

NH Board of Nursing

RN Scope of Practice Advisories

Approval Date: 10/15/2015

This document reflects NH Board of Nursing advisory responses to individual questions, or categories of questions indicated by links, regarding RN scope of practice and designated clinical activities. Health care is constantly changing, and thus the practice of nurses and nursing assistants is also changing. It would be impossible to develop a list of all procedures and interventions that are included in the scope of practice of nurses. Licensees are encouraged to utilize 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."

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:

- (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 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.

Advisories listed below reviewed by P and E committee July 2014. All advisories after that date are identified with a board approval date in column listed "Within RN Scope of Practice?"

| Activity/Question | Within RN Scope of Practice? | Comments |
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| Administration of OTC meds without provider order | No | Facility policies should address self-administration. RN may not diagnose and prescribe medications administration of OTC meds without provider order. |
| Airway, insertion of advanced (LMA or ET tube) | | |
| Allergy Serum: Can a nurse mix allergy serum for the purpose of allergy injections? | Yes | With competencies, education and policies in place as outlined in NH RSA 318:14. Additional information under RSA 318:14 can be accessed |

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| | | under Allergen Extracts as CSPs |
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[Anesthesia, sedation, & analgesia FAQ – RN & LPN](#)

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| <p>Baclofen Pump: accessing, interrogating and refilling an intrathecal Baclofen pump, or any one of the individual steps of this process, would fall within the RN scope of practice? This procedure would take place in an outpatient office setting with a supervising provider on the premises.</p> | <p>Yes</p> | <p>The BON voted to adopt the advisory provided by the NY State Board of Nursing as follows: the following conditions must be met:</p> <ul style="list-style-type: none"> •The RN must be deemed competent in the procedure, which in addition to the technical aspects of filling/refilling pumps, also requires the RN to accurately assess pain, conduct a physical examination and assess subtle changes in condition. Such competency is attained initially through successful completion of didactic coursework and a series of demonstrations in the procedure under supervision. •The RN must demonstrate annual updates of appropriate education, skill training and clinical competence. Competency assessment must be documented in the personnel file of each RN. •The RN must be designated by the facility/practice to carry out the procedure. Because there is considerable evidence across a wide range of procedures and functions that demonstrate improved outcomes in situations with high case volumes, the number of RNs trained in this procedure should be limited to assure a caseload sufficient to attain expertise. During annual competency updates, only the names of RNs with high case volumes should continue to be designated by the facility/practice to carry out this procedure. •Written policies and procedures must be developed that clearly define the RN’s role. •Errors should be anticipated. It is recommended that a failure mode and effects analysis (FMEA) be implemented to identify errors and actions to reduce patient harm. Additionally, standardization of orders, use of pumps with a reservoir port only, separation of |
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| | | <p>kits, and verification of kits based on manufacturers' written recommendations, should be considered as ways to further reduce errors.</p> <ul style="list-style-type: none"> •A physician or nurse practitioner must be immediately available for emergencies, including diagnosing and responding to overdoses including removing cerebrospinal fluid by lumbar puncture or through the catheter access port, if indicated. |
| Blood pressure obtained at health clinic in NH by nurse not licensed in NH | Yes | This procedure can be done by licensed and non-licensed persons. |
| Biofeedback:RN with certification perform Biofeedback as a non invasive therapy | Yes | |
| Blister with serous drainage | Yes | similar to the advisory on Sharp Conservation Debridement done by a competent certified wound care nurse. |
| Bone marrow biopsy procedure | No | <p>Board affirmed that bone marrow biopsy is NOT within RN scope of practice.</p> <p>Bone marrow biopsy is medical procedure and falls under auspices of Board of Medicine.</p> <p>See link: http://www.nh.gov/nursing/clinical/documents/clinical-practice-advisories-2012.pdf</p> |
| Bone marrow biopsy slide preparation | No | |
| Bravo capsule placement: independent deployment and placement | No | <p>June 17, 2010: The board revisited the Dec 17, 2009 decision that it is not within RN scope of practice to independently deploy and place Bravo capsules. The decision was made to uphold the previous decision. It is within the scope <i>only to assist</i> the provider in this procedure</p> |
| Breast exam by RN | Yes | |
| Bubble Studies (echocardiogram) at the bedside: administration of agitated saline and contrast | Yes | 4/16/2015 Facility policy |
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| Care of relatives | Not advised | Refer to facility policy and consider potential boundary issues |
| Carotid massage for SVT | No | This is referenced in the ACLS manual as one of many therapies |

