This document reflects NH Board of Nursing advisory responses to individual questions, or categories of questions indicated by links, regarding RN scope of practice and designated clinical activities. Health care is constantly changing, and thus the practice of nurses and nursing assistants is also changing. It would be impossible to develop a list of all procedures and interventions that are included in the scope of practice of nurses. Licensees are encouraged to utilize 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 Inquiry Process and 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.”

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:

(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.

<table>
<thead>
<tr>
<th>Activity/Question</th>
<th>Within RN Scope of Practice?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration of OTC meds without provider order</td>
<td>No</td>
<td>Facility policies should address self-administration. RN may not diagnose and prescribe medications for administration of OTC meds without provider order.</td>
</tr>
<tr>
<td>Administration of OTC meds in a school setting</td>
<td>See narrative</td>
<td>A school nurse may give over-the-counter medications without a provider’s order when 1. The school nurse does so in accordance with nursing knowledge, judgment and skill; and 2. The school nurse in public schools must follow the NH DOE administrative rule, Ed 311.02 which state “non-prescription medication shall be given only with the written request and permission of the parent and/or guardian” and must follow local policy and procedures.</td>
</tr>
<tr>
<td>Allergy Serum: Can a nurse mix allergy serum for the purpose of allergy injections?</td>
<td>Yes</td>
<td>With competencies, education and policies in place as outlined in NH RSA 318:14. Additional information under RSA 318:14 can be accessed under Allergen Extracts as CSPs.</td>
</tr>
<tr>
<td>Can an RN who is trained by an allergy physician and certified in competency place and interpret</td>
<td>Yes</td>
<td>Yes, a RN who is trained by an allergy physician, and demonstrates competency, can place and interpret</td>
</tr>
<tr>
<td>penicillin allergy skin testing?</td>
<td>interpret penicillin allergy skin testing.</td>
<td>Ultrasound assisted radial arterial line placement is within RN scope of practice with facility competency, procedures, education, and limited to radial arteries in adults.</td>
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</tr>
<tr>
<td>Arterial Line Placement – ultrasound assisted radial arterial line placement</td>
<td>Yes</td>
<td>The BON voted to adopt the advisory provided by the NY State Board of Nursing as follows: the following conditions must be met:</td>
</tr>
<tr>
<td>Baclofen Pump: accessing, interrogating and refilling an intrathecal Baclofen pump, or any one of the individual steps of this process, would fall within the RN scope of practice? This procedure would take place in an outpatient office setting with a supervising provider on the premises.</td>
<td>Yes</td>
<td>• The RN must be deemed competent in the procedure, which in addition to the technical aspects of filling/refilling pumps, also requires the RN to accurately assess pain, conduct a physical examination and assess subtle changes in condition. Such competency is attained initially through successful completion of didactic coursework and a series of demonstrations in the procedure under supervision.</td>
</tr>
<tr>
<td>• The RN must demonstrate annual updates of appropriate education, skill training and clinical competence. Competency assessment must be documented in the personnel file of each RN.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The RN must be designated by the facility/practice to carry out the procedure. Because there is considerable evidence across a wide range of procedures and functions that demonstrate improved outcomes in situations with high case volumes, the number of RNs trained in this procedure should be limited to assure a caseload sufficient to attain expertise. During annual competency updates, only the names of RNs with high case volumes should continue to be designated by the facility/practice to carry out this procedure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Written policies and procedures must be developed that clearly define the RN’s role.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Errors should be anticipated. It is recommended that a failure mode and effects analysis (FMEA) be implemented to identify errors and actions to reduce patient harm. Additionally, standardization of orders, use of pumps with a reservoir port only, separation of kits, and verification of kits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Based on manufacturers’ written recommendations, should be considered as ways to further reduce errors.

