







What is your Scope of Practice pertaining to IV Therapy?



- > Can RNs & LPNs initiate antibiotic therapy through a PICC line or central line?
- > Can RNs & LPNs access or de-access an implanted intravenous port?
- > Are RNs & LPNs authorized to infuse normal saline or lactated ringers through a PICC line or central line?



4

What is your Scope of Practice pertaining to IV Therapy?



- > Are RNs & LPNs authorized to flush a PICC line or central line with heparin or normal saline?
- > Are RNs & LPNs authorized to aspirate a peripheral line to obtain a laboratory specimen?
- > Are RNs & LPNs allowed to change intermittent infusion device or cap on a central line?



5

What is your Scope of Practice pertaining to IV Therapy?



> What education is required for an LPN to preform new IV therapy procedures that were not covered by the LPN's education program or original IV therapy course completed at the time of licensing?

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What is your Scope of Practice pertaining to IV Therapy?



- What are the requirements for RN supervision when LPNs are performing IV therapy at the direction of a RN?
- Can RNs & LPNs initiate or maintain solutions for total parenteral nutrition (TPN)?
- Can RNs & LPNs provide IV therapy care to patients who are not adults?





Nurse Practice Acts:

Nurse Practice Acts are a set of standards that guide and regulate nursing practice for a particular state. Each state defines for itself the scope of nursing practice

including:

Standards for education programs

Licensure requirements

Grounds for disciplinary action



8



Mission of the Ohio Board of Nursing

The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care.

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10

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13

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Momentum Article: Spring 2023

- ▶ "LPN IV THERAPY and MEDS, House Bill 509 changed aspects of LPN related to IV therapy law that became effective in March 2023
- Any LPNs obtaining a license from OBN will now say, LPN. No longer MEDS or IV."
- Former section 4723.17 , ORC, now renumbered as 4723.18

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14

Purpose of House Bill 509

House Bill 509

- > Modernize and align the LPN IV practice with current healthcare needs and standards.
- > Enable LPN's to more significantly contribute to patient care, and improve overall efficiency of the delivery of healthcare services.

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Specific Aims of House Bill 509

- Expanding LPN IV Scope of Practice
- Enhance Patient Safety
- Improve Access to Care
- > Optimize Healthcare Resources

16

House Bill 509 - What does it mean?

LPNs are no longer required to obtain IV certification through the Ohio Board of Nursing to perform limited IV skills and treatments on patients

However, there are conditions....

17

Conditions: Chapter 4723.18

(A) Except as provided in section <u>4723.181</u> of the Revised Code and subject to the restrictions in division (C) of this section, a licensed practical nurse may perform intravenous therapy on an adult patient only at the direction of one of the following:

Patient must be 18 years of age or older.



4723.18 RN Responsibilities

- > (1) A physician, physician assistant, dentist, optometrist, or podiatrist who is authorized to practice in this state and, except as provided in division (B)(2) of this section, is present and readily available at the facility where the intravenous therapy procedure is performed;
- (2) A registered nurse in accordance with division (B) of this section.



19

4723.18 RN Responsibilities

▶ (B)(1) Except as provided in division (B)(2) of this section and section <u>4723.181</u> of the Revised Code, when a licensed practical nurse performs an intravenous therapy procedure at the direction of a registered nurse, the registered nurse or another registered nurse shall be readily available at the site where the intravenous therapy is performed, and before the licensed practical nurse initiates the intravenous therapy, the registered nurse shall personally perform an on-site assessment of the adult patient who is to receive the intravenous therapy.

20

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4723.18 RN Responsibilities

Direction of RN

- RN readily available at site or via telecommunications
- Completed on-site assessment by RN prior to LPN direction

Skilled Care-Residential Care Facilities

- ▶ Per OAC 3701-16-09.1, A residential care facility may admit or retain individuals who are in need of skilled nursing care beyond the supervision of special diets, application of dressings, or administration of medication <u>only</u> if the skilled nursing care will be provided on a part-time, intermittent basis for <u>not more than a total of one</u> <u>hundred twenty days in any twelve-month period</u> regardless of any transfer or discharge and readmission to the facility.
 - A part-time, intermittent basis means that skilled nursing care is rendered for less than eight hours a day or less than forty hours a week.

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22

Skilled Care in Residential Care Facilities (cont') Skilled nursing care may be provided by one or more of the following:

> A certified home health agency

> A licensed hospice care program

A member of the staff who is authorized under state law to provide skilled nursing care.

