

NH Board of Nursing LPN Scope of Practice Advisories Updated March 9, 2020

This document is a list of advisories that reflects NH Board of Nursing responses to individual questions, or categories of questions indicated by links, regarding LPN scope of practice and designated clinical activities. Licensees are also encouraged to utilize 326- B: 13 and the Decision Tree algorithm in determining scope of practice for activities not included in this list. If scope of practice remains unclear following use of the algorithm, licensees may submit a question to the board using the Clinical Practice Query Form

Licensees should be mindful of the professional responsibility to maintain competency as specified in NUR 405.01, which states, *“All licensees shall, through education and experience, maintain the ability to competently practice nursing or nursing related activities.”*

For clarification purposes, the definition of Stable Client has been included. Nur 101.21 “Stable client” means a client whose overall health status, as assessed by a licensed nurse, is at the expected baseline or with predictable or expected responses that can occur with known chronic or long term medical conditions.

When adding nursing interventions and nursing related activities to role responsibilities, in addition to those interventions taught during the initial educational process, it is the recommendation of the Board that facilities consider implementation using the following guidelines as applicable. Additionally, facilities need to maintain a written policy that outlines these guidelines and expectations:

1. Describe the educational preparation and practice history of the nurses or nursing assistants authorized to perform the intervention(s) or activity(s)
2. Define the intervention(s) or activity(s) and the procedures for implementing the intervention(s) or activity(s)
3. Include a written plan for attaining and maintaining competency of the licensee
4. Identify the names of those nurses or nursing assistants authorized to perform the interventions or activity(s), and
5. Be reviewed and updated as needed, but at least yearly.

Activity/Question	Within LPN Scope of Practice?	Comments
Administration of medications brought into a facility from home when containers not sealed and pharmacist unavailable to verify contents	No	LPN must follow medication administration standards and facility policies.
Allergy testing, mixing and performing	Yes	Facility policies and protocols must be in place and provider on site
Ambulance transport to higher level of care	No	LPN can only care for stable clients
Anesthesia, sedation, & analgesia FAQ – RN & LPN		See Link
Auricular acupuncture, perform- with NADA training	Yes	Board advises that NADA training would be a separate certification, and that the LPN is free to pursue any certification that they may choose
Apligraf application	No	
BCG instillation into bladder	Yes	Facility policies and protocols must be in place
Nurse set up and monitoring of BiPap	Yes	The nurse can initiate (start, turn on) the Bi-Pap therapy: machine when settings have been prescribed by a provider.
Is an LPN able to administer cosmetic injectable (dermal fillers, Botox) under an APRN?	YES*	*The LPN may administer the cosmetic injectable medication with a valid written order from a

		provider Physician (MD or DO), APRN, or DDS who is authorized to practice in NH.
Botox and Bone Fillers question – Does a physician or APRN need to be on site when an RN administers Botox/Fillers or can they just be available via phone call?	See Narrative	Unable to opine on physician requirements, contact Board of Medicine for physician need to be on site when RN administers Botox/fillers. For APRNs refer to delegation rules and statute.
Bowen Therapy	Yes	In congruence with the Board of Massage Therapy pursuant to Section 328-b: 10 “Exemptions.” Bowen therapy, after completion of approved certification, is within the scope of practice for RN and LPN.
Care of post- endoscopy patient who has been given Propofol	Yes	LPN can assist in care of postoperative patient in recovery, but is prohibited from doing comprehensive assessments at admission and discharge
Cast, apply	Yes	With training, competencies and facility policies in place, an LPN can apply casts/splints with an order and under the supervision of a provider.
CAT scan, use of laser light to center patient on table for scan	Yes	
Cell saver operation	Yes	
Central Venous Access Device: can an LPN administer medications, change tubing and perform dressing changes.	Yes	LPN must have successfully completed a Board approved IV therapy course
Cerumen removal via irrigation	Yes	
Cervical C Spine collar application	Yes	With facility policy and procedure and documented competency – application can occur after a licensed provider assessment is completed.
Chelation therapy	Yes	
Chest Tube Flush with Normal Saline	No	
Cosmetics administration:		The administration of absorbable fillers or Botox may be within the scope of nursing practice of an LPN if the following guidelines are observed:
Is an LPN allowed to administer cosmetic injectable (dermal fillers, Botox) under MD supervision		A. The LPN may administer the cosmetic injectable medication with a valid written order from a provider (Physician, PA or APRN) who is authorized to practice in New Hampshire.
		B. LPN’s, may administer these injectable only during the procedure and when the Physician, PA or APRN has assessed the client immediately prior to the procedure.
		C. An LPN may not independently select the medication or dosage to be administered during a procedure. The actual medication, dosage and site must be specified in the provider order.
		D. In executing the procedure, the LPN communicates changes in patient status to the authorized provider who is supervising the procedure on-site and to other appropriate personnel in a timely manner

