Exemplary Care: Registered Nurses and Licensed Practical Nurses Working Together
Acknowledgements

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Purpose

The PEI health system is under tremendous pressure. Addressing the serious economic and human resource challenges facing the health sector while maintaining high standards of client care are primary concerns at all levels of the system.

In answer to these concerns, changes must be made in the provision of care, which will result in both RNs and LPNs working together in new ways, both individually and collaboratively. These changes may cause confusion for both nurses and employers about the scope of practice of each group and how it affects the way in which they work together.

This document highlights and clarifies some of the key differences between RNs and LPNs in clinical practice. The discussion and examples reflect the practice of typical nurses, not novices or experts, and will assist you to understand:

- the scope of practice of each group,
- the practice expectations when both groups work together, and
- the contributions that both groups bring to the care setting.

Having a full understanding of the different contributions of RNs and LPNs will enhance and improve the process of collaboration and effective decision-making in the clinical setting.

How to Use this Document

**Questions to Ponder:** At the end of many sections you will find *Questions to Ponder* in side boxes. These questions will help you reflect on how the principles discussed in the document apply in your area of practice.

**Case Study:** The case study at the end of the document applies the principles discussed to a specific area of practice.

**Nurse:** The title “nurse” is used throughout this document; “nurse” refers to both registered nurse and licensed practical nurse.
The following principles guide the practice of nurses and form the foundation of this document:

- LPNs and RNs have a duty to provide safe and appropriate nursing care to clients.
- Nurses act in a manner that is consistent with their provincial legislation, standards of practice, code of ethics, and other relevant legislation.
- Nurses practice within their own level of competence and seek direction and guidance from other health professionals when aspects of care required are beyond their individual competence.
- Nurses require access to supports and resources in order to provide safe and appropriate care. These include effective nursing leadership, appropriate and sufficient staff, adequate nurse-client ratios, organizational support for collaborative practice and sufficient time to discuss client care needs with colleagues.
- Where two or more categories of nurses work together, safe and appropriate care can best be achieved through collaboration and cooperation among nurses, respecting the contributions of each professional.
- When LPNs work with RNs, the nursing care delivery models must support collaborative practice to help ensure safe and appropriate client care.
- As clients’ health needs increase, the breadth and depth of the competencies required to provide nursing care also increases. That is to say, clients require more of the competencies that fall within the RN scope of practice and fewer of the competencies within the LPN scope of practice.
- When client acuity and/or complexity and/or variability increase, LPNs need additional support from RNs and do not work in isolation. This support may involve increased consultation with the RN, sharing part of the client assignment with the RN, the RN taking the lead role or the RN taking full responsibility for the care of the client.
- Effective communication among nurses and within organizations is essential in order to achieve quality client outcomes.
- Responsibilities and accountabilities related to assignment of nursing care are made clear at every level within the organization and are understood by nurses.

**Questions to Ponder**

- What types of organizational supports and resources for collaborative practice are in place where you work?
- How do you know what is expected of you in your specific clinical setting?
- With what health professionals do you collaborate?
- What opportunities do you have for communicating with your colleagues?
Controls on Nursing Practice

Nurses receive direction for their practice in a variety of ways. These directions are referred to as controls on nursing practice because they outline what nurses can and cannot do. There are four levels of control on practice:

- **LEVEL 1: LEGISLATION**
- **LEVEL 2: STANDARDS OF PRACTICE**
- **LEVEL 3: EMPLOYER POLICIES**
- **LEVEL 4: INDIVIDUAL COMPETENCE**

All four levels are necessary to provide safe, competent and ethical care. Each level of control successively narrows a nurse’s practice as described in the following examples.

**LEVEL 1: LEGISLATION**

Legislation provides the authority to practice as a RN or LPN on PEI.

*RN Act* - The RN Act (Sct 1s) defines the “practice of a registered nurse” as the performance of professional services requiring specialized knowledge of nursing theory and the biological, physical, behavioural, psychological and sociological sciences.

*LPN Act* - A LPN is a person who uses skills and interventions, in which he or she is educated, to meet the physical, social, cultural, emotional and spiritual need of clients.

