



## DISCLAIMER

As of June 3 2019, the Nova Scotia College of Nursing (NSCN) was formed to regulate licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) on behalf of the public, replacing the former College of Licensed Practical Nurses of Nova Scotia (CLPNNS) and College of Registered Nurses of Nova Scotia (CRNNS) (the “legacy Colleges”).

Although the information in this document reflects our most current information about this topic, you will notice the content refers to the previous relevant legislation and the legacy College that published this document prior to June 3, 2019.

We appreciate your patience while we work towards updating all of our documents to reflect our new name, legislation and brand.

If you have additional questions about this document, please contact a NSCN Practice Consultant at [practice@nscn.ca](mailto:practice@nscn.ca).

**Guidelines for  
Licensed Practical Nurses  
in Nova Scotia**

**The  
Professional  
Practice Series**  
**Scope of Practice**

**2014**

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***Licensed Practical Nurses have core nursing knowledge to independently care for clients with an established plan of care. Licensed practical nurses are an integral part of the health care team; accountable to provide safe, competent, ethical and compassionate care to individuals, families and communities.***

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**NOTE:** \*Licensed practical nurses can consult or collaborate with any care provider who has an *established relationship* with the client/agency and the capacity to provide consultation or direction. The nature and intensity of the established relationship is defined by the employer (e.g. on-call, supervisor or remote). An established relationship is one where an appropriate healthcare professional who is affiliated with an agency has an sufficient understanding of the needs of the clients and has agreed and been scheduled to provide consulting advise as necessary. For the purposes of this document, the assumption is that the LPN's first consultant or collaborative partner is the RN.

## Introduction

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS), or the College, is the regulatory body for Licensed Practical Nurses (LPNs) in Nova Scotia. The College's mandate is to protect the public by promoting the provision of safe, competent, ethical, and compassionate nursing care. The College sets, monitors and enforces standards for entry into the profession, practical nurse education, registration and professional conduct. The College creates Standards of Practice, establishes a Code of Ethics, develops and implements a Continuing Competence Program, and publishes policies and interpretive documents to support the practice of licensed practical nurses in Nova Scotia.

## Using this document

Guidelines are documents that outline the licensed practical nurse's accountability in specific practice contexts. They reflect relevant legislation and are designed to help licensed practical nurses understand their responsibilities and legal obligations so they make safe and ethical nursing decisions.

This document is part of *The Professional Practice Series*. It is one document, in a group of documents that have been created to help LPNs and others better understand the role of the LPN in Nova Scotia.

***Guidelines for Licensed Practical Nurses: Scope of Practice*** was developed to assist licensed practical nurses understand their scope of practice. This, as with all College documents, can be used with CLPNNS Standards of Practice, Code of Ethics and all applicable practice guidelines found on the College website at [www.clpnns.ca](http://www.clpnns.ca).

## The Licensed Practical Nurse as a Leader

Every LPN in Nova Scotia is expected to demonstrate leadership in their everyday practice as part of meeting their commitment to their Standards of Practice and Code of Ethics (CLPNNS, 2013a, 2013b). Clinical leadership is the demonstration of leadership behaviour (e.g., clinical expertise, effective communication, collaboration and empathy) while providing care (Patrick, Laschinger, Wong & Finegan, 2011). LPNs act as leaders through their advocacy for and contribution to the development and maintenance of a quality practice environments. Quality practice settings are required to support safe and effective nursing practice (CNO, 2006).

As leaders, licensed practical nurses are expected to be confident in their knowledge to assess clinical circumstances and articulate client needs to the team. Leadership requires the LPN to step into situations and do their best to make things better for the client. Starting a difficult conversation, taking action and following up for the sake of improvement of the client, the system, and the profession are leadership actions that require initiative and courage. Everyday leadership is critical to professional growth and confidence.

Licensed practical nurses are expected to reflect on their practice. Reflection is a method of learning and gaining insight through the critical analysis of one's experiences (Durgahee, 1997). LPNs look back at their actions and at the outcomes that were, or were not achieved. They make decisions about their future practice, based on the reflection or lessons learned from previous practice. Reflection is an

important component of leadership and consistent with principles of the Colleges' Continuing Competence Program (CCP).

