for the antepartum client	634	0130	0104
49	Monitor recovery of stable postpartum client	624	0132	0104
118	Identify signs or symptoms of potential prenatal complication	567	0136	0105
130	Insert, maintain and remove nasogastric (NG) tube	570	0143	0105
112	Maintain pain control devices (e1g), epidural, patient control analgesia, peripheral nerve catheter)	569	0155	0106
154	Perform check of client pacemaker	567	0160	0106
148	Recognize and report basic abnormalities on a client cardiac monitor strip	568	0161	0106
50	Provide care that meets the needs of the newborn less than 1 month old through the infant or toddler client through 2 years	642	0164	0106
135	Maintain central venous catheter	588	0165	0106
137	Insert peripheral intravenous (IV) catheter	564	0167	0106
153	Provide care to client on ventilator	587	0171	0107
145	Remove wound sutures or staples	560	0175	0106
144	Remove client wound drainage device	596	0177	0107
129	Monitor continuous or intermittent suction of nasogastric (NG) tube	586	0177	0107
132	Perform an electrocardiogram (EKG/ECG)	598	0179	0107
82	Participate in client group session	570	0181	0107
109	Administer intravenous piggyback (secondary) medications	558	0181	0107
94	Assist in providing postmortem care	568	0190	0107
127	Assist with the performance of a diagnostic or invasive procedure	559	0198	0107
115	Administer medications by intravenous (IV) route	559	1100	0108
134	Perform venipuncture for blood draws	578	1100	0108
146	Respond/intervene to a client life-threatening situation (e1g), cardiopulmonary resuscitation)	577	1104	0107
136	Maintain and remove peripheral intravenous (IV) catheter	570	1108	0108
28	Follow up with client after discharge	636	1110	0107
55	Assist client with expected life transition (e1g), attachment to newborn, parenting, retirement)	622	1116	0108
51	Provide care that meets the needs of the preschool, school age and adolescent client ages 3 through 17 years	656	1119	0108
25	Respond to the unsafe practice of a health care provider (e1g), intervene or report)	625	1129	0107
41	Initiate and participate in security alert (e1g), infant abduction or flight risk)	633	1132	0108
128	Provide care for client before surgical procedure and reinforce education	573	1136	0108
143	Provide care for client drainage device (e1g), wound drain or chest tube)	566	1139	0108
152	Provide care for a client with a tracheostomy	575	1140	0108
110	Calculate and monitor intravenous (IV) flow rate	571	1142	0109
43	Participate in preparation for internal and external disasters (e1g), fire or natural disaster)	622	1149	0107

activities rank ordered by average Total group frequency

activity Number	activity	average frequency (Total group)		
		N	avg	Std. err.
39	Implement least restrictive restraints or seclusion	651	1456	008
19	Provide information about advance directives	627	1458	008
123	Check for urinary retention (e.g., bladder scan/ultrasound or palpation)	581	1461	008
61	Participate in health screening or health promotion programs	625	1465	008
81	Participate in reminiscence therapy, validation therapy or reality orientation	585	1467	009
64	Identify community resources for clients	633	1469	008
96	Use alternative/complementary therapy in providing client care (e.g., music therapy)	596	1471	008
9	Participate in client referral process	654	1474	008
150	Provide cooling/warming measures to restore normal body temperature	599	1474	009
151	Provide care to client with an ostomy (e.g., colostomy, ileostomy or urostomy)	559	1478	009
23	Recognize and report staff conflict	629	1482	008
30	Participate in quality improvement (QI) activity (e.g., collecting data, serving on QI committee)	665	1485	008
76	Identify signs and symptoms of substance abuse, chemical dependency, withdrawal or toxicity	634	1487	008
141	Perform care for client after surgical procedure	586	1491	009
54	Compare client to developmental norms	665	1495	008
93	Perform an irrigation of urinary catheter, bladder, wound, ear, nose or eye	588	1496	009
34	Acknowledge and document practice error (e.g., incident report)	637	1498	008
124	Insert, maintain and remove urinary catheter	565	2404	009
27	Participate in client discharge or transfer	651	2405	008
26	Follow regulation/policy for reporting specific issues (e.g., abuse, neglect, gunshot wound or communicable disease)	643	2415	009
46	Identify the need for and implement appropriate isolation techniques	634	2416	008
85	Provide site care for client with enteral tubes	554	2418	009
75	Collect data on client's potential for violence to self and others	651	2420	008
63	Identify clients in need of immunizations (required and voluntary)	653	2424	008
80	Plan care with consideration of client spiritual or cultural beliefs	574	2428	009
56	Provide care and resources for beginning of life and/or end of life issues and choices	642	2432	009
84	Provide feeding for client with enteral tubes	596	2438	009
60	Identify barriers to learning	664	2441	008
131	Apply and check proper use of compression stockings and/or sequential compression devices (SCD)	566	2445	009
106	Administer medication by gastrointestinal tube (e.g., g-tube, nasogastric (NG) tube, g-button, j-tube)	569	2448	010
37	Use transfer assistive devices (e.g., gait/transfer belt, slide board or mechanical lift)	626	2452	009
24	Recognize task/assignment you are not prepared to perform and seek assistance	666	2456	007
42	Identify and address unsafe conditions in health care environment (e.g., environmental, biohazard, fire)	663	2456	008
68	Assist in and/or reinforce education to caregivers/family on ways to manage client with behavioral disorders	640	2460	008
78	Assist in the care of a client experiencing sensory/perceptual alterations	595	2460	008
70	Participate in behavior management program by recognizing environmental stressors and/or providing a therapeutic environment	636	2462	008

