

**CRITERIA FOR DETERMINING
SCOPE OF PRACTICE FOR LICENSED NURSES
AND
GUIDELINES FOR DETERMINING ACTS
THAT MAY BE DELEGATED OR ASSIGNED
BY LICENSED NURSES**

Revised by:

**The West Virginia Board of
Registered Nurses**

And

**The West Virginia State Board of Examiners
For Licensed Practical Nurses**

Revised March 23, 2023

INTRODUCTION

The intent of this document is to present a process to determine acts appropriate to nursing at various levels and acts appropriate for delegation to the licensed practical nurse, as well as to those acts appropriate for assignment to unlicensed assistive personnel. Individuals must consult the law, applicable rules, position statements or guidelines in making a practice decision. Related law, rules, guidelines and statements are included in the Appendix of this document. Additional law, rules, guidelines or statements may be developed after the publication of this document. The nurse must assure that current publications are referenced when using the models in this publication.

Changes in health care delivery are occurring in health care organizations throughout West Virginia and the nation. These changes could lead to role confusion. In view of the mandates of the West Virginia Board of Examiners for Registered Professional Nurses and the West Virginia State Board of Examiners for Licensed Practical Nurses to act in the best interest of public safety and health, the respective boards support professional collaboration to deliver competent care and treatment of the client in a safe, professional and cost effective manner.

The guidelines contained in this document provide comprehensive criteria and examples for use in the decision-making process required to determine acts that are appropriate to nursing at various levels and acts, appropriate for delegation to the licensed practical nurse as well as to those acts appropriate for assignment to unlicensed assistive personnel. The guidelines, however, do not have the force and effect of law except as provided through the Legal Standards of Practice (West Virginia Code of Legislative Rules Title 19-10 and 10-3).

Many nurses would like a yes or no answer to questions about the delegation of nursing practice, however, in most cases it is not that simple. The answer to most questions is it depends. It depends upon the complexity of the task to be delegated. It depends upon the care needs of the client, as assessed by the advanced practice registered nurse or registered professional nurse. It depends upon the educational preparation, skills, and ability of the licensed practical nurse or unlicensed person to whom the task is to be delegated/assigned. And, it depends upon the availability and accessibility of essential resources including supervision, while the task is being performed. Nursing judgment is the essential element in every delegation or assignment decision (ANA Scope and Standards of Practice, 2015; NCSBN, 2016; NCSBN-ANA, 2019).

Licensees are expected to read this entire document then refer back to the portions that will assist in making a final decision. Thus, this document is best used when an individual has the time to review all related information so the foundation for decision-making is present when a quick decision is required.

DEFINITIONS

Accountability Being responsible or answerable for actions or inactions of self or others during delegation or assignment (ANA Scope and Standards of Practice, 2015; ANA Code of Ethics, 2015; NCSBN-ANA, 2019).

Advanced Practice Registered Nurse “Advanced practice registered nurse” is “a registered nurse who has acquired advanced clinical knowledge and skills preparing him or her to provide direct and indirect care to patients as a certified nurse practitioner, certified nurse mid-wife, certified registered nurse anesthetist, or a clinical nurse specialist, who has completed a board approved graduate-level education program and who has passed a board-approved national certification examination.” (West Virginia Code §30-7-1).

A. §30-7-2b. License required to practice. To practice as an advanced practice registered nurse in this state, a person must have a valid advanced practice registered nurse license issued by the board. It is unlawful for any person to practice or offer to practice or offer to practice as an advanced practice registered nurse, to use any title, sign, card or device to indicate or give impression that such person is an advanced practice registered nurse or to practice as, perform the role of, or use any title, sign, card or device to indicate that the person is a certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist or certified nurse practitioner, unless that person is currently licensed by the board as an advanced practice registered nurse (West Virginia Code §30-7; West Virginia Code of Legislative Rule Title 19-07).

Assignment Designating nursing activities to be performed by another nurse or nursing assistive personnel that are consistent with his/her scope of practice (licensed person) or role description (unlicensed person), (ANA Scope and Standards of Practice, 2015; NCSBN, 2016; NCSBN-ANA, 2019).

Competence Possessing verifiable knowledge and skill to perform an activity or task safely and effectively (ANA Scope and Standards of Practice, 2015; NCSBN, 2016).

Delegation Transferring to a competent individual the authority to perform a selected nursing task in a selected situation (ANA Scope and Standards of Practice, 2015; NCSBN, 2016).

