

Arizona Board of Nursing Scope of Practice Questions & Answers
SCOPE OF PRACTICE - Licensed Practical Nurse (LPN)

1. What is the definition of a licensed practical nurse (LPN)?

As defined in [A.R.S. § 32-1601 \(18-19\)](#)
(<https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01601.htm>)
"Practical nurse" means a person who holds a practical nurse license issued pursuant to this chapter or pursuant to a multistate compact privilege and who practices practical nursing.

"Practical nursing" includes the following activities that are performed under the supervision of a physician or a registered nurse:

- (a) Contributing to the assessment of the health status of individuals and groups.
- (b) Participating in the development and modification of the strategy of care.
- (c) Implementing aspects of the strategy of care within the nurse's scope of practice.
- (d) Maintaining safe and effective nursing care that is rendered directly or indirectly.
- (e) Participating in the evaluation of responses to interventions.
- (f) Delegating nursing activities within the scope of practice of a practical nurse.
- (g) Performing additional acts that require education and training as prescribed by the board and that are recognized by the nursing profession as proper to be performed by a practical nurse.

2. What is the licensed practical nurse (LPN) scope of practice?

The Nurse Practice Act defines standards related to the scope of practice for licensed practical nurses in the [Rule, R4-19-401](#) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), specifically:

- A. A licensed practical nurse shall engage in practical nursing as defined in [A.R.S. § 32-1601 \(19\)](#)
(<https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01601.htm>) only under the supervision of a registered nurse or licensed physician.
- B. A LPN's nursing practice is limited to those activities for which the LPN has been prepared through basic practical nursing education in accordance with [A.R.S. § 32-1637 \(1\) R4-19-401 C \(1-10\) D \(1-4\) E \(1-2\)](#)
(<https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01637.htm>) and those additional skills that are obtained through subsequent nursing education and within the scope of practice of a LPN as determined by the Board.
- C. A LPN shall:

1. Practice within the legal boundaries of practical nursing within the scope of practice authorized by A.R.S. Title 32, Chapter 15 and 4 A.A.C.19
 2. Demonstrate honesty and integrity;
 3. Base nursing decisions on nursing knowledge and skills, the needs of clients, and licensed practical nursing standards;
 4. Accept responsibility for individual nursing actions, decisions, and behavior in the course of practical nursing practice.
 5. Maintain competence through ongoing learning and application of knowledge in practical nursing practice.
 6. Protect confidential information unless obligated by law to disclose the information;
 7. Report unprofessional conduct, as defined in A.R.S. § 32-1601(24) and further specified in R4-19-403 and R4-19-814, to the Board;
 8. Respect a client's rights, concerns, decisions, and dignity;
 9. Maintain professional boundaries; and
 10. Respect a client's property and the property of others.
- D. In participating in the nursing process and implementing client care across the lifespan, a LPN shall:
1. Contribute to the assessment of the health status of clients by:
 - a. Recognizing client characteristics that may affect the client's health status;
 - b. Gathering and recording assessment data;
 - c. Demonstrating attentiveness by observing, monitoring, and reporting signs, symptoms, and changes in client condition in an ongoing manner to the supervising registered nurse or physician;
 2. Contribute to the development and modification of the plan of care by:
 - a. Planning episodic nursing care for a client whose condition is stable or predictable;
 - b. Assisting the registered nurse or supervising physician in identification of client needs and goals; and
 - c. Determining priorities of care together with the supervising registered nurse or physician;
 3. Implement aspects of a client's care consistent with the LPN scope of practice in a timely and accurate manner including:
 - a. Following nurse and physician orders and seeking clarification of orders when needed;
 - b. Administering treatments, medications, and procedures;
 - c. Attending to client and family concerns or requests;
 - d. Providing health information to clients as directed by the supervising RN or physician or according to an established educational plan;

- e. Promoting a safe client environment;
- f. Communicating relevant and timely client information with other health team members regarding:
 - i. Client status and progress,
 - ii. Client response or lack of response to therapies,
 - iii. Significant changes in client condition, and
 - iv. Client needs and special requests, and
- g. Documenting the nursing care the LPN provided;

4. Contribute to evaluation of the plan of care by:

- a. Gathering, observing, recording, and communicating client responses to nursing interventions; and
- b. Modifying the plan of care in collaboration with a registered nurse based on an analysis of client responses.

E. A LPN assigns and delegates nursing activities. The LPN shall:

1. Assign nursing care within the LPN scope of practice to other LPNs;
2. Delegate nursing tasks to unlicensed assistive personnel (UAPs). In maintaining accountability for the delegation, the LPN shall ensure that the:
 - a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;
 - b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;
 - c. Results of the task are reasonably predictable;
 - d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;
 - e. Selected client and circumstances of the delegation are such that delegation of the task poses minimal risk to the client and the consequences of performing the task improperly are not life-threatening;
 - f. LPN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;
 - g. LPN provides supervision and feedback to the UAP; and
 - h. LPN observes and communicates the outcomes of the delegated task.

