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11/17/04

NEBRASKA HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE

172 NAC 99

TITLE 172

PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 99

PROVISION OF NURSING CARE

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TITLE 172            PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 99        PROVISION OF NURSING CARE

99-001 SCOPE AND AUTHORITY: These regulations govern the provision, administration, and management of nursing care by licensed nurses and by unlicensed persons providing auxiliary services in support of nursing service. Licensed nurses provide nursing care through a variety of roles including: a) the direct provision of care, b) the indirect provision of care through administering, managing, and supervising the practice of nursing, c) the teaching of health care practice to individuals, families, and groups, and d) collaboration and consultation with other health professionals in the management of health care. Licensed nurses provide nursing care through acute practice, long-term care practice, and community based practice. Licensed nurses are directly accountable and responsible to clients/patients for the nature and quality of all nursing care rendered.

Registered nurses (RNs) practice nursing independently and inter-dependently through the application of the nursing process; registered nurses also practice nursing dependently through the execution of diagnostic or therapeutic regimens prescribed by licensed practitioners. The administration and management of nursing by RNs is an independent and interdependent practice and includes delegating, directing, and assigning nursing interventions that may be performed by others.

Licensed practical nurses (LPNs) practice nursing dependently at the direction of registered nurses or licensed practitioners through the application of the nursing process and the execution of diagnostic or therapeutic regimens prescribed by licensed practitioners. LPN practice includes the assumption of responsibilities and accountabilities for the performance of acts within their educational background and utilizing procedures leading to predictable outcomes. The administration and management of nursing by LPNs includes directing and assigning nursing interventions that may be performed by others.

These regulations do not apply to a) persons who perform self-care; b) family, foster parents, or friends who provide home care; and c) persons performing health maintenance activities in accordance with Neb. Rev. Stat. § 71-1,132.30. These regulations also do not apply to the provision of activities of daily living and personal care by unlicensed persons when such cares do not rise to the level of requiring the application of nursing judgment or skill based upon a systematized body of nursing knowledge. These regulations do not alter the minimum requirements for nursing assistants as set forth in the Nebraska Nursing Home Act, for home health aides as set forth in Neb. Rev. Stat. §§ 71-6601 to 71-6615, and for medication aides as set forth in the Medication Aide Act, Neb. Rev. Stat. §§ 71-6718 to 71-6742.

99-002 DEFINITIONS: For the purposes of these regulations, the following definitions apply:

Accountability means being responsible and answerable.

1. Licensed nurse accountability means being responsible and answerable for decisions and for the action or inaction of self and/or others, and for the resultant client/patient outcomes related to decisions and action/inaction.
2. Unlicensed person accountability means being responsible and answerable for the action or inaction of self.

Act means Neb. Rev. Stat. §§ 71-1,132.04 to 71-1,143.53, known as the Nurse Practice Act.

Activities of daily living (ADLs) means transfer/ambulation, exercising, toileting, feeding, and similar activities.

Assessment means a systematic evaluation of the client/patient's condition and response to the therapy.

Assignment means a licensed nurse appoints or designates another person the responsibility for performance of nursing interventions. Assignment IS NOT the transfer of authority; assignments are made to individuals who already have authority to provide nursing interventions either through licensure as a nurse or through delegation from the RN.

Assist means to give aid and support in the performance of an activity.

Authority means legal authority to provide nursing care granted through licensure as a registered nurse, licensure as a practical nurse, or through delegation from the RN.

Auxiliary patient care services means care provided by persons authorized, assigned, or directed by licensed nurses or licensed practitioners in support of that professional's practice.

Competence means the state or quality of being capable as a result of having the required knowledge, skills, and ability.

1. Licensed nurse competence means the ability of the nurse to apply interpersonal, technical and decision-making skills at the level of knowledge consistent with the prevailing standard for the nurse's current nursing practice role.
2. Unlicensed person competence means the ability of the unlicensed person: 1) to utilize effective communication, 2) to collect basic objective and subjective data, 3) to perform selected non-complex nursing interventions safely, accurately, and according to standard procedures, and 4) to seek guidance and direction when appropriate.

Counseling means the process of helping a client/patient to recognize and cope with stressful psychologic or social problems, to develop improved interpersonal relationships, and to promote personal growth. Counseling includes analysis of a situation, synthesis of information and experiences, and evaluation of the progress and productivity of client(s)/patient(s).

