

EFFECTIVE 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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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
Assessing

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

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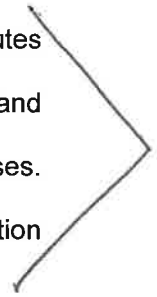
responses to other nursing interventions. appropriate
members of the health 6) Providing an environment
team. conducive to safety and
health;
7) Documenting nursing
interventions and
client/patient responses to
care; and
8) Communicating
interventions and
responses to care to
appropriate members of the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

99-003.05
Evaluating responses 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.



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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.

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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,

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- (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.