When you have a question if a particular skill is within your scope of practice, refer to the Board's Advisory Opinion [Scope of Practice Decision Tree](https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Decision%20Tree-rev.09.2016.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Decision%20Tree-rev.09.2016.pdf>) to help determine if a particular skill is within your scope.

3. How do I know if a particular skill is within my scope of practice?

When you have a question if a particular skill is within your scope of practice, refer to the Board's Advisory Opinion [Scope of Practice Decision Tree](https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Decision%20Tree-rev.09.2016.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Decision%20Tree-rev.09.2016.pdf>) to help determine if a particular skill is within your scope.

4. Can a licensed practical nurse (LPN) assign and delegate nursing activities to others?

Yes, according to rule [R4-19-401 \(E. 1.-2.\)](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), and the advisory opinion [Delegation of Nursing Tasks by RN/LPN](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-delegation-of-nursing-tasks-by-rn-lpn-rev92016.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-delegation-of-nursing-tasks-by-rn-lpn-rev92016.pdf>), the licensed practical nurse can assign and delegate nursing activities to other LPNs as long as those activities are within the LPNs scope of practice. The LPN may also delegate nursing tasks to unlicensed assistive personnel (UAP) and licensed nursing assistants (LNA) whom the nurse believes has the knowledge and skill to perform such tasks, taking into consideration training, cultural competence, experience, and facility/agency policies and procedures.

When the LPN delegates nursing tasks to unlicensed assistive personnel, according to rule [R4-19-401 \(E\)\(1.-2.\)](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), the LPN is accountable for the delegation and the LPN shall ensure that:

- a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;
- b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;
- c. Results of the task are reasonably predictable;
- d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;
- e. Selected client and circumstances of the delegation are such that delegation of the task poses minimal risk to the client and the consequences of performing the task improperly are not life-threatening;
- f. LPN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;
- g. LPN provides supervision and feedback to the UAP; and
- h. LPN observes and communicates the outcomes of the delegated task.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked documents noted above.

5. Can a licensed practical nurse (LPN) prepare a mediset or pillbox for a patient?

Yes, it is within the scope of practice for the LPN to prepare a medication device such as a Mediset to facilitate the self-administration of subsequent medications as long as a physician has prescribed the medication and the medications have been properly compounded, packaged, labeled, and delivered to the ultimate user. The nurse is not considered dispensing when a

medication is taken from the ultimate user's labeled package and placed in a device to facilitate the ultimate user's self-administration.

6. Can a licensed practical nurse (LPN) teach an individual how to prepare a mediset or pillbox?

Yes, it is within the scope of practice for the LPN to instruct the individual or caregiver the correct method for preparing a medication device such as a Mediset to facilitate the self-administration of subsequent medications.

7. Is it within the scope of practice for the licensed practical nurse (LPN) to accept pain management orders written by health care providers such as Nurse Practitioners, Certified Nurse Anesthetists, and Physician Assistants?

Yes, the LPN may implement pain management orders given by:

- a) A Nurse Practitioner with prescribing and dispensing privileges
- b) A Certified Registered Nurse Anesthetist (CRNA) with prescribing privileges
- c) A Physician's Assistant

8. Is it within the scope of practice for the licensed practical nurse (LPN) to remove sutures or staples?

Yes, according to [A.R.S. § 32-1601 \(19\(g\)\)](#) (<https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01601.htm>), practical nursing includes performing additional acts that require education and training as prescribed by the Board and that are recognized by the nursing profession as proper to be performed by the practical nurse. It is within the scope of practice for the LPN to remove sutures or staples if the LPN has demonstrated clinical competency in suture/staple removal and the task is delegated to them by an RN or Licensed Independent Practitioner who retains accountability for the delegation.

LPN's must adhere to their employers/agency's written policy and procedures.

9. Can a licensed practical nurse (LPN) phone-in a prescription to an outside pharmacy for a clinician with prescribing authority?

Yes, it is within the scope of practice for an LPN to phone-in a prescription to an outside pharmacy for a clinician with prescribing authority. According to Rule [R4-19-513 \(H\)](#) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), under the supervision of a Registered Nurse Practitioner or other Licensed Independent Practitioner with prescribing and dispensing authority, other personnel may receive and record a prescription refill request from a patient or a patient's representative.

10. Can a licensed practical nurse (LPN) practice independently?

No, the Nurse Practice Act defines standards related to the scope of practice for licensed practical nurses in the Rule [R4-19-401 \(A\)](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), specifically a licensed practical nurse shall engage in practical nursing only under the supervision of a registered nurse, licensed physician, or licensed independent practitioner.

