

PRACTICE STANDARD

Licensed Practical Nurses: Acting within Autonomous Scope of Practice

Introduction

The *Licensed Practical Nurse: Acting within Autonomous Scope of Practice* standards, limits and conditions set the expectations that licensed practical nurses must meet when they are performing **activities** within their autonomous scope of practice (that do not require an order).

Licensed practical nurses' scope of practice under the *Nurses and Midwives Regulation* includes providing health services for the purpose of promoting, maintaining and restoring **clients'** physical and mental health, with a focus on stable or predictable states of health.

Acting within autonomous scope of practice refers to licensed practical nurses:

- Assuming accountability and responsibility for making decisions about client care; and
- Performing activities that they are competent and allowed to perform without a **client-specific order**.

Licensed practical nurses' autonomous scope of practice includes:

- making a **nursing diagnosis** of the mental or physical condition of a client who is in a stable or predictable state of health (as authorized by section 30 of the *Nurses and Midwives Regulation*);
- performing the **restricted activities** outlined in sections 31 to 35 of the *Nurses and Midwives Regulation* that do not require a client-specific order; and
- providing other care or services that do not involve the performance of any restricted activities listed in section 4 of the Schedule of Restricted Activities in the *Regulated Health Practitioners Regulation*.

Licensed practical nurses follow the *Licensed Practical Nurses: Acting under Client-specific Orders* practice standard when performing activities that are not within their autonomous scope of practice.

Standards

1. Licensed practical nurses are accountable and responsible when they make a decision that a client's physical or mental condition would benefit from a specific activity and when they perform that activity within their autonomous scope of practice (without an order).
2. Licensed practical nurses acting within autonomous scope of practice ensure that the activity they will perform is:
 - a. Within the scope of practice for licensed practical nurses acting without a client-specific order under the *Nurses and Midwives Regulation*,
 - b. Consistent with BCCNM's ethics standards and practice standards including any applicable limits and conditions on performing the activity,
 - c. Consistent with organizational/employer policies, processes, and restrictions, and
 - d. Within their individual **competence**.
3. Licensed practical nurses acting within autonomous scope of practice ensure they have the competence to:
 - a. Make decisions about whether the client would benefit from the activity, having considered:
 - i. Potential risks to the clients and know how to minimize those risks,
 - ii. The benefits to the client,
 - iii. The predictability of outcomes of performing the activity, and
 - iv. Other relevant factors specific to the client or situation,
 - b. Carry out the activity safely and ethically, and
 - c. Safely manage the intended and unintended outcomes of performing the activity.
4. Before performing an activity within autonomous scope of practice, licensed practical nurses consider applicable employer/organizational policies, processes, restrictions, and resources, and other relevant human and system factors that may impact their ability to:
 - a. Perform the activity competently and safely within their practice setting, and
 - b. Manage intended and unintended outcomes of the activity.
5. Licensed practical nurses perform **advanced activities** within their autonomous scope of practice only when they have obtained the **additional education**, training and/or clinical experience needed to gain and maintain the competence to perform the activity safely.
6. Licensed practical nurses acting within autonomous scope of practice identify the effect of their own values, beliefs, and experiences in decision-making, recognize potential conflicts, and take action for the needs of the client to be met.

7. Licensed practical nurses acting within autonomous scope of practice use current evidence to support their decision-making and the activity to be performed.
8. Licensed practical nurses acting within autonomous scope of practice follow a clinical decision-making process when they:
 - a. Assess the client's health status,
 - b. Make a nursing diagnosis of a client's physical or mental condition that can be prevented, improved, ameliorated, or resolved through nursing activities,
 - c. Determine a plan of care,
 - d. Determine an activity to be performed,
 - e. Implement an activity to prevent, treat, or manage physical and mental diseases, disorders and conditions,
 - f. Monitor, provide and coordinate care to clients,
 - g. Advise on physical or mental health,
 - h. Change or cancel a client-specific order for activities within the nurse's autonomous scope of practice,
 - i. Manage the intended and unintended consequences of carrying out the activity, or
 - j. Manage and evaluate the outcomes of the activity.
9. Licensed practical nurses acting within autonomous scope of practice communicate and collaborate with the client (or the **client's representative**) about nursing diagnoses, decisions, actions, and outcomes to support the client to be an active participant in making informed decisions about the care to meet the client's needs.
10. Licensed practical nurses acting within autonomous scope of practice communicate and collaborate with the health-care team about nursing diagnoses, decisions, actions, and outcomes.
11. Licensed practical nurses acting within autonomous scope of practice communicate and collaborate with the health-care professional who gave the order (or their delegate), the client, and other members of the health care team when changing or cancelling a client-specific order for activities that are within the nurse's autonomous scope of practice and individual competence.
12. Licensed practical nurses acting within autonomous scope of practice consult with, or refer clients to, other health-care professionals when:
 - a. The needs of the client exceed their scope of practice or individual competence,
 - b. Required by organizational/employer policies or processes, or
 - c. Client care would benefit from the expertise of other health care professionals.