- A physician or nurse practitioner must be immediately available for emergencies, including diagnosing and responding to overdoses including removing cerebrospinal fluid by lumbar puncture or through the catheter access port, if indicated.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Authorization</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure obtained at health clinic in NH by nurse not licensed in NH</td>
<td>Yes</td>
<td>This procedure can be done by licensed and non-licensed persons.</td>
</tr>
<tr>
<td>Biofeedback: RN with certification perform Biofeedback as a non-invasive therapy</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Can a nurse set up and monitoring of BiPap therapy</td>
<td>Yes</td>
<td>See c-pap and bi-pap separate position statement PDF.</td>
</tr>
<tr>
<td>Blister with serous drainage</td>
<td>Yes</td>
<td>Similar to the advisory on Sharp Conservation Debridement done by a competent certified wound care nurse.</td>
</tr>
<tr>
<td>Bone marrow biopsy procedure</td>
<td>No</td>
<td>Board affirmed that bone marrow biopsy is NOT within RN scope of practice. Bone marrow biopsy is medical procedure and falls under auspices of Board of Medicine.</td>
</tr>
<tr>
<td>Bone marrow biopsy slide preparation</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>See Narrative</td>
<td>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.</td>
</tr>
<tr>
<td>Bowen Therapy</td>
<td>Yes</td>
<td>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.</td>
</tr>
<tr>
<td>Bravo capsule placement: independent deployment and placement</td>
<td>No</td>
<td>June 17, 2010: The board revisited the Dec 17, 2009 decision that it is not within RN scope of practice to independently deploy and place Bravo capsules. The decision was made to uphold the previous decision. It is within the</td>
</tr>
<tr>
<td>Procedure</td>
<td>Yes/No</td>
<td>Description</td>
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</tr>
<tr>
<td>Bubble Studies (echocardiogram) at the bedside: administration of agitated saline and contrast</td>
<td>Yes</td>
<td>It is within the scope of practice of registered nurses to calculate screening exam scores.</td>
</tr>
<tr>
<td>Calculate Screening Exam Scores: Is it within nurse’s scope of practice to calculate a CMADVASC Score?</td>
<td>Yes</td>
<td>Refer to facility policy and consider potential boundary issues</td>
</tr>
<tr>
<td>Care of relatives</td>
<td>Not advised</td>
<td>Refer to facility policy and consider potential boundary issues</td>
</tr>
<tr>
<td>Carotid massage for SVT</td>
<td>No</td>
<td>This is referenced in the ACLS manual as one of many therapies that address arrhythmias; however, it is not taught to nurses in NH.</td>
</tr>
<tr>
<td>Cardiac pacemaker reprogramming</td>
<td>Yes</td>
<td>It is within the scope of practice of registered nurses to calculate screening exam scores.</td>
</tr>
<tr>
<td>Cast application</td>
<td>Yes</td>
<td>Provider order required</td>
</tr>
<tr>
<td>Cast removal</td>
<td>Yes</td>
<td>Provider order required</td>
</tr>
<tr>
<td>Cell saver operation</td>
<td>Yes</td>
<td>Ensure that assignment maintains patient safety</td>
</tr>
<tr>
<td>Cerebrospinal fluid, hourly extraction from indwelling catheter</td>
<td>No</td>
<td>Not within scope</td>
</tr>
<tr>
<td>Cerumen removal via instrumentation</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Cerumen removal via irrigation and suction</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Chelation therapy as conventional therapy for heavy metal poisoning or alternative therapy for heart disease, cancer, other conditions</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Chest tube flush using normal saline</td>
<td>Yes</td>
<td>An RN can instill normal saline into and irrigate a chest tube for open drainage only provided there is no danger of spontaneous pneumothorax with atmospheric pressure entering the pleural space. The RN should have specialized training and a hospital policy that speaks to this task. The task should be performed in an area where there is</td>
</tr>
</tbody>
</table>
sufficient staff in possession of specialized knowledge and skills as well as emergency equipment and monitoring equipment to provide for immediate intervention if faced with a client adverse event.