Licensed Practical Nurse Practical Nursing means “the performance for compensation of selected nursing acts in the care of the ill, injured or infirm under the direction of a registered professional nurse or licensed physician or licensed dentist, and not requiring the substantial specialized skill, judgment and knowledge required in professional nursing”. (West Virginia Code §30-7A-1).

- A. §30-7A-2. Use of titles.** (a) Any person licensed pursuant to this article may use the title “licensed practical nurse,” “practical nurse” and the abbreviation “L.P.N” or the term “nurse”. Except as otherwise provided in article seven-a of this chapter, no other person may assume such title, or use such abbreviation, or any other words, letters, figures, signs, or devices to indicate that the person using the same is a licensed practical nurse or a practical nurse (West Virginia Code §30-7A; West Virginia Code of Legislative Rule Title 10-02).

Registered Professional Nursing Registered professional nursing shall mean “the performance for compensation of any service requiring substantial specialized judgment and skill based on knowledge and application of principles of nursing derived from the biological, physical and social sciences, such as responsible supervision of a patient requiring skill in observation of symptoms and reactions and the accurate recording of the facts, or the supervision and teaching of other persons with respect to such principles of nursing, or in the administration of medications and treatments as prescribed by a licensed physician, a licensed dentist, or a licensed advanced practice registered nurse, or the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient and others”. (West Virginia Code §30-7-1).

- A. §30-7-2. License required to practice.** It is unlawful for any person not licensed under the provisions of this article to practice or to offer to practice registered professional nursing in this state, or to use any title, sign, card or device to indicate that such person is a registered professional nurse. (West Virginia Code §30-7; West Virginia Code of Legislative Rule Title 19-03).

Responsible Liable to legal review or in the case of fault to penalties; able to answer for one’s conduct or obligation; able to choose for one’s self, right from wrong (Merriam-Webster, 2019).

Unlicensed Assistive Personnel (UAP) Any unlicensed person, regardless of title, to whom nursing tasks are delegated or assigned (NCSBN, 2016).

AGENCY REFERENCES

There are a variety of agencies that have laws, standards and guidelines that may directly affect the practice of nursing and health care, or guidelines to assist in decision-making. Some of the most commonly referenced agencies are provided herein.

ANA American Nurses Association is the national professional organization for nurses. This association has developed many standards of practice for nursing including the Code of Ethics. Web site: www.nursingworld.org

BOM Board of Medicine regulates the practice of medical doctors, podiatrists and physician assistants. Web site: www.wvdhhr.org/wvbom/
Phone: 304-558-2921

BOO Board of Osteopathy regulates the practice of osteopathic physicians, surgeons and osteopathic physician assistants.
Web site: www.wvbodosteo.org/ Phone: 304-723-4638

BOP Board of Pharmacy regulates the practice of pharmacists, pharmacy technicians and pharmaceutical services
Web site: www.wvbop. Phone: 304-558-0558

NCSBN National Council for State Boards of Nursing is the national association providing assistance to nursing regulatory boards. This association authors many regulatory related documents and research. This association has also developed a paper on Delegation. Web site: www.ncsbn.org
Phone: 312-525-3600

Nurse Aide Registry The state agency responsible for the regulation of certified nurse aides and the abuse registry. Web site: <http://www.wvdhhr.org/ohflac/NurseAide/>
Phone: 304-558-0688

OEMS Office of Emergency Medical Services; a division of the West Virginia Department of Health and Human Resources responsible for regulating emergency medical services.
Web site: www.wvoems.org Phone: 304-558-3956

OHFLAC Office of Health Facility Licensure and Certification; a division of the West Virginia Department of Health and Human Resources responsible for regulating various types of health care facilities including but not limited to hospitals, dialysis facilities and nursing homes.

Web site: www.wvdhhr.org/ohflac/ Phone: 304-558-0050

WVNA West Virginia Nurses Association (WVNA) is the West Virginia chapter of the American Nurses Association (ANA).

Web site: www.wvnurses.org

Phone: 1-866-986-9773

CRITERIA FOR DETERMINING SCOPE OF PRACTICE FOR THE LICENSED NURSE

You may use the process explained below to determine, on an individual basis, if a specific activity or task is within the scope of practice for an advanced registered practice nurse (APRN), registered professional nurse (RN) or a licensed practical nurse (LPN).