BCCNM limits & conditions for licensed practical nurses: Acting within autonomous scope of practice (without an order)

Activity	BCCNM Limits and Conditions for Licensed Practical Nurses: Acting within Autonomous Scope of Practice (Without an Order)
1. Use of restraints	a. LPNs apply restraints only under a client-specific order.
2. Care for clients on telemetry	<p>a. Licensed practical nurses work in a team nursing approach to provide care for clients on telemetry:</p> <ul style="list-style-type: none"> i. With stable or predictable states of health ii. After successfully completing additional education <p>b. Licensed practical nurses are not responsible for monitoring or interpreting telemetry readings.</p>
3. Change chest tube dressing	<p>a. Licensed practical nurses change chest tube dressings:</p> <ul style="list-style-type: none"> i. For clients with stable or predictable states of health ii. After successfully completing additional education iii. By following decision support tools
4. Measure visible central venous line	a. Licensed practical nurses measure a visible central venous line on clients with stable or predictable states of health.
<p>5. Central venous access devices (CVAD) or central venous line¹</p> <ul style="list-style-type: none"> • Do not change dressings on central venous access devices or central venous lines 	a. Licensed practical nurses <i>do not</i> change dressings on central venous access devices or central venous lines.
6. Perform Human Immunodeficiency Virus (HIV) Point of Care Testing (POCT)	<p>a. Licensed practical nurses perform Human Immunodeficiency Virus (HIV) point of care testing (POCT):</p> <ul style="list-style-type: none"> i. After successfully completing additional education ii. By following established organizational processes and procedures for HIV POCT iii. When an authorized health professional is available for consultation and referral.
7. Procedures on tissue	Wounds above the dermis:

¹ This may also be referred to as a central venous device (CVD) or central venous catheter (CVC).

Activity	BCCNM Limits and Conditions for Licensed Practical Nurses: Acting within Autonomous Scope of Practice (Without an Order)
<ul style="list-style-type: none"> • Perform wound care • Do not perform sharps debridement including conservative sharps wound debridement 	<p>a. Licensed practical nurses who make a nursing diagnosis and treat reddened skin, skin tears and wounds above the dermis, without an order, follow decision support tools.</p> <p>Wounds below the dermis:</p> <p>b. Licensed practical nurses provide wound care below the dermis if a wound care treatment plan is in place.</p> <p>c. Licensed practical nurses probe, irrigate, pack or dress a tunneled wound:</p> <ul style="list-style-type: none"> i. After successfully completing additional education ii. By following decision support tools <p>d. Licensed practical nurses <i>do not</i> carry out any form of sharps debridement including conservative sharps wound debridement (CSWD).</p>
<p>8. Administer a substance by inhalation</p> <ul style="list-style-type: none"> • Administer oxygen 	<p>a. Licensed practical nurses administer oxygen by following decision support tools.</p>
<p>9. Administer a substance by injection</p> <ul style="list-style-type: none"> • Administer purified protein derivative by injection for tuberculosis (TB) screening 	<p>a. Licensed practical nurses administer purified protein derivative (PPD), read the results and refer the client to an appropriate health professional when they:</p> <ul style="list-style-type: none"> i. Possess the competencies (BCCDC: TB Screening Competencies) for tuberculosis (TB) screening established by BC Centre for Disease Control (BCCDC). ii. Follow BCCDC decision support tools (BCCDC Clinical Prevention Services Decision Support Tool: Non-Certified Practice - Tuberculosis Screening).
<p>10. Insertion into the external ear canal</p> <ul style="list-style-type: none"> • Assess integrity of the eardrum 	<p>a. Licensed practical nurses assess the integrity of the eardrum after successfully completing additional education.</p>