References from Louisiana BON 1996 opinion and Saskatoon Health Region

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Allowed</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest tube removal</td>
<td>Yes</td>
<td>Board reviewed previous decision, reviewed literature supporting this procedure and reversed previous advisory.</td>
</tr>
<tr>
<td>Chiropractic Medicine: Can an RN work under a Doctor of Chiropractic Medicine performing the following procedures?</td>
<td>Yes</td>
<td>Referencing the position on the role of nurses in the practice of complementary and alternative therapies, the RN can perform tasks/skills that are within RN scope and the tasks in question are within scope. Training and competency should be verified</td>
</tr>
<tr>
<td>Complementary/alternative therapy</td>
<td>Yes</td>
<td>See Complementary and Alternative Therapy position statement</td>
</tr>
<tr>
<td>Computer Assisted Personalized Sedation System (CAPS) for delivery of minimal to moderate sedation in the Endoscopy area</td>
<td>Yes</td>
<td>See Anesthesia-Analgesia Position Statement Pdf</td>
</tr>
<tr>
<td>Contact casting, total, for treatment of foot ulcers</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Contrast dye, IV push for diagnostic exam</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Coudé catheter insertion/replacement</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>C-PAP therapy, equipment set-up</td>
<td>Yes</td>
<td>See C-Pap and Bi-Pap Position Statement Pdf.</td>
</tr>
<tr>
<td>Cystometrics and independent performance of</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Death pronouncement and reporting of infectious disease following</td>
<td>Yes</td>
<td>See NH statute regarding Pronouncement of Death by Registered Nurses</td>
</tr>
<tr>
<td>Deep brain stimulator-</td>
<td>Yes</td>
<td>With appropriate training and competency</td>
</tr>
<tr>
<td>Procedure</td>
<td>Approval</td>
<td>Notes</td>
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</tr>
<tr>
<td>Increase/decrease voltage settings</td>
<td></td>
<td>2/2015</td>
</tr>
<tr>
<td>Defibrillation</td>
<td>Yes</td>
<td>The board determined that this procedure is provider driven and the responsibility for obtaining required education to patient about procedure is the providers. The nurse can witness a patient’s signature on a form that states the patient understands what the provider has explained.</td>
</tr>
<tr>
<td>Definity: Obtaining informed consent for</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Delegation to non-licensed staff using electronic means i.e. skype to view and interact with personnel completing the task</td>
<td>Yes</td>
<td>This method of delegation is acceptable.</td>
</tr>
<tr>
<td>Dental Block (Inferior mental nerve block) administration</td>
<td>Yes</td>
<td>With appropriate education, competency and provider order.</td>
</tr>
<tr>
<td>Derma Glue- use for closing superficial wounds</td>
<td>Yes</td>
<td>The performance of simple stapling or suturing for anchoring catheter devices or superficial wound closure is within the scope of the licensed registered nurse. The RN performing simple stapling or suturing should be properly trained and possesses the required knowledge, skill and competence. The wound must be evaluated by a licensed practitioner and should consist of subcutaneous tissue only. No muscle, nerve, tendon, or blood vessels should be sutured by the RN unless the RN meets the definition and competency of a Registered Nurse First Assist (RNFA). (BON</td>
</tr>
<tr>
<td>Dialysis catheter, removal of temporary</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Drain removal, J-P and hemovac</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Dry Needling</td>
<td>No</td>
<td>This task is not within scope of an RN 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.</td>
</tr>
<tr>
<td>Ear Piercing by nurses in an office setting</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td>Status</td>
<td>Notes</td>
</tr>
<tr>
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</tr>
<tr>
<td>Emergency medical screening evaluation (MSE) in the ED relative to EMTALA</td>
<td>Yes</td>
<td>RN’s may perform nursing assessments within scope and when following CMS guidelines for MSE</td>
</tr>
<tr>
<td>Endoscopy/colonoscopy</td>
<td>See Endoscopy and Colonoscopy Scope Pdf</td>
<td></td>
</tr>
<tr>