For more information about the LPN as a leader, go to <http://clpnns.ca/introducing-the-professional-practice-series-documents-to-support-lpn-practice/>.

### Scope(s) of Practice

The professional scope of practice of the Licensed Practical Nurse (LPN) refers to the designated role, functions and activities that LPNs are educated and authorized to perform within the practice of practical nursing. The scope of practice is set by the LPN Act and sets the practice boundaries for all LPNs in Nova Scotia.

The professional scope of practice can only be changed by a change in the legislation. LPNs are expected to advocate for optimized practice within the professional scope of practice. For more information about the LPN Act and LPN Regulations, go to <http://clpnns.ca/lpn-act-and-regulations-2/>.



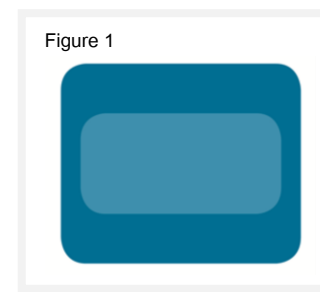
The individual scope of practice represents an LPNs practice based on their current practice context, education, experience and competencies. The individual scope of practice can be expanded or minimized by changes in the practice context and/or employer policies. As LPNs move from employer to employer, their individual scope of practice changes and they are required to maximize their individual scope of practice over time.

The scope of employment is the description of the LPN role within the employment setting. The scope of employment has great impact on the individual scope of practice. LPNs are expected to optimize their individual scope of practice within the employer policies and/or advocate for policy change to support optimized practice. Scope of employment changes from employment setting to employment setting and LPNs are accountable to know what is expected of them in their current role.

The individual scope of practice and scope of employment may not exceed the professional scope of practice.

### Nursing Knowledge

Nursing legislation defines the scopes of practice of the LPN and RN, (Licensed Practical Nurses Act, 2006; Registered Nurses Act, 2006) and nursing education programs are informed by the scopes of practice. The relationship between nursing legislation, education, and practice, sets the *context* of nursing knowledge. RNs and LPNs study from the same body of nursing knowledge. RNs study longer and therefore have a more



comprehensive nursing knowledge base. Figure 1 represents the relationship between LPN and RN scopes of practice. The inner box represents core nursing knowledge and reflects the scope of practice of LPNs. The outer box represents in-depth nursing knowledge reflecting the broader scope of practice of RNs.

### Context of Care

It is important that LPNs recognize the level of autonomy of their practice varies in relation to the context of care, or the sum total of needs of the client, their own individual competence and the supports in the practice environment (CLPNNS, 2012). This means that even though the LPN may have the necessary knowledge and skill to perform an intervention, the overall context of care may be such that the complexity of judgments relating to the intervention (including education, surveillance, monitoring, follow-up assessment or support) are better suited for another care provider with a broader knowledge base, (i.e., Registered Nurse, Nurse Practitioner or Physician).



### Practice Environment

The practice environment is the place where care is provided. Supports for the LPN include policies outlining or defining practice, protocols and resources – human, reference and equipment. The practice environment should contain enough of these supports to assist the LPN make safe, competent, ethical and compassionate care decisions for clients.

### What is the Scope of Practice Statement?

The scope of practice statement is a general description of the services practitioners are qualified to provide and the conditions and limitations under which these services may be delivered. The scope of practice statement provides the basis for the development of practice standards, competencies for entry-level practitioners and regulation. The statement also: guides PN curriculum development; helps employers to determine appropriate care team composition, prepare position descriptions and performance reviews, and; informs the general public and others about the services its members are qualified to provide.

### Scope of Practice of Licensed Practical Nurses in Nova Scotia

Licensed Practical Nurses practice autonomously within a collaborative relationship with other care providers, to provide professional nursing services to individuals of all ages, groups (including families) and communities, in a variety of care settings. *Nursing Services* is the application of practical nursing knowledge and theory in the:

- assessment of clients;
- collaboration in the development of the nursing plan of care;

- implementation of the nursing plan of care, and;
- evaluation of the client.

Nursing services are provided for the purposes of: promoting health; preventing illness; providing palliative and rehabilitative care, and; assisting clients to achieve an optimal state of health.