**Examples:**

RN: RNs’ specialized knowledge incorporates critical inquiry to conduct comprehensive assessments, develop individualized plans of care, monitor the effectiveness care plans and modify individual care based on emerging priorities of the health situation. For example, in a situation where a client’s condition undergoes a rapid change in condition and the client is showing signs of hypovolemia, the RN determines that an IV therapy is necessary and has the authority to insert the IV without an order.

LPN: LPNs apply nursing knowledge to administer medications under the direction of a RN or other duly qualified medical practitioner.

**LEVEL 2: STANDARDS OF PRACTICE**

Each organization sets standards of performance criteria by which individual practice can be measured. Standards provide a guide to the knowledge, skills, judgment and attitudes that are needed to practice safely.

**Examples:**

RN: A decision has been made that a client will require a peripherally inserted central catheter (PICC line) for the administration of fluids and/or medications. Because insertion of a PICC line is not a competency acquired through basic education (additional education is required before the nurse is competent to perform this skill), the RN must determine his or her competency to perform the PICC line insertion in accordance with professional standards and appropriate policies and procedures.

LPN: LPNs maintain standards of nursing practice, professional conduct and safety in the practice setting. LPNs accept responsibility and accountability for their own actions and decisions by utilizing evidence-based knowledge and must demonstrate the ability to apply critical thinking and clinical judgement throughout the pharmacology/medication administration process.
LEVEL 3: EMPLOYER POLICIES

Employer policies may restrict a nurse’s practice in a particular agency or unit.

Examples:

RN: In some workplaces on PEI, RNs do not initiate IV therapy. In other places RNs initiate IVs in accordance with institutional policies. Policies are also in place to guide designated RNs to insert PICC lines.

LPN: Employer policies are in place to support LPNs to administer medications within the practice setting; however, not all employers on PEI require LPNs to administer medication.

LEVEL 4: INDIVIDUAL COMPETENCE

An individual nurse requires the competence to carry out a particular activity.

Examples:

RN: An individual RN who does not have the competence to start an IV must develop the competence before carrying out this activity.

LPN: An individual LPN who does not have the competence to administer medications must acquire the competence before engaging in that aspect of a client’s care.

The following sections of this document address the first two levels of control on practice, legislation and standards of practice, as they apply to:

- scope of practice,
- competence,
- clinical direction and guidance,
- assignment, and
- collaboration and consultation.

QUESTIONS TO PONDER

- How do you become competent to carry out the activities in your practice area?
- How would you find out what limits your employer may have on your practice?
Scope of Practice

The regulatory definition of scope of practice refers to the activities that nurses are educated and authorized to perform (see box). These activities are established in the workplace and are complemented by standards set by each nursing association. Both RNs and LPNs practice under their individual Acts. Under these Acts each category of nurse has its own specific regulations.

It is important to understand that scope of practice refers to activities that a group of professionals are educated and authorized to do rather than what any individual nurse can do. Understandably, then, the idea of “working to full scope” can be confusing. Nursing practice is so broad and varied that no one nurse is competent to carry out all the activities within the regulated scope of practice. For example, while it is within the scope of practice for a LPN to provide nursing services to patients receiving IV therapy, not all LPNs have the competency to provide this aspect of a patient’s care.

Questions often arise about whether an activity is “within the scope” of a RN or LPN. To answer this question, it is helpful to think about the difference between the concepts of what a nurse “can do” and what a nurse “should do”. In many instances, activities may fall within the legislated scope of practice of a nurse (can do), but this does not mean that it is appropriate for all nurses in all settings to carry out those activities (should do), as the example below illustrates.

“Can” a nurse carry out an activity versus “should” a nurse carry out an activity

A nurse working in an acute care hospital is caring for a client who has been admitted for hip replacement surgery. The client is on peritoneal dialysis which she manages independently at home. Clients on peritoneal dialysis are rarely admitted to this hospital. Instead they are usually transferred to a different hospital or they manage their own peritoneal dialysis. The client’s husband asks if the nurse will be doing his wife’s peritoneal dialysis.