<td>Epicardial pacing wire removal</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Face lift - PDO</td>
<td>No</td>
<td>PDO facelifts are not within the scope of RN and LPN practice</td>
</tr>
<tr>
<td>Fecal disimpaction, manual without MD order</td>
<td>Yes</td>
<td>Facility policy should dictate circumstances requiring an order</td>
</tr>
<tr>
<td>Feeding tube insertion</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Femoral/arterial sheath removal post cardiac catheterization</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Femoral dialysis catheter insertion</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Foot and Nail Care on patients with compromised circulation</td>
<td>Yes</td>
<td>Refer to nail and use of dremel scope of practice Pdf.</td>
</tr>
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<td>Foot and Nail Care on patients with compromised circulation</td>
<td>Yes</td>
<td>Refer to nail and use of dremel scope of practice Pdf.</td>
</tr>
<tr>
<td>Gastric Restrictive Device adjustment</td>
<td>Yes</td>
<td>A supervised RN can perform this task as long as they are provided a band adjustment protocol by the covering physician (American Society for Metabolic and Bariatric Surgery)</td>
</tr>
<tr>
<td>Hand Held Nebulizer administration</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Hernia Reduction</td>
<td>No</td>
<td>Review of literature defines this as a medical procedure requiring specialized assessment and training.</td>
</tr>
<tr>
<td>Histologic technician, practicing as, in Mohs lab</td>
<td>*No</td>
<td>*The Board advises that this activity is not under the RN scope of practice. If RN chooses to function as histologic technician, hours would not count as active-in-practice towards renewal. It is not within RN scope of practice to obtain specimen</td>
</tr>
<tr>
<td>Hyperbaric oxygen therapy</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Hyperhidrosis treatment: administer lidocaine through injections into the armpit</td>
<td>Yes</td>
<td>See position statement on injectable local anesthetics in the Anesthesia-Sedation-Analgesia Scope of Practice Pdf.</td>
</tr>
<tr>
<td>ICD deactivation using magnetic</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Informed consent</td>
<td>No</td>
<td>RN may witness signature after provider explains procedure and obtains consent</td>
</tr>
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</tr>
<tr>
<td>Informed consent by the nurse performing a PICC line insertion</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Interdisciplinary plan of care, RN implementing plan developed by OT/PT</td>
<td>Yes</td>
<td>LPN and LNA’s can be delegated specific tasks to perform under this plan</td>
</tr>
<tr>
<td>Interosseous needle insertion</td>
<td>Yes</td>
<td>Procedure taught in ACLS and PALS</td>
</tr>
<tr>
<td>Intraocular pressure measurement by aplanation using Schiotz tonometer or Tonopen</td>
<td>No</td>
<td>Non nursing task</td>
</tr>
<tr>
<td>Intravenous- Do RNs need a physician/practitioner order to insert a peripheral IV – Do they need an order if there is a medication order with an IV route?</td>
<td>See narrative</td>
<td>Refer to Protocol Orders</td>
</tr>
<tr>
<td>Can an RN administer saline nasal spray and saline eye drops per nursing scope of practice?</td>
<td>See narrative</td>
<td>Refer to Administration of Over the Counter Medications Without Provider Order decision.</td>
</tr>
<tr>
<td>Ketamine Titration: Can an RN, who can demonstrate competency, be able to administer Ketamine Infusion with titration parameters in the critical care setting? Ketamine titration would be based on established criteria and ordered by the Critical Care Intensivists to be used as adjunctive sedation in the mechanically ventilated patients. The Ketamine Drip order would have established criteria for titration, such as RASS (Richmond Agitation-Sedation Scale).</td>
<td>Yes</td>
<td>Ketamine can be administered via titration with a patient in critical care who has a secured airway.</td>
</tr>
<tr>
<td>Fixed dose of sub anesthetic infusion of Ketamine is within</td>
<td>Yes</td>
<td>Updated January 29, 2020</td>
</tr>
</tbody>
</table>
the scope of practice of an RN when the following requirements are met:

1. The Ketamine must be dosed at sub anesthetic doses.
2. Clearly defined facility policies and procedures are in place, to include the distinction between sub anesthetic and anesthetic dosing.