Self care does not count toward the allowable 120 days

23

Skilled Care in Residential Care Facilities (cont')

Per ORC 3721.16 (B)(1-4) Each residential care facility providing skilled care using staff members is obligated to:

- Develop and follow policies and procedures which assure that the skilled nursing care is provided in accordance with acceptable standards of practice;
- Ensure that the skilled nursing care is provided in accordance with accepted standards of practice only by individuals authorized under state law to provide skilled nursing care. Skilled nursing care may be delegated in accordance with Chapter 4723-13 of the Administrative Code;

Skilled Care in Residential Care Facilities (cont')

Except for residents receiving medication administration, supervision of special diets, the application of dressings, or skilled nursing care permitted, evaluate each resident receiving skilled nursing care at least once every seven days to determine whether the resident should be transferred to a nursing home or other appropriate health care setting. The evaluation and determination is obligated to be performed by the appropriate licensed health care professional and documented in the resident's record;

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25

Skilled Care in Residential Care Facilities (cont')

Document all skilled nursing care provided by the residential care facility in the resident's record. Such documentation is obligated to include, but not be limited to, medication and treatment orders when needed to authorize provision of a service and nurse's notes indicating the nature of the service provided and the resident's status. All orders are obligated to be signed and dated by the licensed health professional who gave the order within fourteen days after the order was given;

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26

Skilled Care in Residential Care Facilities (cont') A residential care facility may admit or retain an individual who is in not week of skilled nursing care for more than one hundred twenty days in any twelve-month period only if: The facility has entered into a written agreement with each of the following: The individual's personal physician or other licensed health professional acting within their applicable scope of practice, unless either of the following apply: If the provision of the skilled nursing care is not overseen by the individual sperson of the skilled nursing care is not overseen by the individual sperson of the skilled nursing care is not overseen by the individual sperson of the skilled nursing care is not overseen by the individual sperson of the skilled nursing care is not overseen by the individual sperson of the skilled nursing care is not overseen by the individual sperson of the skilled nursing care is not overseen by the individual sperson of the skilled nursing care is not overseen by the individual sperson of the skilled nursing care is not overseen by the individual sperson of the skilled nursing care is not overseen by the individual sperson of the skilled nursing care is not overseen by the individual sperson of the skilled nursing care is not overseen by the individual sperson of the skilled nursing care is not overseen by the individual spectrum of the skilled nursing care is not overseen by the individual spectrum of the skilled nursing care is not overseen by the individual spectrum of the skilled nursing care is not overseen by the individual spectrum of the skilled nursing care is not overseen by the individual spectrum of the skilled nursing care is not overseen by the individual spectrum of the skilled nursing care is not overseen by the individual spectrum of the skilled nursing care is not overseen by the individual spectrum of the skilled nursing care is not overseen by the individual spectrum of the skilled nursing care is not

If the provision of the skilled nursing care is not overseen by the individual's personal physician, the provider of the skilled nursing care may enter into the agreement; or
 If the individual is a hospice patient as defined in section 3712.01 of the Revised Code, a hospice care program licensed under Chapter 3712. of the Revised Code may enter into the agreement.

27

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Skilled Care in Residential Care Facilities (cont')

- The written agreement obligated by this paragraph includes a statement signed by all parties acknowledging that they understand the agreement and that the individual's needs can be met at the facility. The agreement is not considered complete without this signed statement and includes all of the following provisions:
- That the individual will be provided skilled nursing care in the facility only if a determination has been made that the individuals needs can be met at the facility. This determination is obligated to be made by the residential care facility, the individuals attending physician, and, if applicable, the provider of the skilled nursing care;
- That the individual will be retained in the facility only if periodic redeterminations are made that the individual's needs can be met at the facility;

28

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Skilled Care in Residential Care Facilities (cont')

- That the re-determinations will be made according to a schedule specified in the agreement and as the resident's condition necessitates but no less frequently than every thirty days, except for hospice patients whose re-determinations are to be made be no less frequently than every fifteen days;
- Unless the individual is a hospice patient, the individual's personal physician has determined that the skilled nursing care the resident or prospective resident needs is routine. For purposes of this rule, routine 'does not include those conditions listed in paragraph (B) of rule 3701-16-07 of the Administrative Code; and
- If the individual is a hospice patient, that the individual has been given an opportunity to choose the hospice care program that best meets the individuals needs.

29

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4723.18 LPN Allowable Skills/Procedures

- C (2) A licensed practical nurse may initiate intravenous therapy in accordance with this section in a vein of the hand, forearm, or antecubital fossa;
- C (3) A licensed practical nurse may discontinue a line that terminates in a peripheral vein
- C (5) A licensed practical nurse may prepare or reconstitute an antibiotic additive;

4723.18 LPN Allowable Skills/Procedures

- C (6) Administering medication via the intravenous route, including all of the following activities:
- ▶ (a) A licensed practical nurse may do any of the following:
- (i) Initiate an intravenous infusion containing one or more of the following elements: dextrose 5%, normal saline, lactated ringers, sodium chloride.45%, sodium chloride 0.2%, sterile water;
- (ii) Hang subsequent containers of the intravenous solutions specified in division (C)(6)(a)(i) of this section that contain vitamins or electrolytes, if a registered nurse initiated the infusion of that same intravenous solution;

31

4723.18 LPN Allowable Skills/Procedures

- (iii) Initiate or maintain an intravenous infusion containing an antibiotic additive.
- (b) A licensed practical nurse may inject heparin or normal saline to flush an intermittent infusion device or heparin lock including, but not limited to, bolus or push.