Delegation means the transference from one individual to another individual the authority, responsibility, and accountability to perform nursing interventions.

1. Delegated by a Registered Nurse means the transference from an RN to an unlicensed person the authority, responsibility, and accountability to provide selected non-complex nursing interventions on behalf of the RN.
2. Delegation decision includes determining which nursing intervention(s) may be delegated, selecting which unlicensed person(s) may provide the delegated interventions, determining the degree of detail and method to be used to communicate the delegation plan, and selecting a method of evaluation and supervision.

Direction means the provision of guidance and supervision by a licensed nurse or licensed practitioner who is responsible to manage the provision of nursing interventions by another person.

Employer guidelines include standards of care, job descriptions/role delineations and/or organizational policies and procedures.

Licensed Nurse means a person licensed as a registered nurse or as a practical nurse under the provisions of the Act.

Licensed Health Care Professional means an individual who holds an active license to practice a defined scope of practice.

Licensed Practitioner means a person lawfully authorized to prescribe medications or treatments.

Monitor rate of flow means to verify and report the rate of flow of an intravenous fluid when the rate has been previously established.

Nursing intervention means the initiation and completion of client/patient focused actions necessary to accomplish the goals defined in the plan of care. Examples include health maintenance activities, health promotion activities, client/patient teaching, counseling, referral, and implementation of diagnostic or therapeutic regimens of licensed practitioners.

1. Complex interventions means those which require nursing judgment to safely alter standard procedures in accordance with the needs of the patient; or require nursing judgement to determine how to proceed from one step to the next; or require the multi-dimensional application of the nursing process.
2. Non-complex interventions means those which can safely be performed according to exact directions, do not require alteration of the standard procedure, and for which the results and client/patient responses are predictable.

Nursing Care means the application of the nursing process to individuals, families, and groups which results in the performance of any act expressing judgment or skill based upon principles of the biological, physical, behavioral, and nursing sciences as defined through rules promulgated by the Board of Nursing in accordance with Neb. Rev. Stat. § 71-1,132.11.

Nursing Process means:

1. assessing human responses to actual or potential health conditions;
2. establishing nursing diagnoses;
3. establishing a plan of care for the client/patient, including goals, outcomes, and prescriptions for nursing interventions;
4. implementing the plan of care through the direct and indirect provision of nursing interventions; and
5. evaluating client/patient responses to the plan of care and nursing interventions, and making adjustments to the plan of care based upon such evaluation.

Nursing service delivery model means a framework selected by an organization which describes the method by which nursing services are provided and includes employer guidelines as defined in 172 NAC 99-002.

Pediatric Client means a client is both under the age of 18 and under the weight of 35 kilograms.

Personal Care means bathing, hair care, nail care, shaving, dressing, oral care, and similar activities.

Protocol means a written document that is created and/or approved by a RN or licensed practitioner which guides subjective and objective data collection, and defines interventions based upon the collected data.

Regulate rate of flow means to set or alter the rate of flow of an intravenous fluid based upon the calculation of the rate by a registered nurse or licensed practitioner.

Stable and/or Predictable means a situation where the client/patient's clinical and behavioral status and nursing care needs are determined by the RN and/or licensed practitioner to be non-fluctuating and consistent or where the fluctuations are expected and the interventions are planned, including those clients/patients whose deteriorating condition is expected.

Supervision means the provision of oversight and includes maintaining accountability to determine whether or not nursing care is adequate and delivered appropriately. Supervision includes the assessment and evaluation of client/patient condition and responses to the nursing plan of care, and evaluation of the competence of persons providing nursing care.

1. Conditions of supervision means the method of supervision (direct or indirect), the identification of the persons to be supervised as well as the nursing interventions being provided, and the stability and/or predictability of the client/patient(s)' condition.
2. Direct supervision means that the responsible licensed nurse or licensed practitioner is physically present in the clinical area, and is available to assess, evaluate and respond immediately. Direct supervision DOES NOT mean that the responsible licensed nurse or licensed practitioner must be in the same room, or "looking-over-the-shoulder" of the persons providing nursing care.

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3. Indirect supervision means that the responsible licensed nurse or licensed practitioner is available through periodic inspection and evaluation and/or tele-communication for direction, consultation and collaboration.

Unlicensed person means a person who does not have a license to practice nursing and who functions in an assistant or subordinate role to the nurse. Unlicensed persons receive the authority to provide selected non-complex nursing interventions through delegation from the RN.

