

NH Board of Nursing

LPN Scope of Practice Advisories

Approval Date: 10/15/2015

This document is a list of advisories that reflects NH Board of Nursing responses to individual questions, or categories of questions indicated by links, regarding LPN scope of practice and designated clinical activities. Licensees are also encouraged to utilize [326B:12](#) and the [Decision Tree](#) algorithm in determining scope of practice for activities not included in this list. If scope of practice remains unclear following use of the algorithm, licensees may submit a question to the board using the [Clinical Practice Inquiry Process and Form](#).

Licensees should be mindful of the professional responsibility to maintain competency as specified in NUR 404.12, which states, “*All licensees shall, through education and experience, maintain the ability to competently practice nursing or nursing related activities.*”

For clarification purposes, the definition of Stable Client has been included. Nur 101.21 “Stable client” means a client whose overall health status, as assessed by a licensed nurse, is at the expected baseline or with predictable or expected responses that can occur with known chronic or long term medical conditions.

When adding nursing interventions and nursing related activities to role responsibilities, in addition to those interventions taught during the initial educational process, it is the recommendation of the Board that facilities consider implementation using the following guidelines as applicable. Additionally, facilities need to maintain a written policy that outlines these guidelines and expectations:

1. Describe the educational preparation and practice history of the nurses or nursing assistants authorized to perform the intervention(s) or activity(s)
2. Define the intervention(s) or activity(s) and the procedures for implementing the intervention(s) or activity(s)
3. Include a written plan for attaining and maintaining competency of the licensee
4. Identify the names of those nurses or nursing assistants authorized to perform the interventions or activity(s), and
5. Be reviewed and updated as needed, but at least yearly.

Activity/Question	Within LPN Scope of Practice?	Comments
Administration of medications brought into a facility from home when containers not sealed and	No	LPN must follow medication administration standards and facility policies.

pharmacist unavailable to verify contents		
Allergy testing, mixing and performing	Yes	Facility policies and protocols must be in place and provider on site
Ambulance transport to higher level of care	No	LPN can only care for stable clients
Anesthesia, sedation, & analgesia FAQ – RN & LPN		See Link
Apligraf application	No	
BCG instillation into <i>bladder</i>	Yes	Facility policies and protocols must be in place
Care of post-endoscopy patient who has been given propofol	Yes	LPN can assist in care of postoperative patient in recovery, but is prohibited from doing comprehensive assessments at admission and discharge
CAT scan, use of laser light to center patient on table for scan	Yes	
Cell saver operation	Yes	
Central Venous Access Device: can an LPN administer medications, change tubing and perform dressing changes.	Yes	LPN must have successfully completed a Board approved IV therapy course
Cerumen removal via irrigation	Yes	
Chelation therapy	Yes	
Cosmetics administration: Is an LPN allowed to administer cosmetic injectables (dermal fillers, botox) under MD supervision	Yes	<p>The administration of absorbable fillers or Botox may be within the scope of nursing practice of an LPN if the following guidelines are observed:</p> <p>A. The LPN may administer the cosmetic injectable medication with a valid written order from a provider (Physician, PA or APRN) who is authorized to practice in New Hampshire.</p> <p>B. LPN's, may administer these injectables only during the procedure and when the Physician, PA or APRN has assessed the client immediately prior to the procedure.</p> <p>C. An LPN may not independently select the medication or dosage to be administered during a procedure. The actual medication, dosage and site must be specified in the provider order.</p> <p>D. In executing the procedure, the LPN communicates changes in patient status to the authorized provider who is supervising the</p>

		procedure on-site and to other appropriate personnel in a timely manner
Coudé catheter insertion and replacement	Yes	
C-PAP therapy	Yes	After initial settings have been established by qualified provider
C-PAP equipment set up	Yes See comment	Board consensus is that this procedure is done by respiratory therapists and competent members of the public and the nursing license is not required to perform this function.
Death pronouncement	No	
Deep Brain Stimulator voltage settings: increase or decrease	No	
Delegation of tracheostomy care to non-licensed persons	Yes	
Drains, removal of: JP and hemovac	Yes	With provider order
Ear Piercing in an Office Setting by nurses	Yes	
Feeding tube insertion	Yes	
Endoscopy: open and close forceps on area to be biopsied after placement of forceps by provider	Yes	
Endoscopy: open and place snare over a polyp, then close and remove the snare	No	It is not within the nurse scope of practice to position a snare over a polyp for purposes of polyp removal
Manual Fecal disimpaction, without MD order	Yes	Per organizational policy or protocol. Facility policy should dictate circumstances requiring an order.
Feeding tube insertion	Yes	NG and Feeding tubes that do not require guide wires
Femoral pump initiation under direction of anesthesia	No	
Fentanyl, IV push for pain control in pregnant and non-pregnant patients	Yes	As indicated by facility policies and procedures
Flu clinic, running, including administration	Yes	LPNs work under delegation; there should be some type of standing order signed by a provider regarding the administration of the flu vaccine