To answer the questions, apply the “CAN-SHOULD” analysis:

**Can** the nurse manage peritoneal dialysis?
Yes, it is within the nurse’s scope of practice.

**Should** the nurse manage peritoneal dialysis?
The answer depends on a number of factors:

- Does the nurse have the competence to care for a client on peritoneal dialysis?
- What is the employer’s policy for clients who require peritoneal dialysis?
- Is it in the client’s best interest for the nurse to manage the peritoneal dialysis at this time or are there other options? For example, is the client able to manage it herself? If not, can she be transferred to another facility?
- What supports are in place? Who are the experts? Who is available for consultation? Is the necessary equipment available?
Exemplary Care: RNs and LPNs Working Together

Scope of Practice of Registered Nurses

The definition of RN scope of practice in the Act enables the RN to perform the following (among other things):

- Health care for promoting, maintaining and restoring health.
- Prevention, treatment and palliation of illness and injury, primarily by assessing health status, planning and implementing interventions, and coordinating health services.

ARNPEI is responsible for developing standards that complement the Registered Nurse Act.
For more information see the Registered Nurse Act of PEI.

Scope of Practice of Licensed Practical Nurses

A LPN applies a knowledge-based practical nursing practice under the direction of a RN or other duly qualified medical practitioner to promote an optimal state of health for a diverse clientele in a variety of settings.

For more information see the PEI Licensed Practical Nurse Act.

Competence

The standards of practice for RNs and LPNs make it clear that nurses must be competent before they carry out nursing activities.

Competence is not only the ability to carry out a task. Competence is the integration and application of knowledge, skills, attitude and judgment required for safe, ethical and competent performance in an individual’s nursing practice. For example, if a nurse is planning to change a dressing, he or she must have:

- The knowledge about the type of wound (e.g., the pathophysiology).
- The skill to perform the dressing changes (e.g., manual dexterity and familiarity with equipment).
- An attitude that reflects the values of the profession (e.g., ensuring care is provided in a discreet manner and respecting the client’s choice to refuse treatment).
- The judgement required to access, make a decision and plan care (e.g., whether the dressing change must be done at all, whether the client requires an analgesic, whether a family member can be taught how to change the dressing).

<table>
<thead>
<tr>
<th>Competence</th>
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<tbody>
<tr>
<td>Knowledge</td>
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<tr>
<td>Skill</td>
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<tr>
<td>Attitude</td>
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<tr>
<td>Judgement</td>
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**RNs and LPNs: Similarities and Differences**

There are many similarities between RNs and LPNs. However, there are differences in the entry level competencies of each group as a result of differences in foundational education (refer to the diagram on the right). While both groups study from the same body of knowledge, RNs study for a longer period of time allowing for greater depth and breadth of foundational knowledge. LPNs study for a shorter period of time, resulting in a more limited body of foundational knowledge.

After completing their entry-level education, all nurses continue to consolidate their knowledge and skills. They also build on their education to develop and maintain the specific competencies required to meet the needs of clients in their areas of practice. If nurses change areas of practice, they may need to develop new competencies.

Table 1 lists some of the similarities and differences between the levels of education and context of practice of RNs and LPNs. Table 2 lists the differences and similarities in practice expectations between the two groups. (Note that in both tables differences are set in italics.)

| TABLE 1: COMPARISON OF EDUCATION LEVEL AND PRACTICE CONTEXT FOR RNS AND LPNs |
|------------------------------------------------|------------------------------------------------|
| **ENTRY-LEVEL EDUCATION** | **REGISTERED NURSE** | **LICENSED PRACTICAL NURSE** |
| | • Enters practice following completion of a recognized university-level nursing education program and successful completion of the Canadian Registered Nurse Examination | • Enters practice following completion of a recognized certified diploma program and successful completion of the Canadian Practical Nurse Registration Examination |
| | • Must be registered with ARNPEI | • Must be registered with LPNRB |
| **CLIENT** | • Educated to provide care to individuals, families, groups, populations and communities throughout their life span, across the continuum of health | • Educated to provide care to individuals, families, and groups throughout their life span, across the continuum of health |
| **CONTEXT OF PRACTICE** | • Works as an independent practitioner or team member in all settings | • Works as a team member in all settings |
# Table 2: Comparison of Practice Expectations for RNs and LPNs