99-003 MINIMUM STANDARDS FOR NURSING CARE RESPONSIBILITIES OF LICENSED NURSES WITHIN THE FRAMEWORK OF THE NURSING PROCESS, INCLUDING PARAMETERS FOR DELEGATION AND ASSIGNMENT OF NURSING INTERVENTIONS, INCLUDE BUT ARE NOT LIMITED TO:

**Registered Nurse (RN)**

Based on independent, dependent, and interdependent functions:

**Licensed Practical Nurse (LPN)**

At the direction of RN or Licensed Practitioner:

**Unlicensed Person**

As assigned, delegated, and/or directed by the RN or as assigned and directed by the LPN

99-003.01 Assess-ing

99-003.01A Conducts and documents nursing assessments of the health status of individuals, families, and groups by:

1) Collecting objective and subjective data from observations, examinations, interviews, and written records. The data include but are not limited to:

- a) biophysical and emotional status including patterns of coping and interacting;
- b) growth and development;
- c) cultural, spiritual, and socio-economic background;
- d) health history;
- e) information collected by other health team members;
- f) client/patient knowledge and perception about health status and potential, or maintaining health status;
- g) ability to perform activities of daily living and personal care;
- h) the client/patient's health goals;

99-003.01B Contributes to the assessment of health status of individuals including interactions of individuals with family members or group members, by:

1) Collecting basic objective and subjective data from observations, examinations, interviews, and written records. The scope and depth of data collection is consistent with the educational preparation of the LPN. Such data may include:

- a) physical and emotional status;
- b) growth and development;
- c) cultural, spiritual, and socio-economic background;
- d) health history,
- e) information collected by other health team members;
- f) client/patient understanding of health status and self-care needs;
- g) ability to perform activities of daily living and personal care;
- h) environmental factors (e.g.,

99-003.01C Contributes to the assessment of the health status of individuals including interactions of individuals with family members or group members by:

1) Collecting basic subjective and objective data from observations and interviews. The data to be collected is identified by the RN and/or LPN.  
2) Reporting and recording the collected data.

- i) environmental factors (e.g., physical, social, emotional and ecological); and
  - j) available and accessible human and material resources.
  - 2) Sorting, selecting, reporting and recording the data.
  - 3) Validating, refining and modifying the data by utilizing available resources including interactions with the client/patient, family, significant others, and health team members.
- physical, social, emotional and ecological); and
  - i) available and accessible human and material resources;
  - 2) Recording and reporting the data.
  - 3) Assisting with validating, refining and modifying the data by utilizing available resources including interactions with the client/patient, family, significant others, and health team members.

99-003.02 Establishing nursing diagnoses

- 99-003.02A Utilizes all data to:
- 1) Identify and document responses to actual or potential health conditions and derives nursing diagnosis(es):
    - a) based upon synthesis of the collected data,
    - b) which identify(ies) the needs and priorities of the client(s)/patient(s).
  - 2) Identify educational and counseling needs.

- 99-003.02B Contributes to establishing nursing diagnoses which identify(ies) the needs of the client/patient by:
- 1) Identifying signs and symptoms of deviation from normal health status.
  - 2) Identifying overt learning needs.

- 99-003.02C Identifies basic signs and symptoms of deviations from normal health status and provides basic information which licensed nurses use in identification of problems and needs.

99-003.03 Planning Care

- 99-003.03A Develops a plan of care for individuals, families, and groups based on assessment and nursing diagnosis(es). This includes:
- 1) Consideration of the cultural, ethnic, and spiritual needs of the client/patient;
  - 2) Consideration of

- 99-003.03B Participates in the development of the plan of care for individuals. This includes:
- 1) Recognition of the client/patients cultural, ethnic, and spiritual needs;
  - 2) Recognition of the client/patient's beliefs and rights to choice;

- 99-003.03C Contributes to the development of the plan of care for individuals by reporting basic data.



- client/patient decisions regarding treatment;
  - 3) Identification of priorities;
  - 4) Collaborating with client/patient to establish goals/outcomes;
  - 5) Prescribing nursing interventions;
  - 6) Identifying measures to:
    - a) maintain comfort;
    - b) support human functions and response; and
  - 7) Consideration of educational and counseling measures to promote, maintain, and restore health; and
  - 8) Identifying community resources for continued care.
- 3) Providing data;
  - 4) Contributing to the identification of priorities;
  - 5) Contributing to setting goals/outcomes; and
  - 6) Assisting in identification of measures to:
    - a) maintain comfort;
    - b) support human functions and response; and
    - c) maintain an environment conducive to well being.
  - 7) Consideration of the overt learning needs of the client/patient.
  - 8) Contributing to identification of community resources for continued care.