Hemodialysis	Yes	Monitoring only of stable patients with direct supervision by an RN
Histologic technician, practicing as, in Mohs lab	No	The Board advises that this activity is not under the LPN scope of practice. If LPN chooses to function as histologic technician, hours would not count as active-in-practice towards renewal. It is not within LPN scope of practice to obtain specimen
Hyperbaric oxygen therapy	Yes	LPN may assist with patient preparation however they may not initiate or maintain treatment.
ICD deactivation using magnetic card	Yes	
Implanted port, access and de-access	Yes	
Intra-arterial vascular access	No	
Interosseous needle insertion	Yes	Procedure taught in ACLS and PALS
Intrauterine insemination under direct supervision of trained RN/physician	No	
Kenalog injections	Yes	With specialized training and education
Laser treatments, administration of <i>non-ablative</i>	Yes	
Are the use of LEDs and lasers (photobiomodulation) within the scope of a nurse.	yes	Low intensity laser therapy LED is in current use in community.
Lidocaine 1% with epinephrine subcutaneously	Yes	
Lidocaine 2% gel, instillation into urethra of patient undergoing cystoscopy	Yes	
Manometry catheter insertion for esophageal manometry study	Yes	
Medication Dispensing for Leave of Absence from a facility (LOA)	No	
Medication instillation into renal pelvis via nephrostomy tube	No	
Medication instillation through venous central line of dialysis machine	No	
Medication refills based on office practice protocol	Yes	
Monoclonal antibodies, administration	No	These medications require more than a focal

of (i.e., Orencia, Tysabri, Remicade, Rituxan)		assessment of patient relating to reactions and symptoms
Nail cutting and use of a dremel per provider assessment and order	Yes Provider	UPDATED AUGUST 18, 2016 Best practices as defined by the Mosby Skills Guide (2014) the compromised patient (Type 1 DM, vascular insufficiency or other diagnosis affecting peripheral circulation) will be assessed and treated by a provider. This would include the use of a dremel by a nurse.
Nitro sticks	No	Requires more than a focal assessment
Nutritional and diet education	Yes	
Orders from out of state physicians, providing home care to patient in NH	Yes	
PEG tube replacement of established site	Yes	
Percutaneous tibial nerve stimulation	No	Requires advanced training and assessment
Peritoneal Dialysis in the Acute Care Setting	Yes	LPN's may perform peritoneal dialysis in the acute care setting provided the following stipulations are met: LPN must complete education program on PD which is taught by a qualified RN instructor. Education program must include components recommended by American Nephrology Nurse Association. Education and competency of LPN must be documented There must be an RN readily available in facility or on call at all times.
Phlebotomy	Yes	Pursuant to Nur 404.12, participation in IV therapy program not required
Private duty nurses caring for clients when traveling across state lines	Yes	With active compact license in a compact state. LPN's entering NH follow the home state scope of practice regarding nursing care.
Protocol orders, following orders by provider	Yes	See Clinical Practice – Written guidelines when providing patient care
Rectal dilatation in home setting	Yes	
Secretin stimulation test, Type 1 (blood test)	Yes	
Secretin stimulation test, Type 2	No	

(nasogastric)		
Subcutaneous infusion: insert, assess placement, administer medications via push and continuous infusions	Yes	IV certification by a board certified program required.
Suctioning, deep	No	The Board advises that LPNs may perform nasopharyngeal and oral pharyngeal suctioning. LPN practice may also include tracheal suctioning for purposes of maintaining an open airway. It is NOT appropriate practice for LPNs to provide bronchial tree suctioning
Suprapubic catheter replacement	Yes	The following conditions must be met: <ul style="list-style-type: none"> • Healed, well established, open pathway • Replacement catheter may only be a balloon-type indwelling catheter • Size of replacement catheter and balloon specified in provider order
TB (mantoux) testing	Yes	
Telephone order from pharmacist, transcription of	Yes	
Telephone triage	Yes	NH Board of Nursing Position Statement and Clinical Advisory states that “Triage in a structured setting with predictable outcomes is within the scope of practice of an LPN. This practice requires appropriate delegation and facility protocols in place
Therabath treatments with paraffin wax	Yes	
Therapeutic phlebotomy	Yes	Guided by provider order, policy, procedure, and documentation of specialized training and certification by institution with RN readily available
Tracheostomy: inflation and deflation of cuff	Yes	Healed and established stoma
Ultrasound for therapeutic purposes	Yes	
Urodynamic studies, performance of	Yes	Cannot interpret results
VAC dressing application and change	Yes	That the RN may delegate to the LPN vacuum assisted closure (VAC) / Wound Vac dressing changes/negative pressure wound therapy in the home setting for stable wounds provided the following:

		<p>1. RN performs the initial wound assessment and determines that the wound is stable.</p> <p>2. RN performs a wound assessment at least one time per week during dressing use; and</p> <p>3. RN resumes wound care management immediately upon report/direct observation of wound complications such as signs and symptoms of infection, exposure of organs or other vital structures, excessive bleeding or anticoagulant therapy or other symptoms of an unstable wound.</p>
Ventilator circuit changes	Yes	Stable clients only
Ventilated patient, care of, in long-term care setting	Yes	With adequate supervision, it is within LPN scope to assist with ventilator care by making observations, and by recording and reporting such observations. <i><u>It is not appropriate for LPN to independently implement nursing actions based on conclusions or assessments drawn from their observations, i. e., making ventilator adjustments.</u></i>
X-ray, performance of	No	
Wound Staging		It was the consensus of the Board that with training and demonstrated competency, an LPN can stage a wound based on established protocol and delegation of the task by an RN.