



Doug Ducey
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

1740 W. Adams Street, Suite 2000
Phoenix, AZ 85007
Phone (602) 771-7800
Home Page: <http://www.azbn.gov>

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: Scope of Practice for Licensed Practical Nurses in Chronic Dialysis in an Outpatient Facility
APPROVED DATE: 07/02
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ORIGINATING COMMITTEE: SCOPE of PRACTICE COMMITTEE

Within the Scope of Practice of RN LPN

ADVISORY OPINION HEMODIALYSIS: THE ROLE OF THE LPN

This advisory opinion is limited to hemodialysis, and excludes: self-care, home dialysis, and peritoneal dialysis. For details related to Peritoneal Dialysis, please refer to the Arizona State Board of Nursing web page frequently asked questions.

For additional IV therapy details, please refer to the Arizona State Board of Nursing Advisory Opinion Infusion Therapy/Venipuncture: The Role of the LPN, which includes medications not in the LPN role. For additional information on “holding” medications before hemodialysis, please refer to FAQ on holding medications.

A Licensed Practical Nurse (LPN) may serve as a preceptor for Certified Clinical Hemodialysis Technician (CCHT) under the direction of a registered nurse (RN).

It is within the scope of practice of an LPN to perform hemodialysis if the following requirements are met:

I. GENERAL REQUIREMENTS

- A. Functions under the supervision of a Licensed Independent Practitioner (LIP) or RN trained in dialysis, physically present in the facility, and responsible for the supervision of the LPN at all times.
- B. The employer/agency maintains written policy and procedures, and documentation of successful completion of an instructional program of study (Section II below).
- C. Documented proficiency in the tasks and skills being performed, including performance of intravenous therapy.
- D. After supervised clinical practice, the LPN may perform the following procedures:
 - a. Participation in observation of clients to include:

- i. Inspection and evaluation of the access site,
 - ii. Monitoring and recording of dialysis treatment,
 - iii. Identification of changes in the client's status,
 - iv. Identification of abnormal laboratory results,
 - v. Adjusting dialysis treatment according to client's needs at the direction of an LIP or RN.
- b. Preparation of all dialysis equipment and solutions.
 - c. Initiation of dialysis via dialysis catheter and/or cannulation of access device.
 - d. Initiation of dialysis treatments (i.e. connection of dialysis tubing to the access device and administration of normal saline).
 - e. Administration of a local anesthetic for analgesic purposes when initiating dialysis at the access site.
 - f. Administration of heparin associated with routine dialysis and catheter maintenance.
 - g. Flushing of central venous ports and adjusting fluid rates.
 - h. Discontinuing dialysis treatment (including the administration of normal saline and discontinuing the cannulation).
 - i. Collecting blood samples from dialysis connected to central line dialysis sites.
 - j. Reinforcement of patient education, including nutrition and medical information.
 - k. Cleaning equipment

II. COURSE OF INSTRUCTION to include dialysis training and orientation that reflects the American Nephrology Nurses' Association (ANNA) standards of clinical practice and in compliance with Centers for Medicare & Medicaid Services (CMS) regulations, including but not limited to:

- A. Anatomy and physiology of the renal system
- B. Principles of water treatment
- C. Dialyzer reprocessing
- D. Basics of nutrition in renal failure
- E. Understanding of ethical issues impacting on nephrology practice
- F. Care of patients with kidney failure, including communication and interpersonal skills
- G. Standard precautions, as recommended by the Center for Disease Control and Prevention (CDC)
- H. Concepts and principles of hemodialysis
- I. Dialysis procedures and documentation
- J. Proper cannulation techniques, including arteriovenous puncture for dialysis access
- K. Use of heparin in dialysis procedures
- L. Use of isotonic saline in dialysis
- M. Maintenance of the delivery system (i.e. integrity of extracorporeal circuit, pressure monitor readings)
- N. Anticoagulant delivery, blood flow rate, alarm limits and/or conditions
- O. Possible complications of dialysis, including observation and reporting of complications to the LIP or RN
- P. Post-treatment access care guidelines
- Q. Disposal of supplies in compliance with standard precautions
- R. Terminal cleaning of equipment and treatment area as designated by agency policy
- S. Additional education related to types of central dialysis venous catheters including:
 - a. Types of central venous catheters

- b. Initiating dialysis with a catheter
- c. Securing the catheter connectors
- d. Drawing pre-dialysis blood samples
- e. Initiating dialysis
- f. Discontinuing dialysis
- g. Instructing client regarding catheter care
- h. Central line associated blood stream infections (CLABSI) prevention
- i. Dialysis-related catheter complications:
 - i. Catheter dislodgement or removal
 - ii. Air embolism
 - iii. Infiltration/hematoma
 - iv. Bleeding during hemodialysis
 - v. Recirculation
 - vi. Long-term catheter complications (i.e. central venous stenosis)

III. RATIONALE

To provide guidelines to clarify the LPN role in performing hemodialysis.

IV. REFERENCES

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