activities rank ordered by average Total group frequency

activity Number	activity	average frequency (Total group)		
		N	avg	Std. err.
91	Provide care to an immobilized client (e.g., traction, bedridden)	557	2.71	0.09
22	Participate as a member of an interdisciplinary team	637	2.72	0.09
121	Perform neurological checks	557	2.76	0.09
72	Identify client use of effective and ineffective coping mechanisms	658	2.77	0.08
73	Explore why client is refusing or not following treatment plan	619	2.83	0.08
62	Provide information for prevention of high risk behaviors	638	2.84	0.08
97	Provide non-pharmacological measures for pain relief (e.g., imagery, massage or repositioning)	557	2.85	0.09
57	Collect data for health history (e.g., client medical history, family medical history)	650	2.88	0.08
102	Perform calculations needed for medication administration	596	2.90	0.09
125	Collect specimen for diagnostic testing (e.g., blood, urine, stool, sputum)	570	2.91	0.09
29	Participate in staff education (e.g., inservices and continued competency)	635	2.93	0.08
18	Participate in client consent process	664	2.95	0.08
149	Identify and/or intervene to control signs of hypoglycemia or hyperglycemia	565	2.96	0.09
126	Monitor diagnostic or laboratory test results	597	2.96	0.09
74	Collect data regarding client psychosocial functioning	639	3.00	0.08
79	Assist in managing the care of angry and/or agitated client (e.g., de-escalation techniques)	560	3.01	0.08
69	Assist client to cope/adapt to stressful events and changes in health status (e.g., abuse, neglect, end of life, grief and loss, life changes or physical changes)	651	3.02	0.08
117	Implement measures to prevent complication of client condition or procedure (e.g., circulatory complication, seizure, aspiration or potential neurological disorder)	585	3.14	0.09
88	Provide measures to promote sleep/rest	571	3.15	0.08
147	Intervene to improve client respiratory status (e.g., breathing treatment, suctioning or repositioning)	591	3.17	0.08
71	Identify stressors that may affect recovery or health maintenance (e.g., lifestyle, body changes, environmental)	632	3.18	0.08
87	Monitor client intake/output	584	3.23	0.09
11	Contribute to the development and/or update of the client plan of care	631	3.26	0.08
142	Perform wound care and/or dressing change	567	3.26	0.08
20	Participate in providing cost effective care	634	3.28	0.08
32	Identify client allergies and intervene as appropriate	638	3.32	0.08
92	Assist in the care and comfort for a client with a visual and/or hearing impairment	574	3.32	0.08
33	Evaluate the appropriateness of health care provider's order for client	648	3.35	0.08
59	Identify barriers to communication	629	3.38	0.07
86	Provide care to client with bowel or bladder management protocol	571	3.42	0.09
6	Assign client care and/or related tasks (e.g., assistive personnel or LPN/VN)	667	3.44	0.08
122	Perform circulatory checks	569	3.45	0.08
114	Count narcotics/controlled substances	593	3.46	0.08
89	Assist with activities of daily living	565	3.53	0.09
138	Identify signs and symptoms related to acute or chronic illness	596	3.53	0.08
139	Recognize and report change in client condition	561	3.55	0.08
10	Use data from various sources in making clinical decisions	640	3.56	0.07