11. Can a licensed practical nurse (LPN) perform sport physical fitness and medical history assessments?

No, the purpose of these assessments is to “attest” to the physical fitness of an individual and therefore medical interpretation is not within the LPN’s scope of practice. However, according to the Nurse Practice Act Rule, [R4-19-401 \(D\)](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), an LPN can contribute to the assessment of the health status of clients by recognizing client characteristics that may affect the client's health status and gathering and recording assessment data under the supervision of a registered nurse, physician, or licensed independent practitioner.

12. Can a licensed practical nurse (LPN) contribute to nursing care plans?

Yes, according to the Nurse Practice Act Rule, [R4-19-401 \(D. 2.\)](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), an LPN can contribute to the development and modification of the plan of care by planning episodic nursing care for a client whose condition is stable or predictable, assisting the registered nurse, supervising physician, or licensed independent practitioner in the identification of client needs and goals; and determining priorities of care together with the supervising registered nurse, physician, or licensed independent practitioner. The registered nurse is responsible for overseeing the nursing care plan and making nursing diagnoses.

13. Can a licensed practical nurse (LPN) participate in the health teaching of clients and their families?

Yes, according to the Nurse Practice Act Rule, [R4-19-401 \(D. 3. d.\)](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), an LPN can provide health information to clients as directed by the supervising registered nurse, physician, or a licensed independent practitioner according to an established educational plan.

14. If the health care provider gives an order for a range dose, such as “morphine 4-8mg IV every 4 hours, prn,” is it within the licensed practical nurse’s scope of practice to administer an initial dose, i.e. 4mg and then give an additional 4mg if the patient’s pain persists, as long as the maximum range (8mg) is not exceeded within any 4-hour time frame?

According to the [American Society of Pain Management Nursing](http://www.aspmn.org/Pages/ASPMNPositionStatements.aspx) (<http://www.aspmn.org/Pages/ASPMNPositionStatements.aspx>), the patient will be assessed by the nurse to determine their level of pain. After giving the "initially selected dose," the patient is reassessed to determine if additional medication is needed. If the patient’s pain is not controlled, and the maximum dose was not initially selected and given, additional medication may be given

(within time frame stated in the order) until the maximum amount ordered by the health care provider is administered.

If the health care provider writes an incomplete order for PRN pain medication, i.e., route of administration is not included, or frequency of administration is not indicated, it is not permissible to administer the medication orally or according to the “usual” frequency of the drug that is ordered.

It is essential for health care providers to write clearly stated range orders. Range orders should ideally consist of:

- The full name of the medication being ordered
- The total amount of medication to be given in a specified time period
- The order should state if the dose can be given in divided doses
- The order should state if the dose can be repeated
- If repeated, the order should indicate how frequently, and in what time frame
- The order should include what action should be taken if pain is unrelieved
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Examples:

Morphine Sulfate 2 mg to 8 mg may be given IV in divided doses up to a maximum of 8 mg in a 2-hour period. Call the provider if the pain is not controlled with this dosing schedule.

OR

Morphine Sulfate 2 mg to 4 mg IV, every hour not to exceed a total of 10 mg in 3 hours. If this does not relieve pain, please notify provider for change in order, along with current vital signs.

ADVISORY OPINIONS

15. Can a licensed practical nurse (LPN) administer and evaluate tuberculosis skin tests?

Yes, according to the [Advisory Opinion: Immunization Administration Using a Nursing Protocol \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-immunization-admin-using-a-nsg-protocol-9-2017.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-immunization-admin-using-a-nsg-protocol-9-2017.pdf), it is within the scope of practice for an LPN to administer specific immunizing agents or vaccines using a nursing protocol.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

16. Can a licensed practical nurse (LPN) accept orders from a healthcare provider?

Yes, according to the [Advisory Opinion: Orders: Accepting, Transcribing, Reviewing Orders \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-orders-accepting-transcribing-reviewing-orders.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-orders-accepting-transcribing-reviewing-orders.pdf), it is within the scope of practice of an LPN to accept orders from an appropriate healthcare provider who prescribes diagnostic tests, medications and treatments. The LPN may accept written, verbal or computerized provider order entry (CPOE) orders.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

17. Can a licensed practical nurse (LPN) perform **donor apheresis?**

Yes, according to the [Advisory Opinion: Apheresis Donor: Role of the LPN](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-apheresisdonor-role-of-the-lpn-9132018.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-apheresisdonor-role-of-the-lpn-9132018.pdf>), it is within the scope of practice for an LPN to perform automated donor apheresis under the supervision of a registered nurse competent in performing apheresis. The RN is also required to be physically present in the facility.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