<table>
<thead>
<tr>
<th></th>
<th>Registered Nurse</th>
<th>Licensed Practical Nurse</th>
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<tbody>
<tr>
<td><strong>Assessment</strong></td>
<td>• Assesses and <em>makes decisions</em> about actual or potential client problems and strengths</td>
<td>• Assesses and <em>identifies</em> the status of actual or potential client limitations and strengths</td>
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<tr>
<td></td>
<td>• <em>Makes nursing diagnoses to identify conditions</em></td>
<td>• Recognizes changes</td>
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<td></td>
<td>• <em>Anticipates and recognizes subtle changes</em></td>
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<tr>
<td><strong>Planning</strong></td>
<td>• <em>Leads and coordinates</em> the care planning process*</td>
<td>• <em>Collaborates, contributes</em> and participates in the care planning process*</td>
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<td></td>
<td>• Develops care plans focusing on day-to-day, medium and long-range plans for care</td>
<td>• Reviews and interprets the plan of care focusing on <em>current and day-to-day</em> needs of clients</td>
</tr>
<tr>
<td><strong>Implementation</strong></td>
<td>• <em>Coordinates and oversees</em> the overall care and provides clinical expertise and leadership for the plan of care</td>
<td>• <em>Selects and implements</em> appropriate nursing interventions according to the plan of care</td>
</tr>
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<td></td>
<td>• Coordinates the care of clients regardless of acuity, complexity, variability and predictability</td>
<td>• Coordinates <em>care of less acute, less complex, less variable clients with more predictable outcomes</em></td>
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<tr>
<td></td>
<td>• <em>Directs plans of care</em> for highly complex clients*</td>
<td>• <em>Provides elements of care</em> for highly complex clients in close consultation with the RN coordinating that client’s care</td>
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<td></td>
<td>• <em>Meets immediate and anticipated long-term client needs</em>, drawing from a comprehensive assessment and a wide range of options</td>
<td>• <em>Meets current identified client care needs</em> drawing from the known range of options included in the care plan</td>
</tr>
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<td></td>
<td>• Manages <em>multiple nursing interventions simultaneously in rapidly changing situations</em></td>
<td>• Performs planned nursing interventions and responds appropriately to changing situations or emergencies</td>
</tr>
<tr>
<td></td>
<td>• <em>Designs, coordinates and implements health programs</em>, including teaching*</td>
<td>• <em>Teaches and delivers elements</em> of established health programs*</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>• <em>Monitors and interprets</em> changes in client status and response to interventions and revises the plan of care as necessary*</td>
<td>• <em>Monitors and recognizes changes</em> in client status and response to interventions and participates in revising* the plan of care</td>
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</table>
Clinical Guidance

Clinical guidance includes the provision of consultation and support. Because of the differences in legislation for LPNs and RNs, clinical guidance impacts the practice of the two groups differently. LPNs are responsible and accountable for requesting consultation or support when needed. RNs are required to provide consultation and support.

**APPLICATION: LPNs**

LPNs do not have autonomous practice. They may work independently, but they must always be under the direction of a medical practitioner or the supervision of a RN.

**APPLICATION: RNs**

ARNPEI considers supervision by a RN, as described above, to be the clinical guidance given by a registered nurse who is providing services to the client. In order to provide clinical guidance, the RN must be familiar with:

- the practice setting,
- the scope of practice of LPNs,
- the role of the LPN in the setting,
- the client population, and
- nursing practice within the setting.

The RN provides clinical guidance for the overall plan of care, and client care is the focus of that clinical guidance. RNs who provide clinical guidance act in a way that is consistent with their standards of practice, code of ethics, agency policies and job/role descriptions.

**DETERMINING WHO IS RESPONSIBLE AND ACCOUNTABLE FOR WHAT**

The standards of practice for both RNs and LPNs on PEI state that RNs and LPNs are responsible and accountable for their own practice, which includes the decisions and the consequences of their actions and interactions. RNs and LPNs are also accountable for:

- understanding their own role and the role of others with whom they are working,
- consulting with others in situations beyond their own competence, and
- considering the needs of the client, the role of the nurse and supports in the environment when making decisions about giving and accepting assignments.