99-003.04 Implementing the plan of care.

- 99-003.04A Implements a plan of care including:
- 1) Initiating nursing interventions through:
    - a) writing nursing directives;
    - b) giving direct care;
    - c) assisting with care;
    - d) providing education and counseling; and
    - e) assigning, directing, and delegating.
  - 2) Implementing the diagnostic or therapeutic regimens of licensed practitioners.
  - 3) Providing an environment conducive to safety and health;
  - 3) Documenting nursing interventions and client/patient responses to care, and
  - 4) Communicating interventions and

- 99-003.04B Participates in the assisting and giving of care by:
- 1) Providing care for client/patients whose conditions are stabilized and/or predictable;
  - 2) Under direct supervision of the RN, assisting with the provision of care for client/patients whose conditions are not stable and/or predictable and who are not competent to make informed decisions and provide necessary information;
  - 3) Implementing nursing care according to the priority of needs and established plan of care;
  - 4) Implementing diagnostic or therapeutic regimens of licensed practitioners.
  - 5) Directing and assigning

- 99-003.04C Participates in the giving of direct care by:
- 1) Assisting with ADLs, personal cares, and encouraging self care;
  - 2) Providing comfort measures and emotional support to client/patients whose condition is stable and/or predictable;
  - 3) Assisting with basic maintenance and restorative nursing;
  - 4) Providing a safe and healthy environment;
  - 5) Documenting and communicating completion of assigned/delegated activities and client/patient responses; and
  - 6) Seeking guidance and direction when

responses to other nursing interventions. appropriate  
members of the health 6) Providing an environment  
team. conducive to safety and  
health;  
7) Documenting nursing  
interventions and  
client/patient responses to  
care; and  
8) Communicating  
interventions and  
responses to care to  
appropriate members of the  
health team.

99-003.05  
Evaluating  
response to  
interventions

99-003.05A Evaluates the responses of individuals, families and groups to nursing interventions.  
1) Evaluation data must be documented and communicated to appropriate members of the health care team; and 2) Evaluation data must be used as a basis for:  
a) Reassessing client/patient health status;  
b) measuring outcomes and goal attainment;  
c) modifying nursing diagnosis(es);  
d) revising strategies of care; and  
e) prescribing changes in nursing interventions.

99-003.05B Contributes to the evaluation of the responses of individuals to nursing interventions.  
1) Evaluation data must be documented and communicated to appropriate members of the health care team.  
2) Contribute to the modification of the plan of care based upon the evaluation.

99-003.05C Contributes to the evaluation.  
1) Document and communicate client/patient responses.  
2) Assist with collection of data.

99-004 STANDARDS FOR DELEGATION

99-004.01 Delegation of Nursing Interventions. Full utilization of licensed nurses may require auxiliary patient care services provided by persons carrying out interventions for the support of nursing services as delegated by RNs, The scope of delegation may vary depending on the level of nursing judgement required for the interventions, the knowledge and skills of the unlicensed person, the method and frequency of supervision, and the client/patient's condition, ability, and willingness to be involved in the management of his/her own care.

99-004.01A Premises of delegation.

99-004.01A1 Only licensed nurses are legally authorized to practice nursing as defined in the Act.

99-004.01A2 Only RNs licensed in accordance with the Act may delegate nursing interventions to be performed by others on behalf of the nurse. Such delegation must be in a manner that does not conflict with the Act or these regulations.

99-004.01A3 RNs retain accountability for the application of nursing process when making the decision to delegate nursing interventions, and for the adequacy of client/patient care and outcomes related to the delegation decision.

99-004.01A4 Nursing is a process discipline based upon a systematized body of nursing knowledge and cannot be reduced to a list of tasks. Individual tasks or activities labeled as nursing provided in isolation by unlicensed persons functioning independently of the nurse is unlawful and constitutes the practice of nursing without a license.

99-004.01A5 Many nurses are employees of organizations. Within organizational hierarchy, the transference of organizational responsibility and accountability occurs within the decision making framework defined by the institution. Such a framework is a managerial division of responsibilities, and may include a nursing service delivery model and employer guidelines. The standards applied at the organizational level must meet or exceed the standards for delegation as defined within these regulations.