I. DEFINE THE ISSUE

Clearly define the activity or task to be performed. Steps essential in this process Include:

- A. **CLARIFICATION OF THE ISSUE:** What is the issue or problem? Gather facts that may influence the decision. Are there written policies and procedures available that relate to this act? Is this a new expectation or just new to you? What is the decision to be made and where, (in what setting or organization), will it take place? Has the issue been discussed previously?

- B. **ASSESSMENT OF SKILLS AND KNOWLEDGE:** What skills and knowledge are required? Do you possess those skills? Is your competence documented? Who is available to assist you who has that skill and knowledge? Is that person accessible to you?

- C. **IDENTIFICATION OF OPTIONS:** What are possible solutions? What are the risks? What are the implications of your decision? How serious are the consequences? Should you choose to perform an act, you are responsible for performing it accurately and safely.

II. REVIEW EXISTING LAWS, POLICIES, AND STANDARDS OF NURSING PRACTICE

The APRN, RN and LPN are responsible for implementing the nursing process in the delivery of nursing care. The Boards receive many questions about the LPN's role in the assessment component of the nursing process. While the law does not specifically address the issue of the LPN's role in the assessment process, the rule clearly places the responsibility for the analysis of the data on the RN (West Virginia Code §30-7, West Virginia Code §30-7A; West Virginia Code of Legislative Rule Title 19-10 and West Virginia Code of Legislative Rule Title 10-03). It is the responsibility of the LPN to contribute to that data analysis by collecting

objective and subjective data at the direction of the APRN or RN and by reporting and documenting the information collected (West Virginia Code of Legislative Rule Title 19-10; West Virginia Code of Legislative Rule Title 10-3).

The legislative rules provide the legal standards of practice for APRN's, RN's and LPN's in West Virginia (West Virginia Code of Legislative Rule Title 19-03, West Virginia Code of Legislative Rule Title 19-10, West Virginia Code of Legislative Rule Title 10-2 and West Virginia Code of Legislative Rule Title 10-3). Based on the definitions of practice in the Code (West Virginia Code §30-7, West Virginia Code §30-7A), the APRN and RN can independently engage in activities including assessing the health status of an individual, teaching, delegating, supervising, diagnosing, intervening and evaluating. The LPN has a dependent role and provides care only at the direction of the APRN, RN, physician or dentist (West Virginia Code §30-7; West Virginia Code §30-7A, West Virginia Code of Legislative Rule Title 19-10; West Virginia Code of Legislative Rule Title 10-3.)

Once the problem has been clearly defined, review existing laws, policies, and standards of nursing practice:

- A. Definitions of practice for the registered professional nurse (West Virginia Code §30-7-1) or advanced practice registered nurse (West Virginia Code §30-7-1; West Virginia Code of Legislative Rule Title 19-07) and the Legal Standards of Practice for the Registered Professional Nurse (West Virginia Code §30-7; West Virginia Code of Legislative Rule Title 19-10)
- B. Definition of practice for the licensed practical nurse (West Virginia Code §30- 7A-1.a.) and Legal Standards of Practice for the Licensed Practical Nurse (West Virginia Code §30-7A, West Virginia Code of Legislative Rule Title 10-3).

*The Boards receive questions from licensees who hold an active APRN or RN license and an active LPN license. There is nothing that prohibits having all of these licenses, however, the Boards caution the licensee regarding role confusion related to differences in scope of practice based on the role in which they are employed. The Boards hold the licensee to their highest level of education.

- C. Medication Administration by Unlicensed Personnel (West Virginia Code §16-5 O; Code of Legislative Rule Title 64-60)

- D. School Nurse Law and Rules (West Virginia Code §18-5-22; Code of Legislative Rule Title 126-25A)
- E. Dialysis Technician Law and Rules (West Virginia Code §30-7C, Code of Legislative Rule Title 19-13)
- F. Office of Emergency Medical Services Personnel Law and Rules regarding paramedics in the emergency department setting (West Virginia Code §16-4C; Code of Legislative Rule 64-48)
- G. Agency Accreditation Standards
- H. National Council of State Boards of Nursing (NCSBN)
- I. Office of Health Facility Licensure and Certification (OHFLAC)
- J. Standards of practice of a national nursing specialty organization.
- K. Positive and conclusive data in nursing literature and supported by nursing research
- L. Established policy and procedure of employing facility or agency, as long as the policy and procedures are not in conflict with the law or rules.

