- A. The LPN is prepared to function as a member of the health-care team by exercising sound nursing judgment based on preparation, knowledge, experience in nursing and competency. The LPN participates in the planning, implementation and evaluation of nursing care using focused assessment in settings where nursing takes place.
 - 1. An LPN shall communicate with a licensed professional nurse and the patient's health care team members to seek guidance when:
 - a. The patient's care needs exceed the licensed practical nursing scope of practice.
 - b. The patient's care needs surpass the LPN's knowledge, skill or ability.
 - c. The patient's condition deteriorates or there is a significant change in condition, the patient is not responding to therapy, the patient becomes unstable or the patient needs immediate assistance.
 - 2. An LPN shall obtain instruction and supervision if implementing new or unfamiliar nursing practices or procedures.
 - 3. An LPN shall follow the written, established policies and procedures of the facility that are consistent with the act.
- B. The LPN administers medication and carries out the therapeutic treatment ordered for the patient in accordance with the following:
 - The LPN may accept a written order for medication and therapeutic treatment from a practitioner authorized by law and by facility policy to issue orders for medical and therapeutic measures.
 - 2. The LPN may accept an oral order if the following conditions are met:
 - a. The practitioner issuing the oral order is authorized by law and by facility policy to issue oral orders for medical and therapeutic measures.
 - b. The LPN has received instruction and training in accepting an oral order in an approved nursing education program or has

received instruction and training in accepting an oral order in accordance with the established policies and protocols of the facility.

- c. The policy of the facility permits an LPN to accept an oral order.
- d. The regulations governing the facility permit an LPN to accept an oral order.
- 3. The LPN shall question any order which is perceived as unsafe or contraindicated for the patient or which is not clear and shall raise the issue with the ordering practitioner. If the ordering practitioner is not available, the LPN shall raise the issue with a registered nurse or other responsible person in a manner consistent with the protocols or policies of the facility.
- 4. The LPN may not accept an oral order which is not within the scope of functions permitted by this section or which the LPN does not understand.
- 5. An oral order accepted by the LPN shall be immediately transcribed by the LPN in the proper place on the medical record of the patient. The transcription shall include the prescriber's name, the date, the time of acceptance of the oral order and the full signature of the LPN accepting the oral order. The countersignature of the ordering practitioner shall be obtained in accordance with applicable regulations of the Department of Health governing the licensed facility.
- C. The LPN participates in the development, revision and implementation of policies and procedures designed to insure comfort and safety of patients in collaboration with other health care personnel.
- D. The Board recognizes codes of behavior as developed by appropriate practical nursing associations as the criteria for assuring safe and effective practice.
- E. The LPN may administer immunizing agents and do skin testing only if the following conditions are met:
 - 1. The LPN has received and satisfactorily completed a Board approved educational program which requires study and supervised

clinical practice intended to provide training necessary for administering immunizing agents and for performing skin testing.

- 2. A written order has been issued by a licensed physician pertaining to an individual patient or group of patients.
- 3. Written policies and procedures under which the LPN may administer immunizing agents and do skin testing have been established by a committee representing the nurses, the physicians and the administration of the agency or institution employing or having jurisdiction over the LPN. A current copy of the policies and procedures shall be provided to the LPN at least once every 12 months. The policies and procedures shall provide for:
 - a. Identification of the immunizing and skin testing agents which the LPN may administer.
 - b. Determination of contraindications for the administration of specific immunizing and skin testing agents.
 - c. The listing, identification, description and explanation of principles, including technical and clinical indications, necessary for the identification and treatment of possible adverse reactions.
 - d. Instruction and supervised practice required to insure competency in administering immunizing and skin testing agents.
- F. An LPN may perform only the IV therapy functions for which the LPN possesses the knowledge, skill and ability to perform in a safe manner, except as limited under § 21.145a (relating to prohibited acts), and only under supervision as required under paragraph (1).
 - 1. An LPN may initiate and maintain IV therapy only under the direction and supervision of a licensed professional nurse or health care provider authorized to issue orders for medical therapeutic or corrective measures (such as a CRNP, physician, physician assistant, podiatrist or dentist).
 - 2. Prior to the initiation of IV therapy, an LPN shall:
 - a. Verify the order and identity of the patient.
 - b. Identify allergies, fluid and medication compatibilities.
 - c. Monitor the patient's circulatory system and infusion site.

- d. Inspect all equipment.
- e. Instruct the patient regarding the risk and complication of therapy.
- 3. Maintenance of IV therapy by an LPN shall include ongoing observation and focused assessment of the patient, monitoring the IV site and maintaining the equipment.
- 4. For a patient whose condition is determined by the LPN's supervisor to be stable and predictable, and rapid change is not anticipated, the supervisor may supervise the LPN's provision of IV therapy by physical presence or electronic communication. If supervision is provided by electronic communication, the LPN shall have access to assistance readily available.
- 5. In the following cases, an LPN may provide IV therapy only when the LPN's supervisor is physically present in the immediate vicinity of the LPN and immediately available to intervene in the care of the patient:
 - a. When a patient's condition is critical, fluctuating, unstable or unpredictable.
 - b. When a patient has developed signs and symptoms of an IV catheter-related infection, venous thrombosis or central line catheter occlusion.
 - c. When a patient is receiving hemodialysis.
- G. An LPN who has met the education and training requirements of § 21.145b (relating to IV therapy curriculum requirements) may perform the following IV therapy functions, except as limited under § 21.145a and only under supervision as required under subsection (f):
 - 1. Adjustment of the flow rate on IV infusions.
 - 2. Observation and reporting of subjective and objective signs of adverse reactions to any IV administration and initiation of appropriate interventions.
 - 3. Administration of IV fluids and medications.
 - 4. Observation of the IV insertion site and performance of insertion site care.
 - 5. Performance of maintenance. Maintenance includes dressing changes, IV tubing changes, and saline or heparin flushes.

- 6. Discontinuance of a medication or fluid infusion, including infusion devices.
- 7. Conversion of a continuous infusion to an intermittent infusion.
- 8. Insertion or removal of a peripheral short catheter.
- 9. Maintenance, monitoring and discontinuance of blood, blood components and plasma volume expanders.
- 10. Administration of solutions to maintain patency of an IV access device via direct push or bolus route.
- 11. Maintenance and discontinuance of IV medications and fluids given via a patient-controlled administration system.
- 12. Administration, maintenance and discontinuance of parenteral nutrition and fat emulsion solutions.
- 13. Collection of blood specimens from an IV access device.

Source

The provisions of this § 21.145 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061; amended August 4, 1989, effective August 5, 1989, 19 Pa.B. 3281; amended December 19, 2003, effective December 20, 2003, 33 Pa.B. 6219; amended August 24, 2012, effective August 25, 2012, 42 Pa.B. 5486. Immediately preceding text appears at serial pages (302267) to (302270).

http://www.pacode.com/secure/data/049/chapter21/s21.145.html