**QUESTIONS TO PONDER**

- How do LPNs access RNs for clinical guidance in your setting?
- How do RNs provide clinical guidance to LPNs in your setting?

The ARNPEI Standards of Practice and the LPN Standards of Practice and Competencies provide the foundational accountabilities when different categories of nurses work together.

**KEY POINTS**

- All nurses are responsible and accountable for their decisions, actions and the consequences of those actions.
- LPNs are responsible and accountable for requesting consultation or support when needed.
- Nurses providing clinical direction are not responsible or accountable for actions and decisions made without their knowledge and/or not communicated to them.
- All nurses have a professional obligation to intervene if they become aware of any situation of unsafe or unethical care.
Assignment

Assignment refers to the allocation of clients or client care activities among health care providers. Clients or care activities are assigned to nurses in order to meet client care needs. An assignment is made specifically to a RN or LPN based on their scopes of practice, regulatory body standards and the employer’s policies and job descriptions. Assignment occurs not only at the beginning of a shift, but throughout the shift as client needs change.

RNs and LPNs each have responsibilities and accountabilities related to assignment, as outlined in table 3 below.

**Table 3: Comparison of Education Level and Practice Context for RNs and LPNs**

<table>
<thead>
<tr>
<th>REGISTERED NURSE</th>
<th>LICENSED PRACTICAL NURSE</th>
</tr>
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<tbody>
<tr>
<td><strong>THE RN MAKING THE ASSIGNMENT</strong></td>
<td><strong>THE LPN ACCEPTING THE ASSIGNMENT</strong></td>
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<tr>
<td>• is responsible for the decision to assign and reassign clients and/or client care functions appropriately;</td>
<td>• accepts the assignment from a care provider that has the scope of practice for the required care being assigned;</td>
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<tr>
<td>• must be familiar with the client population, the practice setting and the nursing practice within the setting in order to make safe and appropriate decisions about assignments;</td>
<td>• accepts assignments within the employing agency’s model of nursing care delivery, which provides a reference about who is responsible for decision-making about client care, how work is assigned to staff and how client care is communicated;</td>
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<tr>
<td>• makes an overall determination of client status;</td>
<td>• is aware of own limitations of practice determined by educational preparation, competencies, knowledge, critical thinking and the ability to apply clinical judgment;</td>
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<tr>
<td>• decides which category of nurse has the required competencies to meet client care needs by considering the client, the tasks and the practice environment;</td>
<td>• ensures clarity of role expectations and lines of communication;</td>
</tr>
<tr>
<td>• uses a collaborative approach to assign clients and/or functions and to clarify responsibilities related to the assignment;</td>
<td>• ensures consultation with others when personal limits (knowledge, skill and judgment) exceed the requirements to provide safe, competent and ethical care;</td>
</tr>
<tr>
<td>• provides support to the nurses providing care; and</td>
<td>• ensures effective communication and collaboration when consulting with others; and</td>
</tr>
<tr>
<td>• is responsible for identifying agency policies and supports regarding assignment, following the agency process for evaluating assignment decisions, and providing feedback to employers related to this process.</td>
<td>• is able to determine the client’s complexity status on the continuum from less complex, predictable and probable outcomes to highly complex, unpredictable and potentially high-risk negative outcomes.</td>
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</tbody>
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**Questions to Ponder**

- What supports are in place in your clinical setting to ensure appropriate assignments?
- How does assignment between nurses take place in your clinical setting?
Collaboration and Consultation

Collaboration and consultation are essential elements of safe, competent, ethical nursing practice. Nurses are expected to collaborate with clients, with each other and with members of the health care team for the benefit of the client. Nurses are also expected to consult with others when any situation is beyond their competence. Effective communication skills are critical to successful consultation and collaboration.

Both RNs and LPNs care for stable clients – those who have less acute, complex and variable care needs and more predictable outcomes. RNs, because of their greater depth and breadth of foundational knowledge, also care for clients with more complex care needs and less predictable outcomes. When a client falls between the two ends of this care continuum, an LPN may meet some of the client’s care needs in consultation with a RN. The need for collaboration and consultation with the RN increases as a client’s care needs become more complex.