Following a review of these items ask yourself the following questions:

- A. Is the act expressly addressed in existing law or rules and regulations for your licensure category? Is the activity or task consistent with the scope of practice for an advanced practice registered nurse, registered professional nurse or a licensed practical nurse?
- B. Is the activity or task within the accepted standards of care? Would a reasonable and prudent nurse with similar training and experience perform the activity under similar circumstances?

III. MAKING THE DECISION

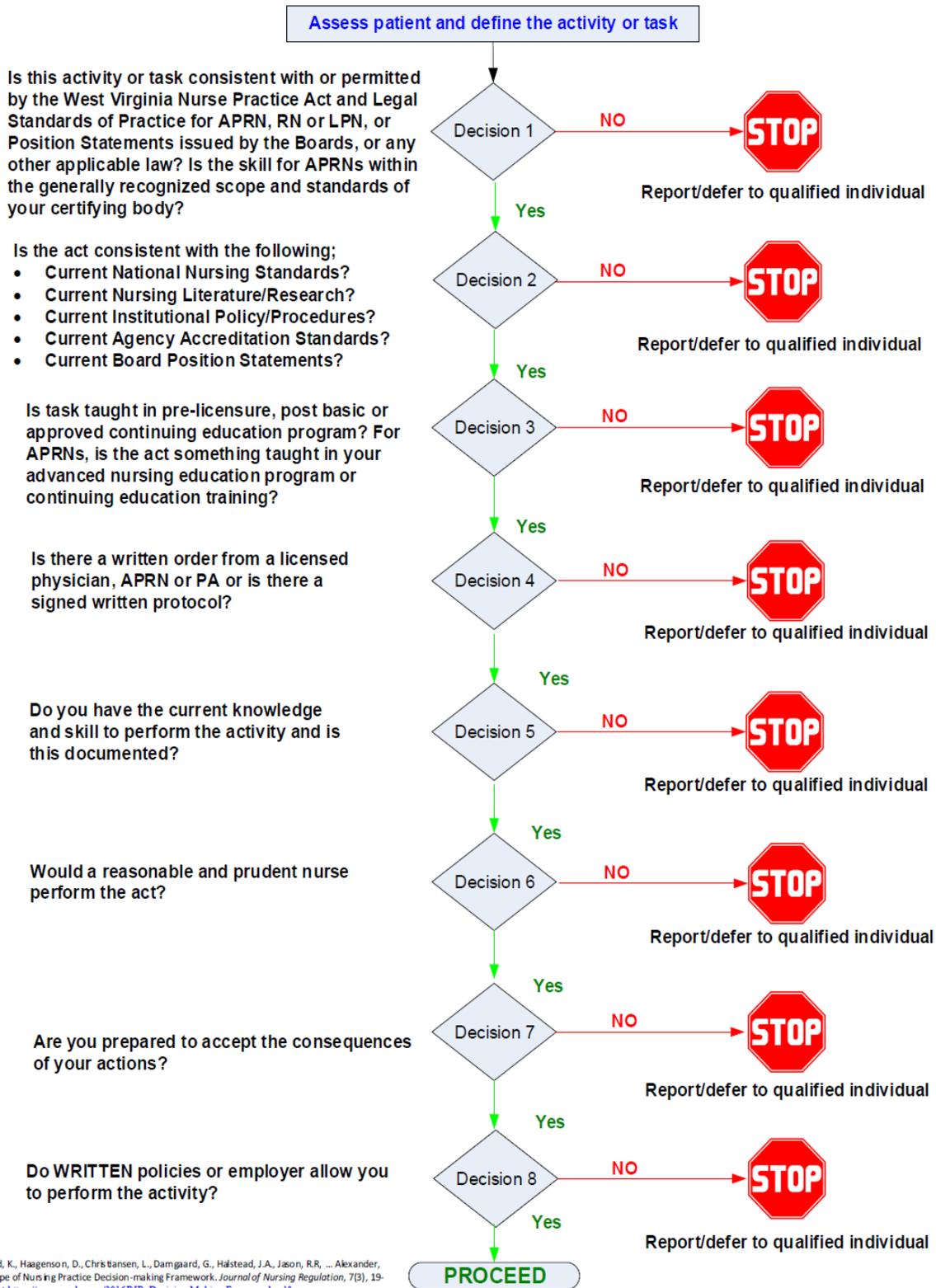
After defining the issue and reviewing significant materials, a decision must be made. To facilitate this process, ask yourself the following questions:

- A. What is the best decision? When should it be done? By whom? What are the implications of your decision? How will you evaluate your decision? Is the act within the scope of practice for a registered professional nurse, or is it an advanced practitioner role? Should it be performed by the licensed practical nurse or can it be performed by an unlicensed individual?
- B. Do you personally possess the depth and breadth of knowledge to perform the activity or task safely and effectively as demonstrated by knowledge acquired in a pre-licensure, post-basic or continuing education program?
- C. Do you personally possess current clinical competence to perform the activity or task safely? Is this competence documented?
- D. Are you physically and mentally capable of performing the activity safely?
- E. Are you prepared to accept the consequences of your actions and assume accountability for provision of safe care?

If you answered in the affirmative to all of the questions above, you may perform the activity or task.

NOTE: The Scope of Practice Decision-making Model for the APRN, RN and LPN is located on Page 12.

SCOPE OF PRACTICE DECISION MODEL FOR THE APRN, RN AND LPN



Source: Ballard, K., Haegenson, D., Christensen, L., Damgaard, G., Halstead, J.A., Jason, R.R., ... Alexander, M. (2016). Scope of Nursing Practice Decision-making Framework. *Journal of Nursing Regulation*, 7(3), 19-21. Retrieved at https://www.ncshn.org/2016/NR_Decision-Making-Framework.pdf

REGISTERED PROFESSIONAL NURSE RESPONSIBILITY AS A SUPERVISOR OF DELEGATED OR ASSIGNED ACTIVITIES

The focus of advanced practice registered nursing or registered professional nursing is on the application of substantial specialized knowledge, judgment and nursing skill in the assessment, analysis, planning, implementation and evaluation of nursing care. The advanced practice registered nurse or registered professional nurse is responsible and accountable for:

- A. Clinical decision-making regarding nursing care
- B. Assuring that care is provided in a safe and competent manner
- C. Determining which nursing acts in the implementation of care can be delegated or assigned and to whom
- D. Providing direction and assistance, periodic observation and evaluation of effectiveness of acts performed by those under supervision

Only those nursing activities commensurate with the educational preparation and demonstrated ability of the person who will perform the act may be delegated or assigned. Entry level nurses and those re-entering nursing will need continued education and support as they gain skills as supervisors of delegated skills and tasks.

“Direct supervision” means “the activity of a registered professional nurse with an unencumbered license in West Virginia being present at all times in the same assigned physical work area as the person being supervised” (West Virginia Code of Legislative Rule Title 19-03).

Applicants for licensure by examination to practice nursing may be issued temporary permits to work under direct supervision. An individual with a registered nurse temporary permit shall work under direct supervision of a registered professional nurse with an unencumbered license, until the applicant has successfully passed the NCLEX-RN and a license is issued. The registered nurse temporary permits expire one hundred eighty 180 days following graduation, or until the date the applicant’s licensing examination results are released to the office of the board by the National Council Licensure Examination (NCLEX-RN), whichever comes first. A registered nurse temporary permit is not renewable. The individual with a registered nurse temporary permit is subject to all provisions of West Virginia Code § 30-7-1 et. seq., and all other relevant provisions of the West Virginia Code and rules promulgated by the board. (West Virginia Code of Legislative Rule Title 19-03)

An applicant for licensure by examination who is a graduate of an accredited nursing education program, may work under the direct supervision of a registered professional nurse, licensed physician, or licensed dentist and render nursing services during the period between graduation and notification of the results of the first licensing examination. The temporary permit is valid for up to ninety (90) days from the date of graduation, to cover the period of time between graduation and notification of the results of the first licensing examination. A candidate who does not pass the practical nurse licensure examination on the first attempt shall return the temporary permit to the board office with three (3) days of receipt of the notice that he or she did not pass the examination. The board may not extend the temporary permit” (West Virginia Code of Legislative Rule Title 10-02)

FIVE RIGHTS OF DELEGATION/ASSIGNMENT

1. **RIGHT TASK**

Right person is delegating or assigning the right task to the right person to be performed on the right person.

2. **RIGHT PERSON**

Right person is delegating or assigning the right task to the right person to be performed on the right person.

3. **RIGHT DIRECTION/COMMUNICATION**

Clear, concise description of the task, including its objective, limits and expectations.