99-004.01A6 Although unlicensed persons may be used to complement licensed nurses in the provision of nursing care, such persons cannot be used as a substitute for the licensed nurse.

99-004.01B Standards for Delegation.

99-004.01B1 RNs must use a systematic delegation decision making process based upon nursing education, a body of nursing knowledge, and nursing judgement to delegate in a manner that allows for safe, accountable, and responsible provision of nursing care.

99-004.01B2 RNs must match the level of judgement required for the selected interventions with the experience and competency of the unlicensed person(s) and with the level of supervision available.

99-004.01B3 The detail and method of communication must be congruent with the level of nursing judgement required for the delegated nursing intervention and the experience and competency of the unlicensed person and the frequency and method of supervision.

99-004.01B4 Nursing service administrators may select nursing service delivery models and develop employer guidelines for the provision of nursing care that do not conflict with the Act or these regulations. Nursing service administrators are accountable to provide adequate resources to carry out the delegation plan.

99-004.01B5 Staff RNs may utilize employer guidelines in the delegation decision making process but retain accountability for individual delegation decisions, the delegation plan, and evaluation of delegation outcomes.

99-004.01C Delegation Process. RNs must utilize a decision making process to delegate in a manner that protects public health, welfare, and safety. Such a process must include:

1. Assessing client/patient(s) and resources.
  - a. Nursing service administrators must assess the health status of group(s) of client/patients, analyze the data and identify collective nursing care needs, priorities, and necessary resources.
  - b. Staff RNs must assess client/patients individual health status, analyze the data, and identify the client/patient's specific goals, nursing care needs and necessary interventions.
2. Developing a delegation plan. The delegation plan must include:
  - a. Selecting and identifying nursing interventions which may be delegated.
    - (1) Selected interventions must be those:
      - (a) which frequently recurs in the daily care of a client/patient or group of clients/patients,
      - (b) which do not require the unlicensed person to exercise independent nursing judgment,
      - (c) which do not require complex and/or multi-dimensional application of the nursing process,

- (d) for which the results of the intervention are predictable and the potential risk is minimal, and
    - (e) which utilize a standard and unchanging procedure.
  - (2) Interventions which must not be delegated include, but are not limited to:
    - (a) activities including data collection, problem identification, and outcome evaluation which require independent nursing judgement;
    - (b) teaching except for that related to promoting independence in personal care and activities of daily living;
    - (c) counseling, except that unlicensed persons may be instructed to recognize and report basic deviations from healthy behavior and communication patterns, and may provide listening, empathy, and support.
    - (d) coordination and management of care including collaborating, consulting, and referring;
    - (e) triage and/or the giving of advice; and
    - (f) treatments which are complex interventions as defined in 172 NAC 99-002.
  - (3) RNs must identify the selected nursing interventions.
    - a) Nursing service administrators must identify selected interventions through an organizational description of a nursing service delivery model and employer guidelines.
    - (b) Staff RNs must identify selected interventions on an individual basis.
  - (4) If an RN delegates medication provision, such delegation must be done in accordance with the Medication Aide Act, Neb. Rev. Stat. §§ 71-6718 to 71-6742.
- b. Selecting and identifying unlicensed persons providing auxiliary patient care services in support of nursing and to whom nursing interventions may be delegated.
  - (1) RNs must assess and identify the unlicensed person(s) education/training, experience, and competency to provide selected nursing interventions .

- (2) Nursing service administrators must establish organizational standards which identify educational and training requirements, and competency measurements of unlicensed persons. Nursing service administrators must identify unlicensed persons by a position title and role delineation/job description.
  - (3) Staff RNs must instruct and/or assess, verify, and identify the unlicensed person's competency on an individual and client/patient specific basis.
- c. Selecting and identifying the methods of supervision and the licensed health care professionals responsible to provide supervision.
- (1) The method of supervision and the frequency of assessment, inspection, and evaluation must be determined by RNs after an evaluation of the involved factors including, but not limited to the following:
    - (a) the willingness and ability of the client/patient to be involved in the management of his/her own care;
    - (b) the stability of the client/patients condition;
    - (c) the experience and competency of the unlicensed person(s) providing nursing interventions; and
    - (d) the level of nursing judgement required for the delegated nursing interventions.
  - (2) Nursing service administrators must establish organizational standards and employer guidelines which provide for sufficient supervision to assure that the nursing care is adequate and meets the needs of the client/patients. Nursing service administrators must identify the licensed health care professionals responsible to provide supervision by a position title and role delineation/job description.
  - (3) Staff RNs must determine the method of supervision on an individual basis and identify any other licensed nurses who have been assigned the responsibility for supervision.
- d. Communicating the delegation plan.
- (1) Nursing service administrators must communicate the delegation plan to licensed nurses responsible to provide supervision and to unlicensed persons(s) responsible to provide nursing interventions through description of a nursing service delivery model and employer guidelines.

