VUMC Licensed Practical Nurse (LPN) Clinical Practice Guidelines

- LPN must work under the supervision of a Registered Nurse (RN). This is best accomplished through a team model approach with clearly delineated roles and responsibilities.
- All recommendations in this SOP align with the <u>Nursing Clinical Practice Guidelines Adults, Children and Neonates [Includes Discharge Planning] Regional Hospitals.</u>

	Licensed Practical Nurse	Registered Nurse Supervisory Role
Admission	LPN may complete admission navigator and assist in data gathering for admission.	RN is responsible for comprehensive admission assessment and creation of the nursing plan of care.
Assignments	Assignments are based on practice setting variables and individual competencies for LPN's. Functions dependently under the direction a licensed practitioner (i.e. RN, APRN, MD) and within the scope of their licensure.	
Assessment	Conducts focused nursing assessments: Collects and communicates data. Participates in ongoing assessment of patient. Determines immediate need for intervention. Escalation of care process should be executed if immediate need for intervention is warranted. Do not delay escalation for communication to RN.	Conducts comprehensive nursing assessment. Any changes in the level of care or patient's conditions requires communication to and possible further assessment by the RN based on the escalation of care policy.
Planning	Participates with the entire healthcare team in planning: • Contributes to the evaluation of the plan of care through focused assessments and communicating responses to nursing interventions. • Suggests goals for patients.	Develops the plan of care with contribution from the LPN.

	 Suggest interventions for patients. Updates the plan of care with healthcare team. 	
Implementation	Implements established plan of care from healthcare team.	
	Implements nursing interventions based on individual competencies.	
	Assigns appropriate tasks to other LPNs or UAPs. LPNs take responsibility of completion for any assigned tasks.	
Evaluation	Uses focused assessment to determine if interventions have been successful.	Evaluates patient's comprehensive response to interventions and plan of care.
	Updates nursing plan of care in consultation with the RN.	
Teaching and Counseling	Participates in routine healthcare teaching through established teaching plans of common diagnosis and medical conditions	Assess client learning needs based on diagnosis.
	in work area.	Implements educational plans for patients.
		Delivers non-routine healthcare teaching of uncommon diagnosis and medical conditions in work area.
Intravenous Push (IVP) Medication	New graduate LPNs and LPNs with less	
Course	than 6 months of experience must complete required medication course	
	after six months of hire.	
	If medication certification course was obtained prior to hire or during school program, LPN must have 6 months	

	experience in an acute care setting prior to giving IVP medications.	
Medication Administration	LPNs shall not administer the following fluids/medication/agents in the context of intravenous therapy:	
Blood Administration	LPNs may be the second co-signer for blood administration.	RNs are responsible for initiation of blood administration including: Orders review Primary signature Initial and 15-minute vitals
Discharge	LPN can complete routine discharge plans.	
Documentation and Co-Signing	LPN is responsible for documentation on patients.	Responsible for comprehensive assessment and plan of care documentation when supervising LPN. RNs do not have to co-sign for LPN documentation delivered within their scope of practice.

Accepts Responsibility	Accepts responsibility for self, which includes judgements, nursing actions and competency.	
Miscellaneous	LPNs cannot access central lines for blood draws. LPNs cannot push medications through a central line.	
	*This guidance subject to change soon. State of Tennessee Board of nursing to change stance, but not in effect as of 11/9/2023.	