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| | | that address arrhythmias; however, it is not taught to nurses in NH. |
| Cardiac pacemaker reprogramming | Yes | |
| Cast application | Yes | |
| Cast removal | Yes | Provider order required |
| Cell saver operation | Yes | Ensure that assignment maintains patient safety |
| Cerebrospinal fluid, hourly extraction from indwelling catheter | No | Not within scope |
| Cerumen removal via instrumentation | No | |
| Cerumen removal via irrigation and suction | Yes | |
| Chelation therapy as conventional therapy for heavy metal poisoning or alternative therapy for heart disease, cancer, other conditions | Yes | |
| Chest tube removal | Yes | Board reviewed previous decision, reviewed literature supporting this procedure and reversed previous advisory. |
| Chiropractic Medicine: Can an RN work under a Doctor of Chiropractic Medicine performing the following procedures? Health assessment paperwork, Hand held cold laser, Foot ionization for detoxification and Oscillation that stimulates the action of walking. | Yes | Referencing the position on the role of nurses in the practice of complementary and alternative therapies, the RN can perform tasks/skills that are within RN scope and the tasks in question are within scope. Training and competency should be verified. |
| Complementary/alternative therapy | Yes | See http://www.nh.gov/nursing/clinical/documents/clinical-practice-advisories-2006-2.pdf |
| Computer Assisted Personalized Sedation System (CAPS) for delivery of minimal to moderate sedation in the Endoscopy area | Yes | See http://www.nh.gov/nursing/faq/anesthesia-analgesia.htm |
| Contact casting, total, for treatment of foot ulcers | Yes | See Link: http://www.nh.gov/nursing/clinical/documents/clinical-practice-advisories-2007.pdf |
| Contrast dye, IV push for diagnostic exam | Yes | |
| Coudé catheter insertion/replacement | Yes | |
| C-PAP therapy, equipment set-up | Yes | 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 |

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| Cystometrics and independent performance of | Yes | |
| Death pronouncement and reporting of infectious disease following | Yes | See NH statute regarding Pronouncement of Death by Registered Nurses |
| Deep brain stimulator-increase/decrease voltage settings | Yes | With appropriate training and competency 2/2015 |
| Defibrillation | Yes | |
| Definity: Obtaining informed consent for | No | . The board determined that this procedure is provider driven and the responsibility for obtaining for providing required education to patient about procedure is the providers. The nurse can witness a patient's signature on a form that states the patient understands what the provider has explained. |
| Delegation to non- licensed staff using electronic means ie skype to view and interact with personnel completing the task | Yes | This method of delegation is acceptable. |
| Derma Glue- use for closing superficial wounds | Yes | The performance of simple stapling or suturing for anchoring catheter devices or superficial wound closure is within the scope of the licensed registered nurse. The RN performing simple stapling or suturing should be properly trained and possesses the required knowledge, skill and competence. The wound must be evaluated by a licensed practitioner and should consist of subcutaneous tissue only. No muscle, nerve, tendon, or blood vessels should be sutured by the RN unless the RN meets the definition and competency of a Registered Nurse First Assist (RNFA). (BON Nebraska) |
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| Dialysis catheter, removal of temporary | Yes | |
| Drain removal, J-P and hemovac | Yes | |
| Ear Piercing by nurses in an office setting | Yes | |
| Emergency medical screening evaluation (MSE) in the ED relative to EMTALA | Yes | RN's may perform nursing assessments within scope and when following CMS guidelines for MSE |
| Endoscopy/colonoscopy | Endoscopy Colonoscopy FAQ link | |
| Epicardial pacing wire removal | Yes | |

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| Fecal disimpaction, manual without MD order | Yes | Facility policy should dictate circumstances requiring an order |
| Feeding tube insertion | Yes | |
| Femoral/arterial sheath removal post cardiac catheterization | Yes | |
| Femoral dialysis catheter insertion | Yes | |
| Foot and Nail Care on patients with compromised circulation | Yes | An RN with advanced knowledge and skills obtained through an appropriate certification program can perform foot and nail care under a provider order. |
| Gastric Restrictive Device adjustment | Yes | A supervised RN can perform this task as long as they are provided a band adjustment protocol by the covering physician (American Society for Metabolic and Bariatric Surgery |
| Hand Held Nebulizer administration | Yes | |
| Histologic technician, practicing as, in Mohs lab | *No | *The Board advises that this activity is not under the RN scope of practice. If RN chooses to function as histologic technician, hours would not count as active-in-practice towards renewal. It is not within RN scope of practice to obtain specimen |
| Hyperbaric oxygen therapy | Yes | |
| ICD deactivation using magnetic card | Yes | |
| Informed consent | No | RN may witness signature after provider explains procedure and obtains consent |
| Informed consent by the nurse performing a PICC line insertion | Yes | |
| Interdisciplinary plan of care, RN implementing plan developed by OT/PT | Yes | LPN and LNA's can be delegated specific tasks to perform under this plan |
| Interosseous needle insertion | Yes | Procedure taught in ACLS and PALS |
| Intraocular pressure measurement by aplanation using Schiotz tonometer or Tonopen | No | Non nursing task |
| Ketamine Titration: Can an RN, who can demonstrate competency, be able to administer Ketamine Infusion with titration parameters in the critical care setting? Ketamine titration would be based on established criteria and ordered by the Critical Care Intensivists to be used as adjunctive | Yes | Ketamine can be administered via titration with a patient in critical care who has a secured airway. |