- (2) Staff RNs must communicate decisions regarding selected interventions and the conditions of supervision to licensed nurses responsible to provide supervision and to unlicensed person(s) responsible to provide nursing interventions as appropriate and on an individual basis.
          - (a) Communication of selected interventions to unlicensed persons must be in accordance with 172 NAC 99-005.02 item 3.
3. Implementing the delegation plan by providing direction and supervision.
  - a. Direction must include:
    - (1) initial instruction related to the delegated intervention(s);
    - (2) monitoring to assure that the delegated nursing intervention(s) have been provided; and
    - (3) evaluating client/patient responses and delegated nursing interventions.
  - b. Supervision:
    - (1) may be provided by the delegating RN, by other licensed health care professionals identified in the delegation plan in accordance with 172 NAC 99-004.01C item 2.c., and/or by licensed nurses directing unlicensed persons in accordance with 172 NAC 99-005.02.
    - (2) must include direct supervision, indirect supervision, or a combination of both methods.
      - (a) RNs may utilize both direct and indirect methods of supervision. When indirect supervision methods are utilized, RNs must be available through telecommunication.
      - (b) LPNs may only utilize direct methods of supervision.
4. Evaluating the delegation plan by:
  - a. obtaining feedback from unlicensed persons;
  - b. providing feedback to unlicensed persons;
  - c. measuring client/patient response and goal attainment related to the delegated interventions; and
  - d. altering the delegation plan as indicated by client/patient response.

99-005 STANDARDS FOR DIRECTION: In the administration and management of nursing care, RNs, LPNs, and licensed practitioners provide direction. RNs and licensed practitioners provide direction to LPNs; RNs and LPNs provide direction to unlicensed persons providing auxiliary patient care services. The method and degree of direction may vary based upon client/patient condition, the interventions to be applied, and the qualifications and competency of the person providing the interventions.

99-005.01 Standards for LPNs to receive direction from RNs and licensed practitioners.

99-005.01A For valid direction to occur:

1. direction must be in a manner that sufficiently instructs and guides LPNs to assure that the nursing care provided is adequate to meet the client/patient needs;
2. direction may include identification of any specific assessment data to be collected relative to client/patient condition, client/patient diagnosis, and/or presenting signs and symptoms of the client/patient;
3. direction may include identification of the specific interventions to be applied based upon the collected assessment data and/or client/patient response to interventions; and
4. direction must include the provision of supervision to LPNs. Supervision may include direct, indirect, or a combination of direct and indirect methods.

99-005.01B LPNs must:

1. practice nursing only under circumstances in which direction is provided by a RN or licensed practitioner;
2. exercise competence in providing and directing nursing interventions;
3. initiate consultation/collaboration according to observed signs and symptoms of deviations from normal health status, and/or according to the directions specified by the RN or licensed practitioner; and
4. provide nursing interventions according to the direction and instructions identified by the RN or licensed practitioner.

99-005.01C Methods and circumstances by which LPNs may receive direction from RNs and licensed practitioners must be similar to the following:

1. Indirect supervision provided through protocols.
  - a. Acceptable circumstances are when client/patient conditions are stable and/or predictable, or when the client/patient is competent to make



informed decisions and provide necessary information relative to the interventions.