4. **RIGHT SUPERVISION**

Appropriate monitoring, evaluation, intervention, as needed and feedback.

5. **RIGHT CIRCUMSTANCES**

Appropriate patient setting, available resources, patient stability, etc.

Source: (NCSBN, 2016; NCSBN-ANA, 2019).

GUIDELINES FOR DELEGATION OF NURSING ACTS TO THE LICENSED PRACTICAL NURSE

The decision to delegate should be consistent with the time-honored and well-established nursing process, i.e., assessment, diagnosis, identification of outcomes, planning, implementation, and evaluation (American Nurses Association Scope and Standards of Practice, 2021), by the nurse delegator. This necessarily precludes a complete listing of tasks that can be routinely and uniformly delegated for all patients in all situations. Rather, the nursing process and decision to delegate must be based on careful analysis of the patient and circumstances. The authority and qualifications of the proposed nurse delegator are critical to delegation decisions. The Five Rights of Delegation may facilitate appropriate delegation decisions. Consequences of error and patient health and safety must be evaluated with each decision.

1. Delegation of acts beyond those taught in the basic educational program for the LPN should be based on a conscious decision of the registered nurse.

Practice beyond entry level for the LPN should not be automatic nor should it be based solely on length of experience.

2. Practice beyond entry level **must** be competency based.

Competency based practice is defined by structured educational activities which include assessment of learning and demonstration of skills.

3. Records of educational activities designed to enhance entry level knowledge, skill and ability **must** be maintained and available to the APRN or RN making the decision.

The employer and the employee must maintain records which include an outline of the educational content and an evaluation of achievement of educational objectives and demonstrated skills.

4. Competency based enhancement of practice must be reviewed periodically by the advanced practice registered nurse or registered nurse.

Practice beyond the entry level should be more closely supervised.

5. Practice is limited to those activities addressed in the written policies and procedures of the employing agency, as long as those policies are not in conflict with West Virginia Law or rules.

Job descriptions and employing agency policies should specifically address functions that the LPN will be expected to perform as part of basic, as well as enhanced practice. Policies should also address the conditions under which the procedures and services are to be performed.

ACTIVITIES THAT MAY BE DELEGATED TO THE LPN

Activities appropriate for delegation to the LPN should be those that, after careful evaluation by the supervising APRN or RN, are expected to contain **only one option**. That is, the LPN is expected to be able to proceed through the established steps or an activity without encountering an unexpected response or reaction, and competence in performance of the activity has been demonstrated.

ACTIVITIES THAT SHOULD *NOT* BE DELEGATED TO THE LPN

Activities that are **NOT** appropriate for delegation to an LPN are those that are likely to present decision-making options, requiring in-depth assessment and professional judgment in determining the next step to take as the provider proceeds through the steps of the activity.

GUIDELINES FOR ASSIGNING TASKS TO UNLICENSED PERSONNEL

There is a need and a place for competent, appropriately supervised, unlicensed assistive personnel in the delivery of affordable, quality health care. However, it must be remembered that unlicensed assistive personnel are to **assist - not replace - the nurse**. This, unlicensed assistive personnel should be assigned to the nurse to assist with patient care rather than be independently assigned to the patients.

ACTIVITIES THAT MAY BE ASSIGNED TO AN UNLICENSED PERSON

Nursing practice assigned to unlicensed assistive personnel is limited to performance of the basic nursing care services, such as taking vital signs, providing personal hygiene, comfort, nutrition, ambulation and environmental safety and protection. Unlicensed workers are **PROHIBITED** from performing any licensed nursing function that is specifically defined for licensed nurses in the nursing practice acts or rules of the Boards of Nursing, *except* as specifically provided in West Virginia Code and Rules for AMAPs, School Nurses, Dialysis techs, EMS, etc., (West Virginia Code 16-4C, 16-5O, 18-5-22,30-7, and 30-7A; Code of Legislative Rules 10-02, 10-03, 19-03, 19-07, 19-10, 19-13, 64-68, 64-60 and 126-25A).

The APRN or RN remains the manager of care even for the assignment of tasks to an unlicensed assistive person under a life-threatening emergency. Nurses have always been accountable or responsible for their assignment decisions. Responsibility or answerability when delegating or assigning cannot be avoided.