Coudé catheter insertion and replacement	Yes	
C-PAP therapy	Yes	After initial settings have been established by qualified provider
C-PAP equipment set up	Yes See comment	Board consensus is that this procedure is done by respiratory therapists and competent members of the public and the nursing license is not required to perform this function.
Death pronouncement	No	
Deep Brain Stimulator voltage settings: increase or decrease	No	
Delegation of tracheostomy care to non-licensed persons	Yes	
Digital intervention for fecal impaction.	Yes	With assessment, proper training and facility policy in place. This task CANNOT be delegated to LNAs or unlicensed personnel.
Drains, removal of: JP and hemovac	Yes	With provider order
Dry Needling as a delegated task	No	This task is not within scope of an LPN to perform in a facility or the community and cannot be delegated as a task via provider. Training for this skill is directed at MD, DO and DPT professionals.
Ear Piercing in an Office Setting by nurses	Yes	
Face Lift - PDO	No	PDO facelifts are not within the scope of RN and LPN practice
Feeding tube insertion	Yes	
Endoscopy: open and close forceps	Yes	
Endoscopy: open and place snare over a polyp, then close and remove the snare	No	It is not within the nurse scope of practice to position a snare over a polyp for purposes of polyp removal
Manual Fecal dis-impaction, without MD Order	Yes	Per organizational policy or protocol. Facility policy should dictate circumstances requiring an order
Feeding tube insertion	Yes	NG and Feeding tubes that do not require guide wires
Femoral pump initiation under direction of anesthesia	No	
Fentanyl, IV push for pain control in pregnant and non-pregnant patients	Yes	As indicated by facility policies and procedures
Fluoride Varnish: With a provider order, is it within the scope of practice of an RN/LPN to apply fluoride varnish to the teeth of a pediatric patient as part of the primary care office visit?	Yes	Board approved recommendation that it is within scope of RN/LPN to apply fluoride varnish to teeth with a provider order and appropriate training and competency.
Flu clinic, running, including administration	Yes	LPNs work under delegation; there should be some type of standing order signed by a provider regarding the administration of the flu vaccine
Hemodialysis	Yes	Monitoring only of stable patients with direct supervision of RN
Hernia Reduction	No	
Histologic technician, practicing as, in Mohs lab	No	The Board advises that this activity is not under the LPN scope of practice. If LPN chooses to function as histologic technician, hours would not count as active-in-practice towards renewal. It is

		not within LPN scope of practice to obtain specimen.
Hyperbaric oxygen therapy	Yes	LPN may assist with patient preparation however they may not initiate or maintain treatment.
ICD deactivation using magnetic card	Yes	
Implanted port, access and de- access	Yes	
<u>intra articular injector</u> With a provider order, is it within RN/LPN scope of practice to mix/draw up lidocaine, depomedrol or Marcaine for intra articular injector used by the provider?	Yes	Board approved recommendation that it is within scope of RN/LPN to mix and draw up medications, with a provider order and advises the following situations for use: <ul style="list-style-type: none"> • During an emergency situation in an operating room or treatment room- a nurse working in the same room, at the same time, attending the same patient may collaboratively prepare an injection for immediate patient administration. Communication between and the provider and nurse should occur regarding validation of the integrity of the medication, and dosing as indicated by the medication order. Documentation should be completed in accordance with organizational policies.
Intra-arterial vascular access	No	
Interosseous needle insertion	Yes	Procedure taught in ACLS and PALS
Intrauterine insemination under direct supervision of trained RN/physician	No	
Can an IV certified LPN administer Blood Products?	Refer to Rules – No (per Board Office)	Refer to the curriculum of LPN IV Therapy Program for what an LPN may and may not administer intravenously: Nur 604.07 <u>Curriculum</u> . (c) Participants shall not be instructed in administration of or administer the following: (1) Fluids used in research, or oncology therapy; (2) Blood or blood products; (3) Hyperalimentation solutions, colloids and lipids; and (4) Intravenous therapy to clients who weigh less than 32 kilograms. (d) Intravenous therapy course content shall include: Source . (See Revision Note at chapter heading for Nur 100) #5887, eff 8-26-94; ss by #6778, eff 6-26-98; ss by #8664, INTERIM, eff 6-24-06, EXPIRED: 12-21-06 <u>New</u> . #8873, eff 4-24-07; ss by #9096, eff 2-23-08; ss by #10301, eff 3-22-13; ss by #11024, eff 1-23-16
Can an IV certified LPN administer IVIG?	NO	Intravenous Immunoglobulin. IVIG is a blood product and is used to treat various autoimmune, infectious, and idiopathic diseases. IVIG is an approved treatment for graft versus host disease and ITP. It is accepted for use in persons with Kawasaki disease, Guillain-Barre syndrome, and