32



4723.18 LPN Prohibited Practice

(C) No licensed practical nurse shall perform any of the following intravenous therapy procedures:(1) Initiating or maintaining any of the following:

- ► (a) Blood or blood components;
- ▶ (b) Solutions for total parenteral nutrition;
- (c) Any cancer therapeutic medication including, but not limited to, cancer chemotherapy or an anti-neoplastic agent;

34

4723.18 LPN Prohibited Practices

- (d) Solutions administered through any central venous line or arterial line or any other line that does not terminate in a peripheral vein
- ▶ (e) Any investigational or experimental medication.

35

4723.18 LPN Prohibited Practices

C (2) Initiating intravenous therapy in any vein (with the exception of previously mentioned veins of the hand, forearm, or antecubital fossa).

C (3) Discontinuing a central venous, arterial, or any other line that does not terminate in a peripheral vein; C (4) Initiating or discontinuing a peripherally inserted central catheter;

4723.18 LPN Prohibited Practices

C (5) Mixing, preparing, or reconstituting any medication for intravenous therapy

- C (6) Administering medication via the intravenous route, including all of the following activities:
- (a) Adding medication to an intravenous solution or to an existing infusion

37

4723.18 LPN Prohibited Practices

C (7) Changing tubing on any line including, but not limited to, an arterial line or a central venous line (except that a licensed practical nurse authorized by the board to perform intravenous therapy may change tubing on an intravenous line that terminates in a peripheral vein)

C (8) Programming or setting any function of a patient controlled infusion pump.

38



Spring Momentum 2023

"As with all nursing practice, the individual licensee is held responsible and accountable for adhering to both the scope and standards of licensed practice, including obtaining the education needed to ensure **knowledge**, **skills**, **and abilities** to support continued competence in all areas of practice, including limited adult IV therapy."

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Q: Are LPNs authorized to administer an antibiotic through a PICC line or central line?

Yes. LPNs may initiate or maintain an intermittent or secondary intravenous infusions in both central and peripheral lines

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46

Q: Are LPNs authorized to flush a PICC line or central line with heparin or normal saline?

Yes, but only if the heparin or normal saline flush is administered through an existing intermittent infusion device that is attached to the catheter. LPNs may inject heparin or normal saline to flush an intermittent infusion device, or saline lock, for lines that are being used for infusions on an intermittent basis.



47

Q: Are LPNs authorized to change tubing that is directly connected to a central venous catheter or arterial catheter?

No. LPNs are prohibited from changing tubing that is directly connected to a central venous catheter or arterial catheter.



Q: Are LPNs allowed to change intermittent infusion device or cap on a central line?

This is allowed only if the tip of the connected intravenous catheter terminates in a peripheral vein. LPNs are permitted to change an intermittent infusion device (aka cap) in this circumstance. However, LPNs are prohibited from changing the intermittent infusion device that is connected to a catheter that terminates in a central vein.



49

Q: Are LPNs authorized to aspirate a peripheral line to obtain a laboratory specimen?

Yes, if LPNs document their education, skill, and competency in this procedure, they are permitted to aspirate a **peripheral IV** (Ohio Board of Nursing 11 line) when the aspiration of the line is indicated and performed in accordance with the standards of safe nursing practice.



50

Q: Are LPNs licensees authorized to access or deaccess an implanted intravenous port?

Yes, if LPNs document their education, skill, and competency in this procedure. An implanted port is a central line with an intermittent infusion device or hub that is implanted beneath the skin.



Q: What education is required for an LPN to preform new IV therapy procedures that were not covered by the LPN's education program or original IV therapy course completed at the time of licensing?

As with all nursing practice, LPNs must acquire any additional education and training necessary to maintain skill and competency in their practice, especially for new procedures.



52



IN or another KN must be readily available at the site where the IV therapy is performed, and before the LPN initiates the IV therapy, the RN is required to personally perform an on-site assessment of the patient, who must be at least 18 years of age.



53



Q: Can LPNs provide IV therapy care to patients who are not adults?

No, the LPN is only permitted to perform IV therapy procedures on adult patients aged 18 years and over.

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55



56