ACTIVITIES THAT SHOULD NOT BE ASSIGNED TO AN UNLICENSED PERSON

Activities that are not appropriate for assignment to an unlicensed assistive person are those that require nursing judgment and skill and have substantial potential to jeopardize client safety and welfare. Except as specifically provided in law (West Virginia Code 16-5O., and other laws and rules). The Boards receive questions about delegation to medical assistants. Medical assistants are unlicensed personnel and have no defined scope of practice, have no laws or rules governing practice and may not be delegated activities by the nurse that require professional licensure (i.e. intravenous medication administration).

CLIENT SELF-CARE

The performance of nursing acts by the client for self-care or by the client's family members does not constitute delegation or assignment of nursing acts to unlicensed personnel for compensation.

Client and family education is a part of nursing practice. Nurses may teach and supervise the performance of activities by clients and family members who have demonstrated willingness and an ability to perform the activity.

THE DIFFERENCE BETWEEN ASSIGNMENT AND DELEGATION

Understanding the difference between delegation and assignment can be a challenge. In an effort to help nurses better understand the concepts as they apply to this document and practice in West Virginia, the following paragraphs are provided:

Delegation is always downward. That is, delegation occurs when one individual has the authority to perform the task or activity and transfers that authority to another competent individual. The APRN or RN delegating the task retains the responsibility for the decision to delegate. The person performing the task is responsible and accountable for that task and related activities.

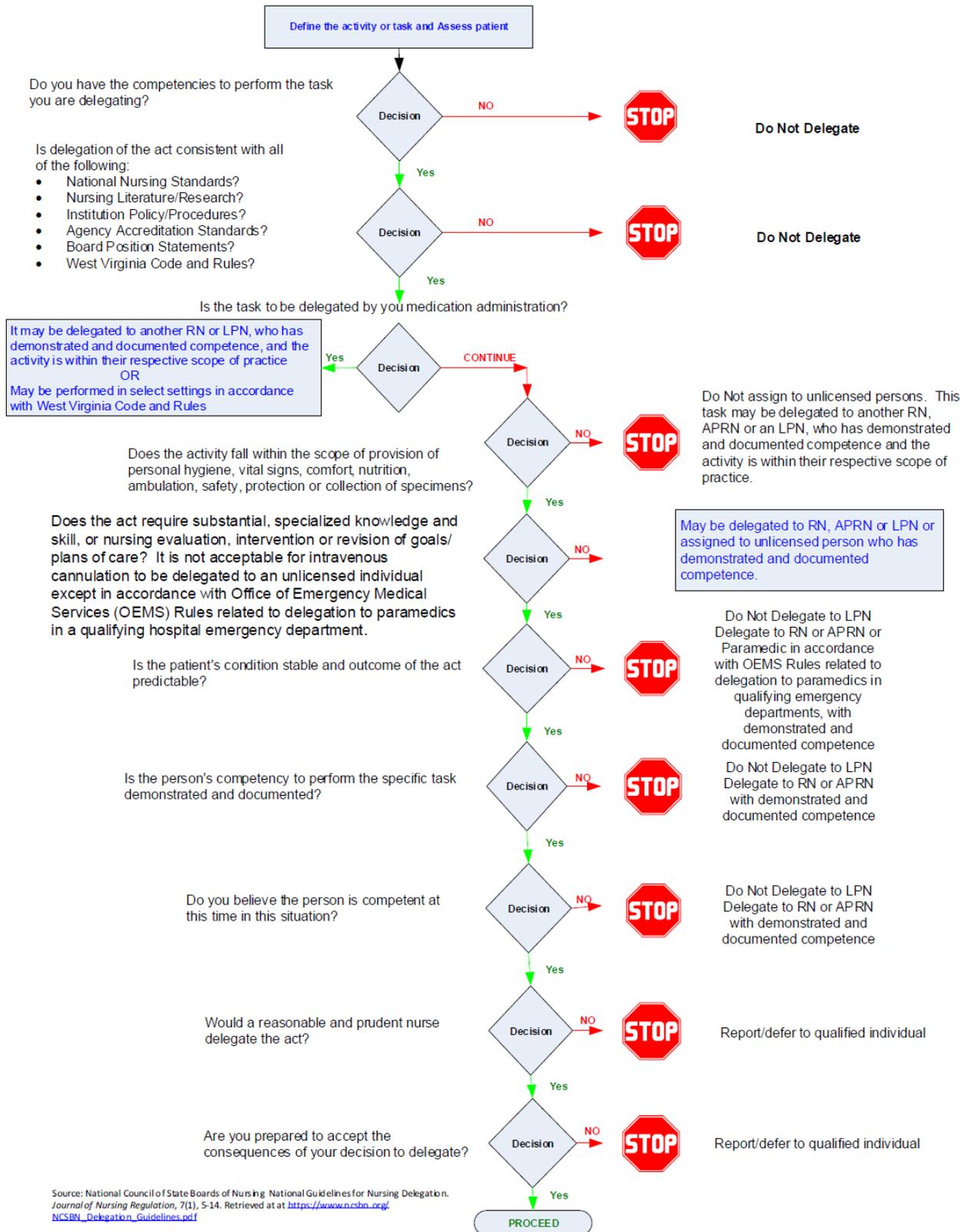
Assignment means that a nurse designates another competent nurse or unlicensed person to be responsible for specific patients or selected nursing functions for specifically identified patients. Assignment occurs when the authority to do a task already exists. Both registered nurses and licensed practical nurses have a defined scope of practice established in law; therefore, APRN to APRN, APRN to RN, RN to RN, and (when the activity is within the LPN's scope of practice) RN to LPN, or LPN to LPN is an assignment. The APRN, RN or LPN making the assignment retains the responsibility for the task being completed by a competent person.

