



LPN SCOPE OF PRACTICE

1. **Assignment to LPNs:** The NC BON Position Statements *LPN Scope of Practice - Clarification* and *Standing Orders* provides guidance on LPN scope of practice and how they can participate in patient care. The following are examples of activities that can be assigned to LPNs in the NC LHD setting:
 - Taking a history using structured, written guidelines, policies, and forms.
 - Assisting patients with the completion of self-histories or self-assessment questionnaires.
 - Medication/immunization administration when an initial assessment (care planning) has been completed by a PHN or standards of care and policy dictate that an initial assessment is not required.
 - Making referrals and follow-up with patients to ensure they make and keep referral appointments based on policies, procedures, and standing orders (e.g., follow-up after an abnormal pap smear).
 - Contacting or following up with providers for information on patients and their care.
 - Documentation of information on the appropriate paper or electronic client record, nursing care plan, or other documents.
 - Immunization tracking, follow-up, and entering data into North Carolina Immunization Registry (NCIR).
 - Conducting Directly Observed Therapy for TB patients when an assessment is not required as a part of the visit.
 - Obtaining heights, weights, vital signs, hearing and vision screening, obtaining lab specimens when the procedure falls within LPN legal scope of practice as ordered by providers or Standing Orders.

(sources: NCBON Position Statements: [LPN Scope of Practice - Clarification](#) and [Standing Orders](#))

2. **Teaching and counseling for patients:** LPNs can *participate in* teaching and counseling for patients and their families *utilizing a teaching plan/protocol as assigned by the PHN*.

(sources: NCBON [License Practical Nurse Rules](#) paragraph h. and NCBON [LPN Scope of Practice - Clarification](#))

3. **Health care planning/decisions:** LPNs implement health care plans developed by the PHN and/or by any person authorized by State law to prescribe such a plan. LPNs can *maintain* care, but it is not within the LPN's legal scope of practice to update or modify a plan of care. The LPN should report to the PHN or other licensed provider all observations that need to be considered for care planning or revision.

(source: NCBON [LPN Scope of Practice - Clarification](#))

4. **LPN Scope of Practice:** The NC BON Position Statement, LPN Scope of Practice - Clarification provides guidance on many activities LPNs can do and how they can participate in assessment, planning for care, implementation of the plan, and evaluation. This document also makes it clear that there are some activities that LPNs **cannot** do:
- Assigning nursing responsibilities to RNs/PHNs.
 - Managing the delivery of nursing care.
 - Administration of nursing services (including unit management, performance appraisal, orientation and teaching of nursing staff, validation of competence, and nursing staff development).
 - Teaching nursing activities to other health care personnel.

(source: NC BON [LPN Scope of Practice - Clarification](#))

QUESTIONS REGARDING LPNs IN LHD ACTIVITIES

1. Can LPNs complete health histories on patients?

Yes, using a format supported by written guidelines, policies, and forms for collecting data. The provider who sees the patient on that visit needs to be aware they are looking at “raw data” and that the necessary follow-up questions will need to be asked because a PHN has not performed analysis or interpretation on the meaning of the data collected by the LPN.

(source: NC BON [LPN Scope of Practice - Clarification](#))

2. Can LPNs serve as Nursing Program Coordinators (e.g., Immunization Program Coordinator)?

No. The NC BON was concerned about the title “Coordinator.” The title implies that they are managing nursing services and coordinating care, both of which are out of the LPN legal scope of practice. If managing and writing policies (including procedures, protocols, and standing orders) and coordination of care duties are included in the coordinator role, the coordinator role must be filled by a PHN. If the role is designed to manage a sub portion of a larger Nursing Program with PHN oversight (e.g., electronic data management system for the Immunization Program), then the title of the position should specify the role (e.g., NCIR Manager).

Other activities the LPN **cannot** do include:

- Developing nursing program policies, procedures, protocols, or Standing Orders. However, LPNs can participate in the development under the oversight of a PHN.
- Serving as the Public Health nurse in the community, leading collaborative efforts around the program, or planning for community-wide initiatives.

(source: NC BON [LPN Scope of Practice - Clarification](#))

3. Can LPNs give immunizations?

Yes. LPNs can give immunizations under medical or standing orders within their scope of practice. For example, standing orders for immunizations that incorporate the current

childhood immunization schedule. If there is ever a question about which vaccine(s) the child needs, the LPN must consult a PHN or provider before giving the immunization.

Other activities the LPN **cannot** do include:

- Travel immunizations without consulting a PHN or provider.
- Teach health care personnel to administer immunizations or validate the competency of others to administer immunizations (the LPN could demonstrate the skill and review a return demonstration by the patient).
- Teach health care personnel about how vaccines work, the physiology involved, etc.

(source: NCBON [LPN Scope of Practice – Clarification](#))

4. Can LPNs participate in CD investigations?

Yes. It is within the LPN scope of practice to participate in CD investigations according to structured, written guidelines, policies, and forms under the supervision of a PHN.

(source: NCBON [LPN Scope of Practice – Clarification](#))

5. Can LPNs serve as a “triage nurse” whose role involves taking vital signs, asking initial questions, and placing the patient’s record in the queue for the provider who will see them?

No. The title “triage nurse” raises concerns because its meaning implies to others that the nurse can assess patients, determining their level of need for medical assistance, and make decisions about the plan of care, which is beyond the legal scope of LPN practice. A more appropriate title would be “intake nurse.” LPNs cannot determine which provider the patient will see based on their assessment of the patient and cannot determine which services will be provided to the patient. “Patient Navigator” is not an appropriate title for LPNs because many of the traditional patient navigator roles involve making decisions about information collected and subsequent care planning, both of which the LPN can participate in but not carry out independently or without PHN oversight.

(sources: NCBON [License Practical Nurse Rules](#) and [The Nurse Navigator: A Patient’s Compass On The Healthcare Journey](#))

6. Can LPNs function under Standing Orders?

Yes. LPNs can function under standing orders for anything within their legal scope of practice.

LPNs **cannot** develop standing orders, but they can participate in their development.

(sources: NCBON [LPN Scope of Practice – Clarification](#) and NCBON [Standing Orders Position Statement for RN and LPN](#))

7. Can LPNs dispense or sign out medications?

No. LPNs cannot dispense medications nor sign out medications from the pharmacy as dispensing falls under the NC Board of Pharmacy. LPNs can perform the task of administering medication.

(sources: Memorandum *Clarification regarding LPNs access to onsite pharmacies and signing out medications for administration purposes only*” from Phyllis M. Rocco, MPH, BSN, RN (Retired) and Amanda Fuller Moore, PharmD, Pharmacist dated October 15, 2018.

(sources: [General Statute \(G.S.\) 90-85.34A](#) and [North Carolina Administrative Code as 21 NCAC 46.2400.](#))

The information and sources in this document are provided for guidance only. Therefore, each source needs to be read in its entirety for full context on each topic.