18. Can a licensed practical nurse (LPN) perform **therapeutic apheresis?**

No, according to the [Advisory Opinion: Apheresis Donor: Role of the LPN](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-apheresisdonor-role-of-the-lpn-9132018.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-apheresisdonor-role-of-the-lpn-9132018.pdf>), it is **NOT** within the scope of practice for an LPN to perform therapeutic apheresis due to its complexity and potential complications.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

19. Can a licensed practical nurse (LPN) perform hemodialysis?

Yes, according to the [Advisory Opinion: Hemodialysis: The Role of the LPN](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-hemodialysis-role-of-the-lpn-9132018.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-hemodialysis-role-of-the-lpn-9132018.pdf>), it is within the scope of practice for an LPN to perform chronic hemodialysis in an outpatient/ambulatory care facility. The LPN may also serve as a preceptor for Certified Clinical Hemodialysis Technicians.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

20. Can a licensed practical nurse (LPN) inject contrast media into coronary arteries?

No, according to the [Advisory Opinion: Contrast Media Injection into Coronary Arteries](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-contrast-media-injec-into-coronary-arteries-09132018.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-contrast-media-injec-into-coronary-arteries-09132018.pdf>), it is **NOT** within the scope of practice for an LPN to independently inject contrast media into coronary arteries.

21. Can a licensed practical nurse (LPN) perform conservative sharp wound debridement?

Yes, according to the [Advisory Opinion: Debridement, Conservative Sharp Wound](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-debridement-conservative-sharp-wound-09132018.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-debridement-conservative-sharp-wound-09132018.pdf>), it is within the scope of practice for an LPN to perform conservative sharp wound debridement.

[opinions/new/aodebridementconservationsharpwoundrev012019.pdf](https://www.azbn.gov/sites/default/files/advisory-opinions/new/aodebridementconservationsharpwoundrev012019.pdf)), it is within the scope of practice for an LPN to perform conservative sharp wound debridement of necrotic tissue. LPNs with documented education and demonstrated proficiency can safely perform this procedure.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

22. What role does a licensed practical nurse (LPN) have in the determination of a patient/client death?

According to the [Advisory Opinion: Determination of Death: Role of RN/LPN \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-determination-of-death-role-of-the-rn-lpn-rev32017.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-determination-of-death-role-of-the-rn-lpn-rev32017.pdf), it is within the scope of practice for an LPN to gather clinical data, recognize significant changes, and to report these changes to a Licensed Independent Practitioner or Registered Nurse.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

23. Can a licensed practical nurse (LPN) perform foot care on high-risk patients?

Yes, according to the [Advisory Opinion: Foot Care \(https://www.azbn.gov/sites/default/files/AO-3-19-19/AOFootCarerev.01.2019.pdf\)](https://www.azbn.gov/sites/default/files/AO-3-19-19/AOFootCarerev.01.2019.pdf), it is within the scope of practice for an LPN to contribute to the initial assessment of the feet through the gathering and recording of assessment data and to perform Level 1 Basic Foot Care in collaboration with the Registered Nurse or Licensed Independent Practitioner.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

24. Can a licensed practical nurse (LPN) administer immunizations using a nursing protocol?

Yes, according to the [Advisory Opinion: Immunization Administration Using a Nursing Protocol \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-immunization-admin-using-a-nsg-protocol-9-2017.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-immunization-admin-using-a-nsg-protocol-9-2017.pdf), it is within the scope of practice for an LPN to administer specific immunizing agents or vaccines using a nursing protocol. The Centers for Medicare and Medicaid Services (CMS) allows nurses (regardless of setting) to administer influenza and pneumococcal vaccinations without a specific physician's order.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

25. Can a licensed practical nurse (LPN) provide infusion therapy/venipuncture?

Yes, according to the [Advisory Opinion: Infusion Therapy/Venipuncture: The Role of the Licensed Practical Nurse \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-)

[infusiontherapy-venipuncture-the-role-of-the-lpn-rev92016.pdf](#)), it is within the scope of practice for an LPN to provide infusion therapy within their scope and training if they are delegated to do so by an Registered Nurse or licensed independent practitioner (LIP).

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

26. Can a licensed practical nurse (LPN) administer intranasal midazolam (Versed) for the treatment of acute seizure outside the clinical setting?

Yes, according to the [Advisory Opinion: Intranasal Administration of Midazolam \(Versed\) for the Treatment of Acute Seizure Outside the Clinical Setting](#) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-intranasal-administration-of-versed-midazolam-for-treatment-of-signs-symptoms-of-acute-seizure-outside-the-clinical-setting-rev012017.pdf>), it is within the scope of practice for an LPN to administer intranasal midazolam (Versed) prescribed for the purpose of treating signs and symptoms of seizure outside the clinical setting.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

27. Can a licensed practical nurse (LPN) perform medical esthetic procedures?

According to the [Advisory Opinion: Medical Aesthetic Procedures Performed by Licensed Nurses, Licensed Cosmetologist, Licensed Aestheticians and Certified Laser Technologists](#) (<https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Medical%20Esthetic%20Procedures%20Performed%20by%20Licensed%20Nurses%20rev%2003.19.pdf>), it is within the Scope of Practice of the LPN who can demonstrate the necessary education, knowledge, judgement, skills and licensure/certification, where applicable, to perform medical aesthetic procedures on the appropriate client population. Medical Esthetic procedures shall be performed under the supervision of a licensed independent practitioner (LIP) who has medical/surgical training and possesses specific knowledge, skills and abilities in medical esthetics/cosmetic procedures.