3. A Licensed Independent Practitioner (LIP)
   a. Evaluates the patient
   b. Places an order for the low dose/sub anesthetic Ketamine
   c. A LIP is readily available in the facility from the time of the medication is initiated until completion of the infusion.
4. The nurse involved in the administration is familiar with and adheres to the safety recommendations and standards for Ketamine administration.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ketamine infusion: Can the doctor initiating infusion be ED provider?</td>
<td>N/A</td>
<td>1. For questions regarding scope of practice of a physician, please query the Board of Medicine.</td>
</tr>
<tr>
<td>Is it within the RN scope to administer Ketamine on IV push during RSI?</td>
<td>Refer to Ketamine fixed dose sub anesthetic infusion</td>
<td>*Note that the board pinned on “sub anesthetic” infusion.</td>
</tr>
<tr>
<td>Ketamine IM for administration to children</td>
<td>Board is silent</td>
<td>Board followed recommendation to be silent on this question due to lack of literature/research on this method of administration in this population.</td>
</tr>
<tr>
<td>Low Energy</td>
<td></td>
<td>An RN can provide services involving LENS</td>
</tr>
<tr>
<td>Neurofeedback System (LENS):</td>
<td>therapy as a form of neuro bio feedback.</td>
<td></td>
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</tr>
<tr>
<td>Can an RN provide LENS therapy independently?</td>
<td>Yes</td>
<td>Low intensity laser therapy LED is in current use in community.</td>
</tr>
<tr>
<td>Are the use of LEDs and lasers/(photobiomodulation) within the scope of a nurse</td>
<td>Yes</td>
<td>Medication compounding as defined by NH RSA 318:1; however, crushing a tablet or reconstitution of a medication is not considered compounding.</td>
</tr>
<tr>
<td>Medication Compounding</td>
<td>No</td>
<td>RN cannot perform medical examinations but can obtain health history and do a comprehensive nursing assessment.</td>
</tr>
<tr>
<td>Medical Examinations</td>
<td>No</td>
<td>RN cannot perform medical examinations but can obtain health history and do a comprehensive nursing assessment.</td>
</tr>
<tr>
<td>Morgan Lens placement</td>
<td>Yes</td>
<td>With provider orders, training and competency, insertion and maintenance.</td>
</tr>
<tr>
<td>Needle aspiration of seroma on post- surgical patient</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Needle decompression for tension pneumothorax</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Neonatal intubation</td>
<td>Yes, with specific requirements met</td>
<td>*Refer to position statement – Airway, Insertion of Advanced</td>
</tr>
<tr>
<td>Neuro/Biofeedback: RN with certification perform Biofeedback as a non-invasive therapy</td>
<td>Yes</td>
<td>This is considered non-invasive holistic therapy.</td>
</tr>
<tr>
<td>Neurometrix nerve conduction studies under physician supervision</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Neuro-monitoring percutaneous needle application and equipment operation during procedure in the OR</td>
<td>No</td>
<td>The RN may push the rest button under the direction of the surgeon.</td>
</tr>
<tr>
<td>Orders from out of state physicians, providing home care to patient in NH</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Oversight of LPN - How frequently does a RN need to provide supervision to a LPN?</td>
<td>N/A</td>
<td>The Board refers you to Nursing Statute 326 B:13 for the specific scope of practice requirements.</td>
</tr>
<tr>
<td>Procedure/Action</td>
<td>Status</td>
<td>Notes</td>
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</tr>
<tr>
<td>Paracentesis, completion of procedure initiated by physician by changing bottles until flow stops and discontinuing the needle</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Percutaneous tibial nerve stimulation</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Pleural Tube Access for purposes of administering TPA and Pulmozine</td>
<td>No</td>
<td>This action is not supported due to the lack of supportive references for this practice.</td>
</tr>
<tr>
<td>Prescriptions: New prescription written by a provider</td>
<td>Yes</td>