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| sedation in the mechanically ventilated patients. The Ketamine Drip order would have established criteria for titration, such as RASS (Richmond Agitation-Sedation Scale). | | |
| Ketamine Static Infusion: Is within the scope of practice for an RN to care for a patient with a static dose of IV Ketamine for the management of the patient with opioid hyperalgesia in the chronic pain patient. The dose is sub-anesthetic, and the patient is not mechanically ventilated. | Yes | The board reviewed an advisory from the State of Nebraska that addresses this question. A motion was made by TC and BF to adopt the advisory as a guide for NH RN licensees. <u>A summary of the requirements are:</u> 1. The Ketamine must be dosed at sub-anesthetic doses. 2. Clearly defined facility policies and procedures are in place, to include the distinction between pain management dosing and anesthetic dosing. 3. The patient is evaluated by a licensed practitioner and the infusion is initiated by a licensed practitioner who is a specialist in anesthesia or pain management. 4. The infusion is initiated in a care area where the patient to nurse ratio is low. After the patient is deemed stable with no untoward effects, they may be cared for in general care areas by RN's with demonstrated competence. 5. The nurse involved in the administration is familiar with and adheres to the safety recommendations and standards for Ketamine administration. |
| Ketamine IM for administration to children | Board is silent | Board followed recommendation to be silent on this question due to lack of literature/research on this method of administration in this population. |
| 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. |
| Medication Compounding | No | Medication compounding as defined by NH RSA 318:1; however, crushing a tablet or reconstitution of a medication is not considered compounding |
| Medical Examinations | No | RN cannot perform medical examinations but can obtain health |

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| | | history and do a comprehensive nursing assessment |
| Nail cutting and use of a dremel per provider assessment and order | Yes | <u>UPDATED AUGUST 18, 2016</u> 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. |
| Needle aspiration of seroma on post-surgical patient | No | |
| Needle decompression for tension pneumothorax | No | |
| Neonatal intubation | Yes, with specific requirements met | *Refer to position statement – Airway, Insertion of Advanced |
| Neuro/Biofeedback:RN with certification perform Biofeedback as a non invasive therapy | Yes | This is considered non- invasive holistic therapy |
| Neurometrix nerve conduction studies under physician supervision | Yes | |
| Neuro-monitoring percutaneous needle application and equipment operation during procedure in the OR | No | The RN may push the rest button under the direction of the surgeon |
| Orders from out of state physicians, providing home care to patient in NH | Yes | |
| Paracentesis, completion of procedure initiated by physician by changing bottles until flow stops and discontinuing the needle | Yes | |
| Percutaneous tibial nerve stimulation | Yes | |
| Pleural Tube Access for purposes of administering TPA and Pulmozone | No | This action is not supported due to the lack of supportive references for this practice. |
| Prescriptions: Renew or refill | Yes | With provider order/standing order |
| Protocol orders | Yes | Nurses may implement physician/APRN issued protocols and standing/routine orders, including the administration of medications, following nursing assessment. Protocols/orders should be written to reflect treatment of signs and symptoms, and should include parameters for the nurse to consult the physician/APRN. In addition, protocols and standing/routine orders should be officially approved by the facility medical and/or nursing staff, or approved by the prescriber of the individual patient |