It is **NOT** within the scope of practice of the LPN to perform therapeutic medical procedures.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

28. Can a licensed practical nurse (LPN) accept orders from a healthcare provider?

Yes, according to the [Advisory Opinion: Orders: Accepting, Transcribing, Reviewing Orders](#) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-orders-accepting-transcribing-reviewing-orders.pdf>), it is within the scope of practice of an LPN to accept orders from an appropriate healthcare provider who prescribes diagnostic tests, medications and treatments. The LPN may accept written, verbal or computerized provider order entry (CPOE) orders.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

29. Can a licensed practical nurse (LPN) renew prescription medications if a nursing protocol exists?

Yes, according to the [Advisory Opinion: Prescription Medication Renewals Using a Nursing Protocol in an Ambulatory setting \(https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Prescription%20Medication%20Renewals%20Using%20A%20Nursing%20Protocol%20in%20an%20Ambulatory%20Setting%20rev%207-2018.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Prescription%20Medication%20Renewals%20Using%20A%20Nursing%20Protocol%20in%20an%20Ambulatory%20Setting%20rev%207-2018.pdf), it is within the scope of practice for an LPN to initiate a nursing protocol to renew prescription medications when there is a clear medication order from a Licensed Independent Provider who has an established relationship with the client and has the independent legal authority to prescribe medications.

LPNs who utilize prescription medication renewal protocols are expected to possess the knowledge of and demonstrate competency in applying the following in practice:

- The process for initiating the prescription medication renewal protocol
- The circumstances under which a prescription medication can be renewed through the use of a protocol
- The purpose and pharmacokinetics, dosing, expected therapeutic effects, side effects, and contraindications for each medication included in the protocol
- Documentation requirements

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

30. Can a licensed practical nurse (LPN) provide fluids and medications via subcutaneous infusion?

Yes, according to the [Advisory Opinion: Subcutaneous Infusion \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-subcutaneous-infusion-rev-3-23-18.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-subcutaneous-infusion-rev-3-23-18.pdf), it is within the scope of practice of an LPN to provide fluids and medications via subcutaneous infusion as long as the general requirements and course of instruction is met. LPNs **CANNOT** provide subcutaneous infusions of immunoglobulins or chemotherapy.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

31. Can a licensed practical nurse (LPN) provide care to a ventilator dependent patient?

According to the [Advisory Opinion: Ventilator Care by Licensed Practical Nurses \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-ventilator-care-by-lpns-rev03232018.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-ventilator-care-by-lpns-rev03232018.pdf), it is **NOT** within the scope of practice of an LPN to **independently** implement nursing actions based on conclusions of assessments drawn from his/her observations e.g. perform ventilator adjustments. It is within the LPN scope of practice to provide care to a ventilator dependent patient under the supervision and delegation of a Registered Nurse.

LPNs may assist with ventilator care in all patient settings by providing basic ventilator care, making observations, and by recording and reporting such observations.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

32. Can a licensed practical nurse (LPN) provide wound care?

Yes, according to the [Advisory Opinion: Wound Care: Role of the RN and LPN](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-wound-care-role-of-rn-and-lpn-rev-january-2018.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-wound-care-role-of-rn-and-lpn-rev-january-2018.pdf>), it is within the scope of practice of an LPN to contribute to the initial assessment of wounds through the gathering and recording of assessment data and to perform basic and advanced wound care in collaboration with the Registered Nurse or Licensed Independent Practitioner on an ongoing basis. General requirements and course of instruction must be met.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

33. What is the licensed practical nurse (LPN) role in obtaining informed consent?

According to the [Advisory Opinion: Informed Consent](https://www.azbn.gov/sites/default/files/advisory-opinions/new/AO%20Informed%20Consent%20rev.07.2019.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/new/AO%20Informed%20Consent%20rev.07.2019.pdf>), it is **NOT** within the scope of practice of the LPN to advise patients (for the purposes of obtaining informed consent) of a procedure. It is within the scope of practice of an LPN to obtain written authorization from a patient, by having the patient sign the informed consent documentation and for the LPN to witness such signature. The LPN's witness signature merely indicates that the patient is the person who signed the informed consent documentation. The LPN does not need to be present when the person performing the procedure provides the requisite advise of answers the patient's question. The LPN may witness signatures on informed consent documents for procedures performed by others.