<td>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)</td>
</tr>
<tr>
<td>Prescriptions: Renew or refill</td>
<td>Yes</td>
<td>With provider order/standing order</td>
</tr>
<tr>
<td>Protocol orders</td>
<td>Yes</td>
<td>Nurses may implement physician/APRN issued protocols and standing/routine orders, including the administration of medications, following nursing assessment. Protocols/orders should be written to reflect treatment of signs and symptoms, and should include parameters for the nurse to consult the physician/APRN. In addition, protocols and standing/routine orders should be officially approved by the facility medical and/or nursing staff, or approved by the prescriber of the individual patient</td>
</tr>
<tr>
<td>Pressure ulcer staging</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Private duty nurses caring for clients when traveling across state lines</td>
<td>Yes</td>
<td>With active compact license in a compact state.</td>
</tr>
<tr>
<td>Prolapsed rectum, digital reinsertion</td>
<td>Yes</td>
<td>*Digital reinsertion of prolapsed rectum is within the RN scope of practice provided the patient has been previously diagnosed with rectal prolapse, and there is an appropriate physician order, institution policy to support the practice, and documented training and competency</td>
</tr>
<tr>
<td>Professional Boundaries: Is it crossing professional boundaries to see a former patient that has been discharged from VNA</td>
<td>See Narrative</td>
<td>This is not a clinical practice question, seek legal counsel.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
<td>Details</td>
</tr>
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<tr>
<td>services if the only reason patient know this LPN is from services he received while getting nursing services? (Also applies to LNA and RN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmonary artery catheter, advancing for proper placement when obtaining pressure readings</td>
<td>Yes</td>
<td>Utilizing Decision Tree</td>
</tr>
<tr>
<td>Pulmonary artery catheter, withdraw for proper placement</td>
<td>Yes</td>
<td>Utilizing Decision Tree</td>
</tr>
<tr>
<td>Pulse Oximetry</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Rabies: Is it within the nurses scope of practice to administer the portion of rabies immunoglobulin that is infiltrated into the wound</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Radioisotope injection for nuclear exam</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Rectal dilatation in home setting</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Respiratory Equipment: assembly, delivery, maintenance, repair and testing</td>
<td>Not considered specific to nursing practice</td>
<td>Tasks can be performed by a competent member of the public and a nursing license is not required to perform these tasks</td>
</tr>
<tr>
<td>Respiratory skills: Can the following skills be taught to an RN under RN scope of practice by a Respiratory Therapist? ABG’s, Chest PT, Incentive Spirometry, Acapella, Peak Flow Meters, Nebulizers, Trach Care with humidification, High Flow Oxygen and CPAP/BIPAP</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>School nursing - If a nurse and nursing care is written into an emergency care plan, asthma action plan, etc., can a nurse be pulled from their school by administration to cover at a different school – leaving the school and students without a nurse?</td>
<td>See Narrative</td>
<td>This is not a clinical practice questions, it is an employment or legal counsel question.</td>
</tr>
<tr>
<td>School nursing - If a nurse believes that safe staffing is a liability issue (AEB, high acuity; no assistant; verbal knowledge from current nurse; letter from</td>
<td>See Narrative</td>
<td>This is not a clinical practice questions, it is an employment or legal counsel question.</td>
</tr>
<tr>
<td>Question</td>
<td>Yes/No</td>
<td>Explanation</td>
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</tr>
<tr>
<td>Substitute nurse that calls the assignment blatantly unsafe can [school] administration make the nurse accept the assignment?</td>
<td></td>