- b. Standards for protocols must include the following. Protocols must:
    - (1) be written;
    - (2) identify any specific assessment data in accordance with 172 NAC 99-005.01A items 1 and 2; and
    - (3) identify interventions which maybe provided. Interventions may include (1) monitoring client/patient condition by the LPN, (2) the direct provision of nursing interventions by the LPN, (3) referral to another licensed health care provider for service, and/or (4) consultation with a RN or licensed practitioner for specific direction.
  - c. When protocols are used, indirect supervision by the RN or licensed practitioner must include:
    - (1) evaluation by the RN or licensed practitioner to determine the adequacy of the protocols to serve the intended purpose; and
    - (2) availability of the RN or licensed practitioner, or an appropriate substitute, to the LPN by telecommunication for consultation and collaboration. By way of example, an appropriate substitute may be a licensed practitioner in an emergency room, the client/patient's primary health care provider, or another specifically designated RN.
2. Indirect supervision provided through periodic inspection and evaluation in combination with nursing and medical plans of care and, when appropriate, employer guidelines.
- a. Acceptable circumstances are when client/patient condition is stable and/or predictable but the client/patient may or may not be competent to make an informed decision, and may or may not be capable of providing information relative to interventions.
    - (1) An exception to the requirement for the client/patient condition to be stable and/or predictable may be when the client is competent to make informed decisions and provide necessary information relative to the interventions.
  - b. Standards for nursing and medical plans of care and, when appropriate, employer guidelines must include the following. Plan(s) of care and/or employer guidelines must:
    - (1) be written, and may be augmented by verbal direction and feedback from the RN or licensed practitioner,

- (2) identify any specific assessment data in accordance with 172 NAC 99-005.01A items 1 and 2.
    - (3) identify appropriate interventions. Interventions may include (1) all of the interventions listed above in 172 NAC 99-005.01C item 1.b.(3), and (2) the indirect provision of non-complex interventions through direction and assignment of auxiliary patient care services by the LPN to unlicensed persons in accordance with 172 NAC 99-005.02 and 172 NAC 99-006.03.
  - (c) When nursing and medical plans of care and, when appropriate, employer guidelines are used, indirect supervision by the RN or licensed practitioner must include:
    - (1) periodic inspection and evaluation, the frequency of which must be determined by the RN or licensed practitioner. Factors to be considered include the competency of the LPN and the stability of the client/patient condition(s); and
    - (2) availability of the RN or licensed practitioner, or an appropriate substitute, to the LPN by telecommunication for consultation and collaboration.
- 3. Direct supervision in combination with nursing and medical plans of care and, when appropriate, employer guidelines.
  - a. Appropriate circumstances for direct supervision are when client/patient conditions and responses to interventions are not stable and/or predictable, and when client/patient(s) are not competent to make informed decisions or provide necessary information thereby requiring frequent assessment by the RN or licensed practitioner.
  - b. Standards for plans of care and employer guidelines must include the following. Plans of care and employer guidelines must:
    - (1) be written, and may be augmented by verbal direction and feedback from the RN or licensed practitioner,
    - (2) identify specific assessment data to be collected for a specific client/patient, and
    - (3) identify interventions which are to be directly provided by the LPN for a specific client/patient. Client/patient specific instruction must be included when appropriate.
  - c. When warranted by the circumstances described 172 NAC 99-005.01C items 3.a., direct supervision by the RN or licensed practitioner must

include frequent evaluation of client/patient condition and response to the nursing plan of care.

99-005.02 Licensed nurses direct the provision of auxiliary patient care services provided by unlicensed persons in support of nursing services. The degree of direction is dependent upon the competency of the unlicensed provider, the nature of the nursing interventions, and the condition of the client/patient.

99-005.02A Standards for licensed nurses to provide direction to unlicensed persons:

1. Licensed nurses must direct unlicensed persons in the provision of nursing interventions only if such unlicensed persons have received authority to provide nursing interventions through delegation from an RN in accordance with the provisions of 172 NAC 99-004.01.
2. Licensed nurses must be knowledgeable of the delegation plan and the conditions of supervision. Licensed nurses must obtain knowledge of the delegation plan through the organizational nursing service delivery model and employer guidelines, and as may be augmented by the delegating RN.
3. Licensed nurses must communicate to the unlicensed person the conditions of any assignment for which the licensed nurse is responsible to provide direction. Communication may be either written and/or oral and may include as appropriate:
  - a. the specific observations to be monitored, and the expected method of communication to report such observations;
  - b. the specific interventions to be applied, and any client/patient specific instructions and/or limitations;
  - c. the expected results of nursing interventions; and
  - d. the unexpected results or potential complications of nursing interventions, including the method and time lines for communicating such to the licensed nurse
4. RNs may provide direction to unlicensed persons through both direct or indirect supervision.
5. LPNs must provide direction to unlicensed persons only through direct supervision.
6. Licensed nurses must monitor and evaluate the nursing care provided by unlicensed personnel to assure that care is adequate and meets the needs of the client/patient, and

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7. Licensed nurses must evaluate the competence of the unlicensed persons providing nursing interventions relative to specific assignments.