The practice of practical nursing is based on *core nursing knowledge* derived from the nursing arts and physical, biological and behavioural sciences. It involves the provision of nursing services:

- independently for clients with predictable outcomes;
- in consultation with appropriate care providers, for clients whose outcomes are variable, or;
- under the guidance or direction of a registered nurse, medical practitioner or other health care professional authorized to provide such guidance or direction for clients with unpredictable outcomes.

### **Independent, In Consultation or Under Guidance/Direction**

Where the client has *known problems with well-defined health challenges and is achieving the outcomes* as defined by the nursing care plan, the LPN relying on their core nursing knowledge base, practices independently within their individual scope of practice. The LPN predicts and manages the client's responses to the nursing interventions and uses the established plan of care to guide their practice. The LPN is solely accountable for their decisions and client outcomes.

When *known problems intensify or client outcomes become more variable or less predictable*, a broader nursing knowledge is required to interpret the relevance of these variances. The LPN, in consultation with the registered nurse (RN)\*, identifies the source of the variances. Together they modify the nursing care plan accordingly so that the new findings are appropriately addressed or managed.

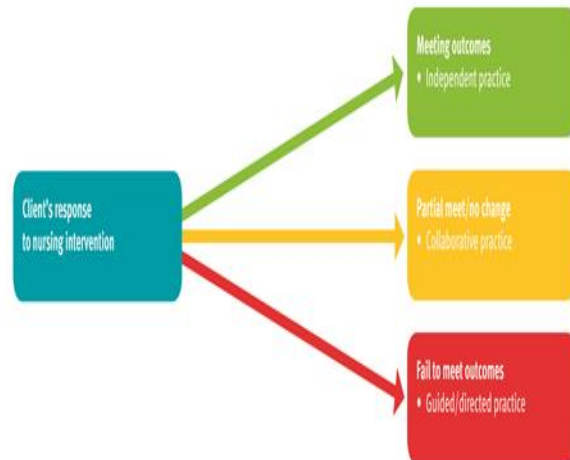
The LPN is obligated to initiate consultation when the nature of variation(s) is not well understood. The reason is because core nursing knowledge may not be comprehensive enough to support the LPN to independently predict and/or manage the client with varying or complex outcomes. The LPN is accountable to know when and with whom they consult and the RN/LPN pair share accountability for their practice decisions and client outcomes.

When clients *are failing to achieve outcomes as expected or have developed unexpected or worsened problems*, the LPN practices under the direction or guidance of an RN\* to meet the care needs of the client. The RN and LPN are expected to work collegially when caring for these clients. The RN assumes the lead position in the coordination of care for the client by making the necessary decisions and changes to the nursing care plan to manage the new problems. The LPN may perform any required interventions (as long as competent) that arise from the decisions made by the RN.

The LPN is obligated to seek direction/guidance when clients develop unexpected or worsened problems



because client's responses to complex problems are often not predictable or easily managed. These issues must be interpreted by a care provider whose knowledge base is more in-depth and comprehensive than the core nursing knowledge base of the LPN. As always, the LPN is accountable for their actions including when, and with whom they must consult. The RN is accountable to make the decisions associated with the management of the unexpected or worsened problem and changes to the nursing care plan. The RN/LPN pair is accountable for their individual practice decisions within the collegial working relationship and share accountability for client outcomes in relation to their actions.



For more information about the Nursing Care Plan, go to <http://clpnns.ca/wp-content/uploads/2013/09/fff.pdf>.

LPNs and RNs are different nurses within the same discipline of nursing. Though there are similarities in the practice of the LPN and RN, there are also key differences. One key difference is independence of practice. Core nursing knowledge is shared by the LPN and RN regardless of their length of program and is required to independently manage clients with predictable outcomes. In-depth nursing knowledge is unique to the RN regardless of the length of their program and is required to practice independently for all clients, but especially for clients whose health needs is unknown, complex or rapidly changing.

### **Autonomous Practice within a Clinically Collaborative Relationship**

In Nova Scotia, LPNs and RNs\*\* must be always clinically collaborative. This means there must be an established relationship that links the LPN and RN. LPNs practice autonomously within the clinically collaborative relationship. This means they are expected to work to their fullest level of independence that is supported by the context of care within the collaborative relationship with the RN. It is critical that LPNs understand that their level of independence will vary in relation to needs of the client.