An element of assignment exists in all delegation; however, assignment, which is horizontal in nature, does not require delegation. Both assignment and delegation decisions must be made by a licensed nurse based on the skill levels of the care givers, patient or client care needs, and other considerations. Nurses have always been accountable or responsible for their assignment decisions. Responsibility or answerability when delegating or assigning cannot be avoided.

NOTE: The Delegation/Assignment Decision Model is located on page 19.

Delegation/Assignment Decision Model

Before this model can be appropriately used the Scope of Practice Model must be applied to available staff



APPENDIX
APPENDIX A
WEST VIRGINIA STATE BOARD OF EXAMINERS
FOR LICENSED PRACTICAL NURSES
101 Dee Drive, Suite 100
Charleston, West Virginia 25311-1688

The following are statements originally issued by the West Virginia State Board of Examiners for Licensed Practical Nurses in June, 1977, in response to frequent requests.

Administration of Intravenous Fluids

The law in West Virginia is not specific in that no duties are spelled out as being duties of a licensed practical nurse. The West Virginia State Board of Examiners for Licensed Practical Nurses can only recommend that licensed practical nurses perform duties and procedures for which training has been provided during the 12 month training program. The administration of I.V. fluids is not a part of the standard curriculum for accredited schools of practical nursing in West Virginia. However, if written hospital policy permits, additional training has been received and can be verified, providing there is adequate supervision and the licensed practical nurse is willing to accept responsibility, it is not illegal for a licensed practical nurse to perform more difficult procedures, such as administration of I.V. fluids.

Verbal and Telephone Orders

The West Virginia State Board of Examiners for Licensed Practical Nurses does not have a specific policy or rule in reference to this procedure. The following rules, however, apply in specific practice settings:

General Hospitals: 64 CSR 12, West Virginia Legislative Rules, Department of Health and Human Resources, Hospital Licensure, 2006, section 7.2.q states in part "The hospital shall ensure that verbal and telephone orders shall be given to registered professional nurses and other licensed or registered health care professionals, in their area of training and professional expertise, when authorized by the medical staff policies: Provided, that any verbal or telephone order received by a licensed or registered health care professional shall also be communicated to the registered professional nurse responsible for the overall care of that patient." . .

Nursing Homes: Historically the Legislative Rules, West Virginia Department of Health and Human Resources, Nursing Home Licensure, have permitted both R.N.s and L.P.N.s to

take verbal or telephone orders in a nursing home. While currently 64 CSR 13, Nursing Home Licensure Rules, 2007, do not specifically address verbal or telephone orders, section 8.14.d. states that AA nursing home shall have a registered nurse on duty in the facility for at least eight (8) consecutive hours, seven (7) days a week. It is therefore a common practice for licensed practical nurses, functioning without a registered nurse on the premises, to take verbal and telephone orders from the physician.

Other Work Settings: Consult policies of the employer and rules of appropriate accrediting or certifying agencies to determine whether the L.P.N. may take verbal or telephone orders.

(IVTHERAP): Approved: 6/77. Revised and Reaffirmed: 2/89, 2/90, 6/93, 6/94, 10/98, 8/05.

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