**QUESTIONS TO PONDER**

- What does collaboration look like in your clinical setting?
- With whom do you collaborate? With whom do you consult? What is the difference?
- Describe areas of overlap in the roles between RNs and LPNs in your clinical setting.

**COLLABORATION**

Collaboration is ongoing communication and decision-making with the goal of working toward identified client care outcomes. It respects the unique contributions and abilities of each member. Collaboration in the practice setting is evident when nurses:

- talk with one another, share perspectives, plan together and provide care,
- are clear about their roles and the roles of others, and
- support and assist each other in the interest of client care.

**CONSULTATION**

Consultation is seeking advice or direction from a more experienced or knowledgeable nurse or other health professional. The client’s care needs, the nurse’s job description and the nurse’s individual competence influence both the amount of consultation required and who to involve in the consultations (see diagram below).

The resources available in the practice environment influence the opportunity for consultation.

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**RN-LPN CONSULTATION**

- LPN receives advice and continues to care for client
- Some aspects of care are transferred to RN
- All care is transferred to RN
Case Study

**SCENARIO**
An LPN is caring for Mary Brown, an 86 year old widow living at home alone with a supportive family living nearby who takes her out at least once a week. Mary has arthritis, congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). The LPN is regularly assisting Mary with the administration of bronchodilators and assessing their effectiveness. Mary’s care needs are well defined and established. The LPN provides emotional support and teaches the client to watch for increased shortness of breath.

**CARE PLAN:** Based on Mary’s current condition and care needs, the LPN is able to provide care to Mary following the established care plan.

**CHANGING CIRCUMSTANCES**
The LPN observes that Mary is becoming short of breath with activity. Mary reports that she is spending more time in bed recently because she is finding it difficult to walk due to the shortness of breath and fatigue. Her family is away on vacation and she has not had any visitors for over two weeks. The LPN consults with the RN:

“I am with Mrs. Brown who is an 86 year old widow with shortness of breath.”

“She has history of arthritis, CHF and COPD. She’s on several medications and I assist her with her bronchodilators because of her arthritis.”

“She has increased shortness of breath. She is usually active but reports she is spending more time bed because she finds it difficult to walk due to shortness of breath and resulting fatigue. Her family is usually very involved in her care but they are on vacation.”

“I think we need to check on her oxygen saturation and maybe she needs more frequent bronchodilators.”

The RN agrees with the LPN’s recommendation that she assess the client’s oxygen saturation. She also asks the LPN to assess whether Mrs. Brown has been taking her other medications and to call her back with additional information.

The LPN reports that the client has run out of her diuretic and has not had the prescription refilled since her family has been away. The LPN has arranged for the pharmacy to refill and deliver her diuretic. Her oxygen saturation is 92%.

**CARE PLAN:** Based on Mary’s changing care needs, the LPN requires increased consultation with the RN.
CONTINUING CONSULTATION AND ASSESSMENT
A week later, Mary’s health status continues to decline. Her shortness of breath has worsened and she has edema on both legs. She is unable to walk because of her shortness of breath and a lack of energy. She requires oxygen and adjustments in her medications, and she has been started on a steroid inhaler. The nature and timing of outcomes and her responses to care are no longer predictable. Consequently, the LPN consults with the RN who assesses Mary, determines that the competencies of a RN are required and assumes all of the care for Mary. The RN will continue to assess the situation and transfer the care back to the LPN when Mary’s care needs become less complex and more predictable.

CARE PLAN: Mary’s care needs are now more acute and more complex with less predictable outcomes and the RN now needs to provide primary care for Mary.
Questions and Answers

1. **AS A RN PROVIDING CLINICAL SUPERVISION, AM I RESPONSIBLE FOR THE PRACTICE OF THE LPN?**

RNs are not responsible for the practice of LPNs. Like RNs, LPNs are self-regulating professionals who are required to meet standards of practice and follow a code of ethics. As a RN providing clinical supervision, you are responsible for what you do with the information you are given by the LPN and the decisions that you make based on this information. By the same token, you cannot be responsible for what you have no way of knowing.