		plymyositis/dermatomyositis/rvision of trained RN/physician
Can an experienced IV Certified LPN Administer IV Cathflo to unblock a PICC/Mid Lumen to a stable patient in a nursing facility as long as the facility is ok with it?	Yes	A LPN with an IV Certification can administer IV Cathflo to a stable patient to unblock a PICC line or mid-line after the patient is assessed by a RN and under the direct supervision of RN. This is limited to an acute care or skilled nursing facility. Direct supervision as per ANA: The active process of directing, guiding and influencing the outcome of an individual's performance of a task).
Kenalog injections	Yes	With specialized training and education
Laser treatments, administration of non-ablative	Yes	
Are the use of LEDs and lasers (phobiomodulation) within the scope of a nurse	Yes	Low intensity laser therapy LED is in current use in community
Lidocaine 1% with epinephrine subcutaneously	Yes	
Lidocaine injection into the armpit for hyperhidrosis	Yes	https://www.oplc.nh.gov/nursing/documents/anesthesia-sedation-analgesia.pdf
Lidocaine 2% gel, instillation into urethra of patient undergoing cystoscopy	Yes	
Manometry catheter insertion for esophageal manometry study	Yes	
Medication Dispensing for Leave of Absence from a facility (LOA)	No	
Medication instillation into renal pelvis via nephrostomy tube	No	
Medication instillation through venous central line of dialysis machine	No	
Medication refills based on office practice protocol	Yes	
Monoclonal antibodies, administration of (i.e., Orencia, Tysabri, Remicade, Rituxan)	No	These medications require more than a focal assessment of patient relating to reactions and symptoms
Nail cutting and use of a dremel per provider assessment and order	Yes	UPDATED AUGUST 18, 2016 - Best practices as defined by the Mosby Skills Guide (2014) the compromised patient (Type 1 DM, vascular insufficiency or other diagnosis affecting peripheral circulation) will be assessed and treated by a provider. This would include the use of a dremel by a nurse.
Nitro sticks	No	Requires more than a focal assessment
Nutritional and diet education	Yes	
Orders from out of state physicians, providing home care to patient in NH	Yes	
Oversite of LPN - How frequently does a RN need to provide supervision to a LPN?	N/A	The Board refers you to Nursing Statute 326 B:13 for the specific scope of practice requirements
PEG tube replacement of established site	Yes	
Pleurex system: Is it within the scope of LPN practice to perform the tasks related to the care the Pleurex system on stable clients that do not need a	Yes	Providing care for clients requiring Pleurex intervention is within the scope as long as the client is stable and does not require a comprehensive health assessment.