Before obtaining the patient's signature, LPN has the right and obligation to make certain the patient understood the advice that was provided by the healthcare provider performing the procedure and that the patient's questions were answered. If there is any concern that the patient does not understand the procedure or that the patient still has questions pertinent to the patient's decision to proceed with the procedure, the LPN should NOT obtain the patient's signature and should promptly advise the healthcare provider who is able to perform the procedure that he or she needs to have further discussion with the patient before the informed consent document can be obtained.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

PROCEDURES

34. Can a licensed practical nurse (LPN) provide line and site care on a Peripherally Inserted Central Catheter (PICC)?

Yes, according to the [Advisory Opinion: Orders: Peripherally Inserted Central Catheter \(PICC\) Insertion, Suturing, Maintenance, Removal and Verification of Tip Placement](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-peripherally-inserted-central-catheter-picc-insertion-suturing-maintenance-removal-and-verification-of-tip-placement.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-peripherally-inserted-central-catheter-picc-insertion-suturing-maintenance-removal-and-verification-of-tip-placement.pdf>), it is within the scope of practice for an LPN to provide line and site care including cap and dressing changes; blood draws, and to administer, monitor and discontinue **approved** medications, including routine flushes via a PICC.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

35. Can a licensed practical nurse (LPN) perform hemostasis with suture-mediated closure devices?

No, according to the [Advisory Opinion: Suture Mediated Closure Devices](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-suture-mediated-closure-devices.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-suture-mediated-closure-devices.pdf>), it is **NOT** within the scope of practice for an LPN to perform hemostasis with suture-mediated closure devices.

36. Can a licensed practical nurse (LPN) perform oral health screening and apply fluoride varnish?

Yes, according to the archived [Advisory Opinion: Fluoride Varnish: Oral Health Screening](#), it is within the scope of practice for an LPN to safely perform oral health screening and application of fluoride varnish procedures under the supervision of a licensed care provider who possesses specific knowledge, skills, and abilities in oral health screening and fluoride varnish application procedures within the appropriate client population.

37. Can a licensed practical nurse (LPN) change a low-profile gastrostomy tube or other type of gastrostomy feeding tube?

Yes, according to [A.R.S. § 32-1601 \(19\(g\)\)](#) (<https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01601.htm>), practical nursing includes performing additional acts that require education and training as prescribed by the Board and that are recognized by the nursing profession as proper to be performed by the practical nurse. It is within the scope of practice for the LPN with additional training and competency validation to replace gastrostomy tubes, under the direction of an Registered Nurse (RN), if the following parameters are met: The stoma must be completely

healed (i.e. complete epithelialization of the stoma has occurred, there are no signs of infection, and the healing ridge is well defined), and a new tube/device must be inserted (do not re-use old device). The LPN also has received training specific to the type of device being used.

If the tube was recently inserted, the stoma has not completely healed and/or there are signs of infection that would require an RN assessment, an LPN may not change the tube.

LPN's must adhere to their employers/agency's written policy and procedures.

38. Can a licensed practical nurse (LPN) replace a peg tube that becomes dislodged?

Yes, according to the [Changing Gastrostomy Tube – The Role of the LPN FAQ \(https://www.azbn.gov/scope-of-practice/faqs#Q11\)](https://www.azbn.gov/scope-of-practice/faqs#Q11), it is within the scope of practice for the LPN to replace gastrostomy tubes, under the direction of an Registered Nurse (RN), if the following parameters are met: The stoma must be completely healed (i.e. complete epithelialization of the stoma has occurred, there are no signs of infection, and the healing ridge is well defined), and a new tube/device must be inserted (do not re-use old device). The LPN also has received training specific to the type of device being used.

If the tube was recently inserted, the stoma has not completely healed and/or there are signs of infection that would require an RN assessment, an LPN may not change the tube.

LPN's must adhere to their employers/agency's written policy and procedures.

39. Can a licensed practical nurse (LPN) change suprapubic catheters?

Yes, according to [A.R.S. § 32-1601 \(19\(g\)\) \(https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01601.htm\)](https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01601.htm), it is within the scope of practice for the LPN to change suprapubic catheters. Practical nursing includes performing additional acts that require education and training as prescribed by the Board and that are recognized by the nursing profession as proper to be performed by the practical nurse.

LPN's must adhere to their employers/agency's written policy and procedures.

40. Can a licensed practical nurse (LPN) perform peritoneal dialysis?

Yes, according to [A.R.S. § 32-1601 \(19\(g\)\) \(https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01601.htm\)](https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01601.htm), practical nursing includes performing additional acts that require education and training as prescribed by the Board and that are recognized by the nursing profession as proper to be performed by the practical nurse. It is within the scope of practice for the LPN with additional training and competency validation to perform chronic ambulatory peritoneal dialysis. This includes: initiating or discontinuing therapy using pre-mixed medicated peritoneal dialysis bags, collecting specimens, and performing tubing or adaptor changes. The patient must be in a stable

condition and the LPN must be under the supervision of an Registered Nurse or Licensed Independent Practitioner who is responsible for periodic patient assessment.

