

NH Board of Nursing LNA Scope of Practice Advisories Updated December 17, 2021

The BON has approved the following activities as within the Scope of Practice for Licensed Nursing Assistants, as long as the nursing assistant has met the Nur 405.01 (formerly Nur 305.01 (c) & (d)); for stable and established clients; Institutional policy and procedures should be in place.

Activity/Question	Long Term Care, Homecare, Residential Care, Adult	Acute Care Setting
Abductor Pillow: placement of and removal of	Yes	Yes
Ankle foot orthosis (AFO) & Thoraco-lumbosacral orthosis (TLSO), apply	Yes	Yes
Arterial sheath(femoral/venous), remove post- cardiac catheterization	N/A	No
Bladder scan, perform	Yes	Yes
Botox, administer intradermal	No	No
Bowen Therapy: fascia manipulation to affect muscle tone	No	No
Breathalyzer: performance of	N/A	Yes
Call in prescribing practitioner's orders to pharmacy	No	No
Cervical Collar: Ambulation of a patient once a cervical collar has been applied	Yes	Yes
Cervical Collar: application of	No	No
Chest Percussor: use	Yes	No
Chest physiotherapy: perform	Yes	Yes
Chest Tube Flush	No	No
Clean Intermittent Catheterization: perform	Yes	No
Colostomy Care with stable clients in the community	Yes	No
C-Spine: Transfer and stabilization of C Spine during transfer from one department to another department in acute Care Setting	N/A	Yes
Dremel Drill (electric nail file): use	No	No
Dry Needling: As a Delegated Task	No	No
EKG: Perform	Yes	Yes
Enteral Tube feedings via pump: Administer by fill, set pump parameters, and initiate feedings	Yes	No
Enteral tube bolus feedings via gravity bag or syringe	No	No
Enteral tube bolus feeding: Checking residual	No	No
Enteral Tube feedings: flush with water pre and post feedings	Yes	Yes
Finger/heel lancet for PT, INR, and glucose testing	Yes	Yes
Fleets enema, administer	Yes	No
Foot care, to include: wash, dry, inspect, and report condition	Yes	Yes
Gastrostomy, nasogastric and/or orogastric feeding tubes, insert	No	No
Gastrostomy tube placement, check (assess)	No	No
Hyperalimentation, administer	No	No
Incentive spirometry, provide equipment to client who	Yes	Yes

has already been instructed in use and encourage client use		
Intravenous catheter, insert	No	No
Intravenous catheter (peripheral), remove	N/A	Yes
Intravenous tubing, prime	No	No
Irrigation: bladder, colostomy, indwelling urinary catheter, and naso-gastric tube	Yes	No
Lidocaine jelly, administer/apply	Yes	No
Lumbar puncture: hold patient during procedure	N/A	Yes
Medicated lotions, ointments and creams related to skin care (not nitro paste), apply for stable client with established plan of care	Yes	No
Medication deliveries, sign for	Yes	No
Medication List Documentation/Recording (NOT Medication Reconciliation) in physician office	Yes	No
Medication, pick-up from Pharmacy	Yes	Yes
Medication preparation	Yes	No
Medication/Prescription – LNA call order into pharmacy	No	No
<i>Medication Nursing Assistant- MNA: Delegation by Nurses to perform first check of monthly pharmacy printouts- ***Nurses remain accountable for ensuring that the administration includes the Right patient, medication, dose, time, route and documentation.</i>	Yes	N/A
<i>Medication Nursing Assistant- MNA: Delegation by Nurses-to complete a medication count which includes narcotics</i>	Yes	N/A
Mist Therapy- board previously opined in 2011 that procedure requires assessment while performing the procedure.	No	No
Nail Care-LNA's can file nails and cut nails on a stable client. Delegation of this task would follow delegation rules Nur 404. and facility policy.	Yes	Yes
Narcotic order, co-sign	No	No
Nasal/pharyngeal swabs, collect for <i>influenza , Strep</i> and <i>MRSA</i>	N/A	Yes
Nasogastric tube, clamp	No	No
Nystatin mouthwash, administer	Yes	No
Over-the-counter medication, administer	Yes	No
Oxygen therapy, assist with	Yes	Yes
Oxygen therapy, regulate flow rate: apply oxygen delivery device to stable and established client (excluding ventilators)	Yes	Yes with nurse follow up to check flow rate accuracy
Patient teaching	No	No
Phlebotomy	Yes	Yes
Pre-oxygenate prior to tracheostomy suctioning by	Yes	Yes

nurse or therapist		
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)	This is not a clinical practice question, seek legal counsel.	This is not a clinical practice question, seek legal counsel.
Pulse oximetry, apply	Yes	Yes
Purwick Female External Catheter application	Yes	Yes
Saline nasal lavage, administer	Yes	No
Sterile technique, perform (including scrub for Cesarean-section)	No	No
Stump wrapping	Yes	Yes
Suction mouth and nares (only)	Yes	Yes
Suppositories, administer non-medicated	Yes	No
Supra-pubic catheter, empty	Yes	Yes
Suture removal	No	No
TENS unit, apply	Yes	No
Test stool for occult blood	Yes	Yes
Telephone triage	No	No
Tracheostomy tube collar, change as delegated by nurse	Yes	Yes
Transcribe medical orders	No	Yes
Tourniquet Application	*	*Based on training and competency a lay person could apply a tourniquet in an emergent situation, therefore an LNA would be able to do so with training and competency.
Urinary catheter, insert indwelling	No	No
Urinary catheter, remove indwelling	Yes	Yes
Urine testing, perform	Yes	Yes
Vaccine Administration	*(see below)	*(see below)
Vagus nerve stimulator, external activation for stable client with treatment plan in place	Yes	No
Ventilator: removal of a patient from	No	No
Ventilator: reconnect a patient to a ventilator	Yes only in emergency	N/A
Vital Signs: oral, axillary and rectal temperatures	Yes	Yes

Wound care - routine stable: limited to simple, non-sterile dressings; using aseptic technique, when no wound debridement or packing required	Yes	Yes
<p>*Vaccine Administration criteria – updated 12/17/21:</p> <ul style="list-style-type: none"> • Possess a current unencumbered LNA license issued by the New Hampshire Board of Nursing • Worked as a LNA for at least 500 hours within the past 2 years, with a positive work record • Administer vaccines to patients over 12 years of age [Similar to IV LPN: 601.01(c)] • Complete CDC vaccine administration education for specific vaccination before clinical practice and final competency completion. • Review vaccination techniques and best practices with a competent LPN or RN, for a minimum of 20 injections, until competency shown through return demonstration • Perform vaccinations with direct supervision (LPN/RN provide patient education and available for post-vaccination monitoring) • LNA may administer vaccinations that are pre-mixed and properly labeled • LNA may administer intramuscular vaccines into the deltoid muscle and subcutaneous vaccines into the outer upper arm 		