<td>This is not a clinical practice question, it is an employment or legal counsel question.</td>
</tr>
<tr>
<td>School nursing - Can the nurse be pulled by [school] administration to cover at another school in the district when that nurse is absent, leaving their own school without a nurse?</td>
<td>See Narrative</td>
<td>Nurses must follow current delegation statute and rules whether in school or another setting.</td>
</tr>
<tr>
<td>School nursing – Can administration at the school (or anyone) tell a nurse who they must delegate tasks to?</td>
<td>See narrative</td>
<td></td>
</tr>
<tr>
<td>Simple stapling or suturing</td>
<td>Yes</td>
<td>The performance of simple stapling or suturing for anchoring catheter devices or superficial wound is within scope of the RN with appropriate training and competency. The wound must be evaluated by a licensed practitioner and should consist of subcutaneous tissue only. No muscle, nerve, tendon or blood vessels should be sutured by the RN unless the RN meets the definition and competency of a Registered Nurse First Assist (RNFA) as cited by the BON Nebraska.</td>
</tr>
<tr>
<td>Secretin stimulation test, Type 1 (blood test)</td>
<td>Yes</td>
<td>Procedure requires blood sampling via a peripheral catheter and administration of a medication</td>
</tr>
<tr>
<td>Secretin stimulation test, Type 2 (nasogastric)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Sexual assault nurse examiner (SANE), board requirements for practice</td>
<td>Yes</td>
<td>Refer to national organization</td>
</tr>
<tr>
<td>Skin substitutes (e.g. REDDRESS material)- application</td>
<td>Yes</td>
<td>Skin substitutes, using biological wound dressing, are within the scope of practice for RN and LPN</td>
</tr>
<tr>
<td>Slit catheter readings</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Slit lamp exams including measuring intraocular pressure</td>
<td>No</td>
<td>Not within RN scope of practice; requires advanced practice licensure</td>
</tr>
<tr>
<td>Sphenopalatine Ganglion Block</td>
<td>Yes</td>
<td>RNs may apply topical anesthetic such as lidocaine commonly prior to IV insertion, suturing laceration, etc. Is applied intranasal via culturette or atomizer (such as nasal packing, NG tube insertion etc.)</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
<td>Notes</td>
</tr>
<tr>
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</tr>
<tr>
<td>Can an RN remove a spinal catheter?</td>
<td>Yes*</td>
<td>*Yes RNs can remove spinal catheters under the direct order of a Physician or APRN, after training and demonstration of competency.</td>
</tr>
<tr>
<td>Stress Testing with nuclear imaging supervision</td>
<td>Yes</td>
<td>Within scope for a nurse educated in the procedure to include:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>--EKG interpretation, must be ACLS certified and capable to respond to adverse events. This education and competence must be documented initially and on an ongoing basis;</td>
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<td></td>
<td></td>
<td>--Physician or APRN must be immediately available in facility;</td>
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<td></td>
<td>--Facility and staff must possess ability to run full code;</td>
</tr>
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<td></td>
<td></td>
<td>--Patient must be previously evaluated and cleared for physician or APRN; There must be medical order for procedure;</td>
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<td></td>
<td></td>
<td>--Facility must have policies and procedures in place to address all aspects of issue.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>--RN may not administer agent or medications for purpose of pharmacologic or nuclear stress testing unless the physician or APRN are immediately available.</td>
</tr>
<tr>
<td>Suprapubic catheter replacement</td>
<td>Yes</td>
<td>The following conditions must be met:</td>
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<tr>
<td></td>
<td></td>
<td>• Healed, well established, open pathway</td>
</tr>
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<td></td>
<td></td>