The principle of sterile and aseptic technique, gravity drainage, osmotic fluid and electrolyte balances are within the scope and education of a practical nurse. The LPN who has received additional education including supervised clinical practice which is specific to the equipment being used may perform chronic ambulatory peritoneal dialysis.

LPN's must adhere to their employers/agency's written policy and procedures.

41. Can a licensed practical nurse (LPN) mix medication in a peritoneal dialysis bag?

No, it is **NOT** within the scope of practice for the LPN to mix any medication(s) and/or add any medication(s) to the bag (i.e. antibiotics or electrolyte solutions).

While an LPN can safely perform continuous ambulatory peritoneal dialysis, it is not within their scope or training to mix medications. The complexities of reconstitution related to the drugs and the solutions, drug stability and compatibility, and advanced infection prevention, are outside of the usual and standard education for an LPN.

42. Can a licensed practical nurse (LPN) remove a peritoneal dialysis catheter?

No, according to the [Frequently Asked Questions: Regarding LPN and Peritoneal Dialysis \(https://www.azbn.gov/scope-of-practice/faqs#Q3\)](https://www.azbn.gov/scope-of-practice/faqs#Q3), it is **NOT** within the scope of practice for the LPN to remove a peritoneal dialysis (PD) catheter.

Complications can arise during the removal of a PD catheter, that may require a surgical repair or removal of the remainder of the catheter. Therefore, only a Licensed Independent Practitioner can remove PD catheters.

43. Can a licensed practical nurse (LPN) implement qualified prescriber decision support tools such as medication administration and other procedures?

Yes, according to the [Advisory Opinion: Standing Orders, Protocols, Pre-printed orders, and Order Sets \(Also known as Decision Support Tools\) \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-standing-order-protocols-decision-support-tools-9-17.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-standing-order-protocols-decision-support-tools-9-17.pdf), it is within the scope of practice of an LPN to implement qualified prescriber "decision support tools" to include administration of medication and other therapeutic procedures following nursing assessment. A prescriber is identified as a licensed independent practitioner.

Note: In some systems, "decision support tools" (DST) may be titled (but not limited to): "standing orders", "protocols", "order sets" and/or "pre-printed orders", and must meet all the requirements of this statement.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

44. Can a licensed practical nurse (LPN) mark a surgical site?

No, an LPN cannot mark a surgical site. It is not within the scope of practice of the LPN. According to [The Joint Commission \(https://www.jointcommission.org/standards_information/up.aspx\)](https://www.jointcommission.org/standards_information/up.aspx), surgical site marking should be performed by a licensed independent practitioner who is accountable for the procedure and will be present when the procedure is performed. In limited circumstances site marking may be delegated to some medical residents, physician assistants, or advanced practice registered nurses. The licensed independent practitioner is accountable for the procedure even when delegating site marking.

45. Can a licensed practical nurse (LPN) perform stress tests and administer Dobutamine or Adenosine?

No, it is not within the scope of practice of an LPN to perform stress tests and administer Dobutamine or Adenosine. According to the [Advisory Opinion: Infusion Therapy/Venipuncture: The Role of the Licensed Practical Nurse \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-infusiontherapy-venipuncture-the-role-of-the-lpn-rev92016.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-infusiontherapy-venipuncture-the-role-of-the-lpn-rev92016.pdf), the LPN cannot administer medications which require close registered nursing monitoring, assessment, or interpretation of data, or titration. This includes thrombolytic, fibrinolytic, parenteral nutrition, and vasoactive drugs.

46. Can a licensed practical nurse (LPN) administer respiratory nebulizers and aerosol treatments?

Yes, it is within the scope of practice for an LPN to administer respiratory nebulizers and aerosol treatments if the LPN is educated in the procedure and demonstrates competency in the procedure. The task must be delegated to them by a registered nurse, physician, or licensed independent practitioner who retains accountability for the delegation.

LPN's must adhere to their employers/agency's written policy and procedures.

47. Can a licensed practical nurse (LPN) provide nursing care to a patient with a chest tube?

Yes, it is within the scope of practice for an LPN to provide nursing care to a patient with a chest tube if the LPN is educated in the procedure and demonstrates competency in the procedure. The task must be delegated to them by a registered nurse, physician, or licensed independent practitioner who retains accountability for the delegation.

LPN's must adhere to their employers/agency's written policy and procedures.