comprehensive assessment of their health status?		
Percutaneous tibial nerve stimulation	No	Requires advanced training and assessment
Peripherally inserted central catheter removal by an LPN who has completed an approved IV therapy course	Yes	An LPN who has completed an approved IV therapy course with a facility policy in place may discontinue a PICC or Midline catheter on a stable client.
Peritoneal Dialysis in the Acute Care Setting	Yes	LPN's may perform peritoneal dialysis in the acute care setting provided the following stipulations are met: 1. LPN must complete education program on PD which is taught by a qualified RN instructor. 2. Education program must include components recommended by the American Nephrology Nurse Association. 3. Education and competency of LPN must be documented. 4. There must be an RN readily available in facility or on call at all times.
Phlebotomy	Yes	Participation in IV therapy program not required
Prescriptions: New prescription written by a provider	Yes	The nurse may call in a new order prescription written by a provider as long as the nurse is a direct agent of the provider working under the direct auspice of the provider and there is a written order. (Clarified with the Board of Pharmacy 5/2017)
Prescriptions: Renew or refill	Yes	With provider order/standing order
Private duty nurses caring for clients when traveling across state lines	Yes	With active compact license in a compact state. LPN's entering NH follow the home state scope of practice regarding nursing care.
Professional Boundaries: Is it crossing professional boundaries to see a former patient that has been discharged from VNA services if the only reason patient know this LPN is from services he received while getting nursing services? (Also applies to LNA and RN)	See Narrative	This is not a clinical practice question, seek legal counsel.
Protocol orders, following orders by provider	Yes	See Clinical Practice – Written guidelines when providing patient care
Pulse Oximetry	Yes	
Rectal dilatation in home setting	Yes	
Secretin stimulation test, Type 1 (blood test)	Yes	
Secretin stimulation test, Type 2 (nasogastric)	No	
Skin substitutes (e.g. REDDRESS material)-application	Yes	Skin substitutes, using biological wound dressing, are within the scope of practice for RN and LPN
Subcutaneous infusion: insert, assess placement, administer medications via push and continuous infusions	Yes	IV certification by board certified program required
Suctioning, deep	No	The Board advises that LPNs may perform nasopharyngeal and oral pharyngeal suctioning. LPN practice may also include tracheal suctioning for purposes of maintaining an open airway. It is NOT appropriate practice for LPNs to provide bronchial tree suctioning.

Suprapubic catheter placement	Yes	The following conditions must be met: 1. Healed, well established, open pathway 2. replacement catheter may only be a balloon-type indwelling catheter. 3. size of replacement catheter and balloon specified in provider order.
Suture - assist in some capacity as well as suture the top layer of a wound/incision to provide hemostasis post- surgical procedure in a neuro surgical practice	No	It is not within the scope of practice of the RN to do top stitches or cautery of skin except within the auspices of a certified First Assist RN role.
TB (manteaux) testing	Yes	
Telephone order from pharmacist, transcription of	Yes	
Telephone triage	Yes	NH Board of Nursing Position Statement and Clinical Advisory states that "Triage in a structured setting with predictable outcomes is within the scope of practice of an LPN. This practice requires appropriate delegation and facility protocols in place.
Thera bath treatments with paraffin wax	Yes	
Therapeutic phlebotomy	Yes	Guided by provider order, policy, procedure, and documentation of specialized training and certification by institution with RN readily available.
Tracheostomy: inflation and deflation of cuff	Yes	Healed and established stoma
Ultrasound for therapeutic purposes	Yes	
Urodynamic studies, performance of	Yes	Cannot interpret results
VAC dressing application and change	Yes	That the RN may delegate to the LPN vacuum assisted closure (VAC)/ Wound Vac dressing changes/negative pressure wound therapy in the home setting for stable wounds provided the following: 1. RN performs the initial wound assessment and determines that the wound is stable. 2. RN performs a wound assessment at least one time per week during dressing use: and 3. RN resumes wound care management immediately upon report/direct observation of wound complications such as signs and symptoms of infection, exposure of organs or other vital structures, excessive bleeding or anticoagulant therapy or other symptoms of an unstable wound.
May an LPN Administer Vaccines/draw bloodwork Does a doctor need to be in the office?	Yes	Based on training and competency an LPN may draw blood and administer vaccines. Without a provider in the office - refer to o policy and procedure of facility for supervision of LPN practice when provider not on site.
Ventilator circuit changes	Yes	Stable clients only
Ventilated patient, care of, in long- term care setting	Yes	With adequate supervision, it is within LPN scope to assist with ventilator care by making observations, and by recording and reporting such observations. <u>It is not appropriate for LPN to independently implement nursing actions based</u>

		<u>on conclusions or assessments drawn from their observations, i.e., making ventilator adjustments.</u>
X-ray, performance of	No	
Wound Staging		It was the consensus of the Board that with training and demonstrated competency, an LPN can stage a wound based on established protocol and delegation of the task by an RN.