99-006 STANDARDS FOR ASSIGNMENT: In the administration and management of nursing care, licensed nurses may assign the responsibility for performance of nursing interventions to other persons. Assignments of nursing interventions are made by licensed nurses to others who are authorized to provide nursing care through licensure as a registered nurse, licensure as a practical nurse, or through delegation from a registered nurse to an unlicensed person.

99-006.01 Standards for assignments by licensed nurse to other licensed nurses.

99-006.01A RNs and LPNs must:

1. assign only those nursing interventions authorized by the level of nursing for which the nurse receiving the assignment is licensed, and
2. assign only those nursing interventions for which the nurse making the assignments has reason to believe the nurse receiving the assignment is competent to provide.
  - a. The nursing service administrator is responsible to assess and evaluate to determine that licensed nurses have the required competencies expected for the nurse's nursing practice role.
  - b. The nurse making assignments is responsible to assess the competence of the nurse accepting the assignment to fulfill the specific patient care assignment.

99-006.01B RNs may assign the responsibility of supervision within the delegation plan to other licensed nurses only if the conditions of the supervision as defined in 172 NAC 99-002 have been communicated.

99-006.02 Standards for licensed nurses accepting assignments.

99-006.02A RNs and LPNs must:

1. accept only those assignments authorized by the level of nursing for which the nurse receiving the assignment is licensed,
2. accept only those assignments for which he/she has the required knowledge, skills, and abilities,
3. acknowledge personal limitations in knowledge and skills, and communicate the need for specialized instruction prior to accepting any assignments, and
4. give sufficient notice of intent to refuse an assignment so as to allow the nurse making the assignment to make alternative arrangements for the assignment.

99-006.02B LPNs may accept assignments only when direction by a licensed practitioner or RN is provided in accordance with 172 NAC 99-005.

99-006.03 Standards for assignments by licensed nurses to unlicensed persons. RNs and LPNs must:

1. make assignments only to those unlicensed persons authorized through delegation from the RN in accordance with 172 NAC 99-004.01, and
2. determine assignments within the framework of the delegation plan as described in 172 NAC 99-004.01C item 2. RNs and LPNs may limit assignment(s) according to competency of the unlicensed person and the current nursing care needs of the client/patient condition.

99-007 APPROPRIATE ROLE OF THE LPN IN INTRAVENOUS THERAPY: This section is intended to define appropriate nursing interventions, based on the LPN's knowledge and skills acquired in an approved practical nursing educational program, which the LPN may accept as a directed activity related to intravenous therapy. The interventions must be within the scope of practice of the licensed practitioner or registered nurse directing the activity.

99-007.01 Acceptance of directed activities related to intravenous therapy. A LPN may accept responsibility for provision of the following interventions:

1. Assisting in initiating intravenous therapy;
2. Monitoring the rate of flow;
3. Temporarily slowing the rate of flow and reporting observations;
4. Discontinuing peripheral intravenous catheters that are no more than three inches in length;
5. Assisting in the administration of blood transfusions, hypodermoclysis, and hyperalimentation;
6. Regulating the rate of flow including the use of regulatory equipment;
7. Adding intravenous solutions to an established peripheral line, excluding those on pediatric clients. Solutions must be unmedicated, commercially prepared or prepared by a pharmacist or registered nurse, and may include vitamins and/or KCl. Acceptable intravenous solutions are limited to those fluids that are generally used as maintenance and isotonic in nature; and
8. Changing of intravenous tubing for peripheral lines only.

99-007.02 Activities related to intravenous therapy which a licensed practical nurse MAY NOT accept as directed activities include but are not limited to:

1. Venipuncture for purposes of initiating intravenous therapy;

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2. Intravenous medication administration;
3. Administration of intravenous solutions via any other route except the peripheral intravenous route;
4. Heparin lock flushes;
5. Administration of intravenous fluids to pediatric clients; and
6. Administration of chemotherapy, hyperalimentation, blood or blood products.

99-007.03 Direction and Supervision. Valid direction and appropriate supervision must be in accordance with the provisions of 172 NAC 99-005.01.

99-007.03A The licensed practitioner or registered nurse must be present at least once during each 24-hour interval to assess the client when the LPN is providing any of the interventions identified in 172 NAC 007.01 items 6 through 8.