activities rank ordered by average Total group frequency				
activity Number	activity	average frequency (Total group)		
		N	avg	Std. err.
16	Promote client self-advocacy	637	3 57	0 07
116	Identify client risk and implement interventions	572	3 58	0 08
7	Monitor activities of assistive personnel	624	3 61	0 07
90	Provide for mobility needs (e g , ambulation, range of motion, transfer, repositioning, use of adaptive equipment)	599	3 64	0 08
83	Monitor and provide for nutritional needs of client	565	3 65	0 08
107	Administer a subcutaneous, intradermal or intramuscular medication	564	3 67	0 08
108	Administer medication by ear, eye, nose, inhalation, rectum, vagina or skin route	598	3 69	0 08
77	Assist in the care of the cognitively impaired client	562	3 70	0 08
140	Reinforce education to client regarding care and condition	575	3 73	0 07
13	Provide and receive report	629	3 77	0 07
40	Follow protocol for timed client monitoring (e g , safety checks)	635	3 79	0 08
95	Use measures to maintain or improve client skin integrity	563	3 79	0 08
38	Assure availability and safe functioning of client care equipment	643	3 81	0 07
17	Involve client in care decision making	632	3 83	0 07
45	Use aseptic and sterile techniques	650	3 83	0 07
21	Use information technology in client care	650	3 85	0 07
101	Reinforce education to client regarding medications	560	3 85	0 07
35	Assist in and/or reinforce education to client about safety precautions	630	3 89	0 06
52	Provide care that meets the needs of the adult client ages 18 through 64 years	635	3 89	0 08
133	Perform blood glucose monitoring	555	3 90	0 08
67	Promote positive self-esteem of client	615	3 91	0 06
66	Provide emotional support to client	656	3 98	0 06
1	Apply evidence-based practice when providing care	625	4 02	0 06
105	Administer medication by oral route	579	4 02	0 08
12	Receive and process health care provider orders	666	4 02	0 06
14	Advocate for client rights and needs	647	4 04	0 06
58	Collect baseline physical data (e g , skin integrity, or height and weight)	633	4 07	0 06
120	Evaluate client oxygen (O2) saturation	596	4 09	0 07
53	Provide care that meets the needs of the adult client ages 65 through 85 years and over	632	4 10	0 07
113	Evaluate client response to medication (e g , adverse reactions, interactions, therapeutic effects)	568	4 14	0 07
65	Use therapeutic communication techniques with client	629	4 15	0 06
99	Reconcile and maintain medication list or medication administration record (e g , prescribed medications, herbal supplements, over-the-counter medications)	586	4 16	0 07
98	Evaluate pain using standardized rating scales	571	4 18	0 07
5	Organize and prioritize care for assigned group of clients	632	4 20	0 06
8	Participate in client data collection	644	4 22	0 05
36	Use safe client handling techniques (e g , body mechanics)	664	4 33	0 06
103	Collect required data prior to medication administration	552	4 35	0 06
100	Maintain medication safety practices (e g , storage, checking for expiration dates or compatibility)	571	4 52	0 05

activities rank Ordered by average Total group frequency

activity Number	activity	average frequency (Total group)		
		N	avg	Std. err.
104	Follow the rights of medication administration	574	4.58	0.05
119	Check and monitor client vital signs	568	4.60	0.05
31	Verify the identity of client	621	4.60	0.05
15	Provide for privacy needs	658	4.66	0.04
2	Practice in a manner consistent with code of ethics for nurses	648	4.73	0.03
44	Maintain standard/universal precautions	641	4.73	0.04
4	Maintain client confidentiality	643	4.79	0.03
3	Provide care within the legal scope of practice	661	4.87	0.02