



## ***Arizona State Board of Nursing***

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An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

**OPINION: VENTILATOR & TRACH CARE-BY LPN**  
**APPROVED: 5/9**  
**REVISED DATE: 3/03, 3/07, 1/11, 1/15, 3/18, 1/22**  
**SCOPE OF PRACTICE COMMITTEE**

Within the Scope of Practice of \_\_\_\_\_RN  LP

### **ADVISORY OPINION**

## **VENTILATOR AND TRACHEOSTOMY CARE: THE ROLE OF THE LPN**

### **STATEMENT OF SCOPE**

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 (RN), as specified in R4-19-101.

It is NOT within the Scope of Practice licensed practical nurse (LPN) to independently implement nursing actions based on conclusions of assessments drawn from his/her observations.

Exception: When performing ventilator adjustments in an emergency situation with the licensed independent provider (LIP) virtually present or on the phone.

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

**I. GENERAL REQUIREMENTS**

- A. Written policies, procedures and patient-specific orders addressing all aspects of care are maintained by the employer/agency.
- B. Documentation of completion of the instructional program and supervised clinical practice is on file with the employer.
- C. The documentation of continuing education and demonstrated proficiency must be maintained on an ongoing basis.
- D. Documentation of training to intervene in life-threatening emergencies when resuscitation is necessary.
- E. Patient-specific orders from LIP are accessible to LPN and on file.

**II. COURSE OF INSTRUCTION is to include and is not limited to:**

- A. Anatomy and physiology of the respiratory system
- B. Set-up and management of equipment, including emergency resuscitation equipment
- C. Signs and symptoms of respiratory distress/ventilator malfunction
- D. Indications for and performance of oral care and tracheal suctioning
- E. Signs of ventilator malfunctions, including instruction in alarm interpretation and level of importance
- F. Management of complications related to ventilator care.
- G. Replacement of an inner, outer, and single cannula in an established tracheostomy for routine changes with parent/caregiver or second set of hands.
- H. Appropriate communication techniques to use with mechanically ventilated patients

**III. ROLE AND FUNCTION OF THE LPN**

- A. The LPN may perform or assist parent/caregiver (or second set of trained hands) with tracheostomy cannula changes (inner, outer, and single) of STABLE adult/pediatric patients with established stomas.
- B. The LPN may NOT perform an independent non-emergent tracheostomy change without access to a "second set of trained hands" in the home or the facility.
- C. The LPN may independently change both adult and pediatric tracheostomy tubes in an EMERGENT situation.
- D. The LPN may make ventilator changes in an EMERGENT situation with the LIP or another licensed clinician on the phone.
- E. The LPN may make routine changes to the FIO2 and/or ventilator settings according to the patient-specific orders by a LIP.

#### IV. RATIONALE

- A. An LPN may manage aspects of routine ventilator and tracheostomy care in a ventilator-dependent patient. Acts which involve patient diagnosis or prescription of nursing interventions to implement a strategy of care, such as changing ventilator settings in response to laboratory results or change in patient condition, are NOT within the LPN scope of practice.
- B. The LPN is to have access to a “second set of trained hands” when changing a tracheostomy NON-EMERGENTLY to assist with potential problems such as patient thrashing and tube dislodgement, to help keep the patient safe.

#### V. DEFINITIONS

- A. Established tracheostomy - the patient is considered to have an established tracheostomy when the following criteria are present:
  - a. The stoma is well healed; and
  - b. The airway is patent.
- B. Emergent - a situation requiring life-saving interventions.
- C. Stable tracheostomy - access to a stoma that provides an airway with the ability to remove lung secretions and excess mucus after the first tracheostomy change done by an LIP.
- D. A “trained second set of hands” - accessible assistance from a second person that has been trained to assist in changing a tracheostomy and may include a Registered Nurse LPN, Respiratory Therapist, or trained parent and/or caregiver.

#### VI. REFERENCES

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