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| Pressure ulcer staging | Yes | |
| Private duty nurses caring for clients when traveling across state lines | Yes | With active compact license in a compact state. |
| Prolapsed rectum, digital reinsertion | Yes | *Digital reinsertion of prolapsed rectum is within the RN scope of practice provided the patient has been previously diagnosed with rectal prolapse, and there is an appropriate physician order, institution policy to support the practice, and documented training and competency. |
| Pulmonary artery catheter, advancing for proper placement when obtaining pressure readings | Yes | Utilizing Decision Tree |
| Pulmonary artery catheter, withdraw for proper placement | Yes | Utilizing Decision Tree |
| Pulse Oximetry | Yes | RN/LPN/ LNA |
| Radioisotope injection for nuclear exam | Yes | |
| Rectal dilatation in home setting | Yes | |
| Respiratory Equipment: assembly, delivery, maintenance, repair and testing | Not considered specific to nursing practice | Tasks can be performed by a competent member of the public and a nursing license is not required to perform these tasks |
| Respiratory skills: Can the following skills be taught to an RN under RN scope of practice by a Respiratory Therapist? ABG's, Chest PT, Incentive Spirometry, Acapella, Peak Flow Meters, Nebulizers, Trach Care with humidification, High Flow Oxygen and CPAP/BIPAP | Yes | |
| Simple stapling or suturing | Yes | The performance of simple stapling or suturing for anchoring catheter devices or superficial wound is within scope of the RN with appropriate training and competency. The wound must be evaluated by a licensed practitioner and should consist of subcutaneous tissue only. No muscle, nerve, tendon or blood vessels should be sutured by the RN unless the RN meets the definition and competency of a Registered Nurse First Assist (RNFA) as cited by the BON Nebraska. |
| Secretin stimulation test, Type 1 (blood test) | Yes | Procedure requires blood sampling via a peripheral catheter and administration of a medication |
| Secretin stimulation test, Type 2 | No | |

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| (nasogastric) | | |
| Sexual assault nurse examiner (SANE), board requirements for practice | Yes | Refer to national organization |
| Slit <i>catheter</i> readings | Yes | |
| Slit <i>lamp</i> exams including measuring intraocular pressure | No | Not within RN scope of practice; requires advanced practice licensure |
| Stress Testing with nuclear imaging supervision | Yes | <p>Within scope for a nurse educated in the procedure to include:</p> <ul style="list-style-type: none"> --EKG interpretation, must be ACLS certified and capable to respond to adverse events. This education and competence must be documented initially and on an ongoing basis; -- Physician or APRN must be immediately available in facility; --Facility and staff must possess ability to run full code; --Patient must be previously evaluated and cleared for testing by physician or APRN; There must be medical order for procedure; --Facility must have policies and procedures in place to address all aspects of issue. --RN may not administer agent or medications for purpose of pharmacologic or nuclear stress testing unless the physician or APRN are immediately available. |
| Suprapubic catheter replacement | Yes | <p>The following conditions must be met:</p> <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 |

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| Surgical site marking | No | Responsibility of surgical provider |
| Suturing <i>arteries</i> | No | Additional education is required – RNFA program |
| Suturing – use of <i>non-physician FDA approved arterial suturing device</i> following diagnostic or interventional cath lab procedure | Yes | Refer to RNFA guidelines |
| Telehealth nursing practice advisory (link) | Telehealth nursing Link FAQ | |
| Telephone order from pharmacist, transcription of | Yes | |
| Therabath treatments with paraffin wax | Yes | |
| Therapeutic phlebotomy | *Yes | *Guided by provider order, policy, procedure, and proof of specialized training and certification by institution |
| Therapy – contractual, individual, family, and/or group | Yes | With appropriate education and/ or certification |
| Therapies applied to the body for relieve of pain, swelling or discomfort (for example, ice or heat) | Yes Provider order not needed | RN can delegate these tasks to an LNA |
| Thermography | No | Diagnostic procedure |
| Tooth removal- loose teeth in school children | Board is silent on this | 3/19/2015 |
| Trans-cranial magnetic stimulation, application of | Yes | Under training and supervision of MD with annual competency demonstration |
| Ultrasound bladder scan to assess fluid volume | Yes | |
| Ultrasound for PICC insertion | Yes | |
| Ultrasound for therapeutic purposes | Yes | |
| Ventilator Settings: Can RN decrease or increase settings per order? | No | (2014)There is lack of evidence and documentation to support this action |
| Vagal Nerve Stimulator: external activation and delegation of procedure | Yes | In the case of a stable client, with a treatment plan in place, the RN may utilize external activation of the vagal nerve stimulator and may delegate the external activation of the vagal nerve stimulator to the LPN, LNA or UAP. |
| Vascular closure devices, deployment | Yes | Mechanical devices only |

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| Wound debridement, conservative sharp | Yes | Requires specialized training |
| Xrays: Can an RN depress the foot pedal to take an xray under direction of a provider? | No 11/2014 *This represents a reversal of advisory provided January 2013 that allowed this practice. | Guidelines from Arizona BON state that licensed by the MRTBE: MD, DO's. Med Radiological Technicians may administer ionizing radiation for diagnostic or therapeutic purposes, positioning xray beam, anatomical positioning to the beam, selecting exposure factors and initiating exposure. |