<td>• Replacement catheter may only be a balloon-type indwelling catheter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Size of replacement catheter and balloon specified in</td>
</tr>
<tr>
<td>Is it within the scope of practice for nurses to do top stitches and cautery of skin?</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Surgical site marking</td>
<td>No</td>
<td>Responsibility of surgical provider</td>
</tr>
<tr>
<td>Suturing arteries</td>
<td>No</td>
<td>Additional education is required – RNFA program</td>
</tr>
<tr>
<td>Suturing – use of non-physician FDA approved arterial suturing device</td>
<td>Yes</td>
<td>Refer to RNFA guidelines</td>
</tr>
<tr>
<td>Procedure</td>
<td>RN Can Delegate</td>
<td>Notes</td>
</tr>
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<td>---------------------------------------------------------------------------</td>
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<td>following diagnostic or interventional Cath lab procedure</td>
<td></td>
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<tr>
<td>Telehealth nursing practice advisory (link)</td>
<td>Telehealth nursing Link FAQ</td>
<td></td>
</tr>
<tr>
<td>Telephone order from pharmacist, transcription of</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Thera bath treatments with paraffin wax</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Therapeutic phlebotomy</td>
<td>*Yes</td>
<td>*Guided by provider order, policy, procedure, and proof of specialized training and certification by institution</td>
</tr>
<tr>
<td>Therapy – contractual, individual,</td>
<td>Yes</td>
<td>With appropriate education and/ or family, and/or group certification</td>
</tr>
<tr>
<td>Therapies applied to the body for relieve of pain, swelling or discomfort (for example, ice or heat)</td>
<td>Yes, Provider order not needed</td>
<td>RN can delegate these tasks to an LNA</td>
</tr>
<tr>
<td>Thermography</td>
<td>No</td>
<td>Diagnostic procedure</td>
</tr>
<tr>
<td>Tooth removal- loose teeth in school children</td>
<td>Board is silent on this</td>
<td>3/19/2015</td>
</tr>
<tr>
<td>Trans-cranial magnetic stimulation, application of</td>
<td>Yes</td>
<td>Under training and supervision of MD with annual competency demonstration</td>
</tr>
<tr>
<td>Ultrasound bladder scan to assess fluid volume</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Ultrasound for PICC insertion</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Ultrasound for therapeutic purposes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Ventilator Settings: Can RN decrease or increase settings per order?</td>
<td>No</td>
<td>(2014)There is lack of evidence and documentation to support this action</td>
</tr>
<tr>
<td>Vagal Nerve Stimulator: external activation and delegation of procedure</td>
<td>Yes</td>
<td>In the case of a stable client, with a treatment plan in place, the RN may utilize external activation of the vagal nerve stimulator and may delegate the external activation of the vagal nerve stimulator to the LPN, LNA or UAP.</td>
</tr>
<tr>
<td>Vascular closure devices, deployment of</td>
<td>Yes</td>
<td>Mechanical devices only</td>
</tr>
<tr>
<td>Wound debridement,</td>
<td>Yes</td>
<td>Requires specialized training</td>
</tr>
<tr>
<td>conservative sharp</td>
<td></td>
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<tr>
<td>Wound care, acute therapy-whole blood product with kaolin and cellular matrices. (E.g. REDDRESS Clot). Is it within the scope of practice for nursing?</td>
<td>Yes</td>
<td>Elements of this procedure such as phlebotomy, wound care, wound assessment, and dressing application are within the scope of practice for RNs and LPNs in NH.</td>
</tr>
<tr>
<td>X-rays: Can an RN depress the foot pedal to take an x-ray under direction of a provider?</td>
<td>No 11/14 This represents a reversal of advisory provided January 2013 that allowed this practice.</td>
<td>Guidelines from Arizona BON state that licensed by the MRTBE: MD, DO’s. Med Radiological Technicians may administer ionizing radiation for diagnostic or therapeutic purposes, positioning x-ray beam, anatomical positioning to the beam, selecting exposure factors and initiating exposure.</td>
</tr>
</tbody>
</table>