The collaborative relationship between the LPN and RN\*\* must exist because:

- LPNs are obligated to consult and collaborate with the RN in the development of the initial nursing care plan and/or where clients are not achieving outcomes as expected;
- autonomous practice for the LPN is limited to contexts where clients have been deemed to have predictable problems and readily anticipated outcomes, and;
- even in contexts where LPN practice is autonomous, the RN plays an important role in the overall evaluation of clients' existing nursing care plans.

Individual LPNs and RNs within the collaborative relationship share the accountability to determine the

level and intensity of clinical collaboration that is required based on: the needs of the client, the individual/professional capacity of the nurses involved and the available supports in the practice environment. As the needs of the client increase in complexity or variability so does the need for clinical collaboration and consultation. The employer retains the accountability to have policies, resources and procedures in place to support ongoing clinical collaboration between the LPN and RN.

*\*\*In practice contexts where there is no RN, the LPN is expected to consult or collaborate with the health care professional coordinating the client's plan of care. In the self-employed context, the LPN is expected to consult or collaborate with the client. For more information about Self-Employment, go to <http://clpnns.ca/wp-content/uploads/2013/04/Self-Employment.pdf>.*

### **Scope of Practice of the Graduate Practical Nurse**

The scope of practice of the graduate practical nurse (GPN) is consistent with that of the LPN. LPNs must be aware that the GPN will have a limited individual scope of practice because they are new practitioners. The GPN works collaboratively or under the guidance or direction of a Licensed Practical Nurse, Registered Nurse, Medical Practitioner or any health care provider authorized to provide such consultation, guidance or direction, within their individual scope of practice, competence and education. They may administer all prescribed medication within the professional scope of practice and in which they have the individual competency to do so and have been authorized to do so by organization policy and procedures. GPNs are not authorized to assume the role of nurse in charge. Go to <http://clpnns.ca/graduate-practical-nurse-gpn-scope-of-practice-policy/> to view the GPN Scope of Practice Policy.

### **Conclusion**

It is vital that LPNs understand the contextual nature of their professional scope of practice. It is important to be able to articulate this to clients and other members of the health care team. As with all aspects of their practice, licensed practical nurses are accountable to recognize when they are able to work independently and when they are required to work in consultation/collaboration with, or under the guidance or direction of an appropriate care provider.

## References

- College of Licensed Practical Nurses of Nova Scotia. (2012). *Competency Profile for Licensed Practical Nurses in Nova Scotia*. Halifax NS: Author.
- College of Licensed Practical Nurses of Nova Scotia. (2013a). *Standards of Practice for Licensed Practical Nurses in Canada*. Halifax NS: Author.
- College of Licensed Practical Nurses of Nova Scotia. (2013b). *Code of Ethics for Licensed Practical Nurses in Canada*. Halifax NS: Author.
- College of Nurses of Ontario. (2006). *Therapeutic Nurse-Client Relationship*. Toronto ON: Author.
- College of Registered Nurses of Nova Scotia & College of Licensed Practical Nurses of Nova Scotia. (2012). *Effective Utilization of RNs and LPNs in a Collaborative Practice Environment*. Halifax NS: Author(s).
- Durgahee, T. (1997). Reflective practice: Nursing ethics through story telling. *Nursing Ethics*, 4(2), 135-146.
- Licensed Practical Nurses Act, c. 17. (2006). Statutes of Nova Scotia. Halifax, NS: Government of Nova Scotia. Retrieved from <http://nslegislature.ca/legc/statutes/licpranr.htm>
- Patrick, A., Spence Laschinger, H. K., Wong, C., & Finegan, J. (2011). Developing and testing a new measure of staff nurse clinical leadership: The clinical leadership survey. *Journal of Nursing Management*, 19(4), 449-460.
- Registered Nurses Act, c. 21. (2006). Statutes of Nova Scotia. Halifax, NS: Government of Nova Scotia. Retrieved from <http://nslegislature.ca/legc/statutes/registnur.htm>

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