48. Can a licensed practical nurse (LPN) administer Coumadin and subcutaneous Heparin?

Yes, according to The Nurse Practice Act, [R4-19-401 \(D\)](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), an LPN shall implement aspects of a client's care consistent with the LPN scope of practice including administering medications. LPNs can administer Coumadin and subcutaneous Heparin as long as they have received the appropriate training and are delegated to administer these medications by a registered nurse, physician, or licensed independent practitioner who retains accountability for the delegation.

49. Can a licensed practical nurse (LPN) provide tracheostomy care?

Yes, it is within the scope of practice for the LPN to provide tracheostomy care if the LPN is educated in the procedure and demonstrates competency in the procedure. The task must be delegated to them by a registered nurse, physician, or licensed independent practitioner who retains accountability for the delegation.

LPN's must adhere to their employers/agency's written policy and procedures.

EMPLOYMENT

50. Can a licensed practical nurse (LPN) terminate an established nurse-patient relationship?

Yes, according to the [Advisory Opinion: Abandonment of patients](https://www.azbn.gov/sites/default/files/2019-04/AO%20Abandonment%20of%20Patients%20Advisory%20Opinion%202018.pdf) (<https://www.azbn.gov/sites/default/files/2019-04/AO%20Abandonment%20of%20Patients%20Advisory%20Opinion%202018.pdf>), Licensed Practical Nurses (LPN) are required to provide reasonable notice to the supervisor before severing the established nurse-patient relationship, so that arrangements can be made for continuation of nursing care by others. Terminating the nurse-patient relationship without adequate and reasonable notice constitutes patient abandonment. Transfer of patient care requires directly reporting the condition, circumstances and needs of all patients under the nurses' care, in oral or written form, to another nurse who acknowledges receipt and understanding of the report. The term "patient abandonment" should be differentiated from the term "employment abandonment", which is related to the employer-employee relationship and is not within the jurisdiction of the Board of Nursing.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

51. Can a nurse working as a licensed practical nurse (LPN) hold a dual licensure as both a registered nurse (RN) and LPN or as an LPN and another profession?

Yes, according to [Advisory Opinion: Dual Profession & Dual Health Care Licensure/Certification](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-dual-profession-dual-health-care-licensure_certification.pdf) (https://www.azbn.gov/sites/default/files/advisory-opinions/ao-dual-profession-dual-health-care-licensure_certification.pdf), an LPN may be licensed or certified in another profession, e.g. attorney, license psychologist or registered nurse. The dual licensed LPN must at all times adhere to the statutes and rules pertaining to nursing. An LPN may not circumvent discipline for violating the nursing regulations by claiming to have been acting under

authority of another license or certificate. The LPN will be held to the standards of practice for their nursing license, regardless of other roles performed in the community.

A nurse who holds dual licensure/certification (i.e. RN & LPN licensure) is accountable to the educational standard of the highest nursing credential held. For example, an RN employed and paid as an LPN remains accountable for the standard of practice of an RN.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

52. Must a licensed practical nurse (LPN) be supervised by a registered nurse (RN) or a licensed physician?

Yes, according to Rule R4-19-401 (A) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf) and Advisory Opinion: Supervision of Licensed Practical Nurse by Registered Nurses (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-surpervision-of-lpn-by-rn9132018.pdf>), an LPN shall engage in practical nursing only under the supervision of a registered nurse or physician. The RN is responsible and accountable for the determination of the type of supervision required of the LPN for those functions that can be legally performed by the LPN. The LPN is responsible to perform within the LPN scope of practice.

As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.

53. Can a licensed practical nurse (LPN) be a charge nurse or a clinical supervisor?

The Nurse Practice Act defines standards related to the scope of practice for licensed practical nurses and in Rule R4-19-401 (E) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), an LPN may assign nursing care within the LPN scope of practice to other LPNs and delegate nursing tasks to unlicensed assistive personnel (UAPs). In addition, according to A.R.S. § 32-1601 (<https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01601.htm>), LPNs shall engage in practical nursing only under the supervision of a registered nurse, licensed physician, or licensed independent practitioner. Therefore, an LPN cannot supervise other LPNs in lieu of a registered nurse, licensed physician, or licensed independent practitioner.

54. Can a licensed practical nurse (LPN) do whatever a physician or independent licensed practitioner tells/orders them to do?

No, the Nurse Practice Act defines standards related to the scope of practice for licensed practical nurses in the Rule, R4-19-401 (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), specifically a LPN's nursing practice is limited to those activities for which the LPN has been prepared through basic practical nursing education in accordance with and those additional skills that are obtained through subsequent nursing education and within the scope of practice of a LPN as determined by the Board.

55. Can a licensed practical nurse (LPN) be supervised by an unlicensed person or another discipline??

No, a non-nurse (other than a licensed physician) may not supervise nursing practice but can supervise basic employment issues (i.e., human resources, administration etc.).