In order to provide clinical supervision, RNs need to be familiar with the scope and role of LPNs in the practice setting, the client population, the nursing practice in the particular setting and the available supports.

2. **WHAT IS THE LPN’S ROLE IN DEVELOPING CARE PLANS?**

LPNs contribute to the care planning process by identifying client status, reviewing and interpreting the plan of care, implementing interventions and monitoring and recognizing changes in client status and client responses to interventions. While LPNs may participate in many aspect of the care planning process, they must consult and collaborate with a RN or a medical practitioner when doing so.

3. **CAN LPNs INITIATE WOUND CARE?**

LPNs provide nursing care for which they have training and ability. This means that if they have the competencies LPNs may initiate wound care as part of the care plan but only after consultation and collaboration with a RN or under the direction of a medical practitioner.

4. **WHAT ARE MY RESPONSIBILITIES IF I SEE EVIDENCE OF UNSAFE OR INCOMPETENT NURSING PRACTICE THAT MAY POSE A RISK TO CLIENTS?**

RNs and LPNs have an ethical and professional responsibility to report any unsafe practice or professional misconduct of regulated health professionals.

5. **DO RNS AND LPNS NEED TO DOCUMENT THE CONSULTING THEY HAVE DONE WITH EACH OTHER?**

RNs and LPNs document client assessments, interventions and client responses to interventions, follow-up actions and any advocacy undertaken on the client’s behalf. When consultation occurs, nursing documentation includes the name of the person with whom the nurse has consulted, the information or concerns reported, the guidance provided and any follow up actions in response to the consultation.

6. **AS A LPN, WHAT DO I DO IF I AM CONCERNED ABOUT THE GUIDANCE GIVEN BY THE RN?**

All nurses have a professional and ethical responsibility to advocate for safe, competent, ethical client care. If, after consulting with a RN, you are concerned that you have not received appropriate guidance, you must continue to advocate in the client’s best interest. This may include consulting with another health care provider or bringing your concerns forward to your manager or supervisor. Nurses must also ensure that they document any advocacy undertaken on the client’s behalf.
7. WHAT IF I AM ASKED TO CARRY OUT AN ACTIVITY FOR WHICH I AM NOT COMPETENT?

RNs and LPNs are responsible and accountable for their own individual competence. They are expected to practice competently and to continually acquire new knowledge and skills in their areas of practice. When nurses are asked to carry out activities for which they are not competent, they discuss with the person assigning the care so that alternate arrangements can be made for providing that care. They provide only the care they are competent to give while seeking out ways to gain the competencies required in their role.

8. I JUST STARTED A NEW JOB AND BECAUSE OF THE POLICY HERE I’M NOT ABLE TO DO ALL THE THINGS I WAS ABLE TO DO IN MY OLD JOB. WHAT CAN I DO?

Nurses receive direction for their practice in a variety of ways. One of these is through employer policies. Standards of practice set the expectations for the professions of RN and LPN. From these, the employer develops policies around what is appropriate practice for nurses to provide care in a particular setting. If you believe nurses at your new job could be working in different ways to provide safe, competent, ethical care to clients, talk to your manager or supervisor about how this can be explored.

9. I’M A RN PROVIDING CLINICAL GUIDANCE TO LPNS. IF ONE OF THE CLIENTS DETERIORATES, DO I HAVE TO TAKE OVER THAT ASSIGNMENT IN ADDITION TO MY OWN ASSIGNMENT?

If the condition of one of the LPN’s clients deteriorates, there are several different ways the RN can provide support. The RN may:

- provide advice to the LPN regarding further assessments the LPN can carry out or further care the LPN can provide within the LPN job description, or
- provide care to the client together with the LPN focusing on aspects of care that may be outside of the LPN’s job description or level of competence, or
- take over the client assignment if most aspects of care are outside of the LPNs job description or level of competence.

It is important to consider how the impact of caring for an additional client may affect the RN’s workload and his or her ability to provide safe, competent, ethical care. Some examples of how this may be managed are:

- the LPN may take over for another client currently assigned to the RN, or
- the LPN may carry out certain functions currently assigned to the RN such as taking vital signs on the RN’s client net or giving medications to the RN’s clients.