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<p>11. Insertion beyond the anal verge</p> <ul style="list-style-type: none"> • Digital stimulation • Rectal disimpaction 	<p>a. Licensed practical nurses carry out digital stimulation or rectal disimpaction:</p> <ul style="list-style-type: none"> ii. After successfully attaining competence as part of an entry-level practical nursing program, OR iii. After successfully completing additional education. <p>b. Licensed practical nurses carry out digital stimulation or rectal disimpaction by following decision support tools.</p>
<p>12. Hazardous energy</p> <ul style="list-style-type: none"> • Use an automated external defibrillator (AED) 	<p>a. Licensed practical nurses use automated external defibrillators (AEDs) after successfully completing a cardiopulmonary resuscitation (CPR) course for health professionals that includes the use of AEDs.</p>
<p>13. Hazardous energy</p> <ul style="list-style-type: none"> • Do not apply electricity to destroy tissue or affect the heart or nervous system (except AED) 	<p>a. Licensed practical nurses <i>do not</i> apply electricity to destroy tissue or affect the heart or nervous system (exception: automated external defibrillators).</p>
<p>14. Apply transcutaneous electrical nerve stimulation (TENS)</p>	<p>a. LPNs apply transcutaneous electrical nerve stimulation (TENS) after successfully completing additional education.</p>
<p>15. Compound, dispense, or administer a Schedule I or II drug</p> <ul style="list-style-type: none"> • Treat anaphylaxis <p><i>(Drug Schedules Regulation)</i></p>	<p>a. Licensed practical nurses diagnose and treat anaphylaxis:</p> <ul style="list-style-type: none"> i. After successfully completing additional education ii. By following decision support tools <p>b. Licensed practical nurses only administer epinephrine to treat anaphylaxis.</p>
<p>16. Compound, dispense or administer a Schedule I or II drug</p> <ul style="list-style-type: none"> • Treat respiratory distress in a known asthmatic <p><i>(Drug Schedules Regulation)</i></p>	<p>a. Licensed practical nurses treat respiratory distress in a known asthmatic:</p> <ul style="list-style-type: none"> i. In a team approach ii. Under a client-specific order
<p>17. Compound, dispense or administer a Schedule I or II drug</p> <ul style="list-style-type: none"> • Treat hypoglycemia <p><i>(Drug Schedules Regulation)</i></p>	<p>a. Licensed practical nurses who make a nursing diagnosis and treat hypoglycemia follow decision support tools.</p> <p>b. Licensed practical nurses only administer glucagon to treat hypoglycemia.</p>

Activity	BCCNM Limits and Conditions for Licensed Practical Nurses: Acting within Autonomous Scope of Practice (Without an Order)
<p>18. Compound, dispense or administer a Schedule I or II drug</p> <ul style="list-style-type: none"> • Prevent disease: <ul style="list-style-type: none"> ○ Administer immunoprophylactic agents ○ Do not <i>autonomously</i> compound, dispense or administer immunoprophylactic agents for preventing disease in travellers <p><i>(Drug Schedules Regulation)</i></p>	<ul style="list-style-type: none"> a. Licensed practical nurses who autonomously compound or administer immunoprophylactic agents, in a team approach, for the purpose of preventing disease: <ul style="list-style-type: none"> i. Administer immunoprophylactic agents to clients four years of age and older who have stable or predictable states of health ii. Successfully complete the additional education established by the BC Centre for Disease Control (BCCDC: Immunization Courses) iii. Follow the decision support tools established by the BC Centre for Disease Control (BCCDC: Immunization Manual) b. Licensed practical nurses <i>do not autonomously</i> compound, dispense or administer immunoprophylactic agents for the purpose of preventing disease in travellers.
<p>19. Compound, dispense, and administer naloxone to treat an opioid overdose emergency</p>	<ul style="list-style-type: none"> a. Licensed practical nurses compound, dispense and administer naloxone <i>without</i> an order, when used to treat an opioid overdose emergency.
<p>20. Compound, dispense, or administer Schedule II drugs</p> <ul style="list-style-type: none"> • Treat a disease or disorder <p><i>(Drug Schedules Regulation)</i></p>	<ul style="list-style-type: none"> a. Licensed practical nurses compound, dispense or administer Schedule II drugs to treat a disease or disorder under a client-specific order.
<p>21. Medical aesthetics²</p>	<ul style="list-style-type: none"> a. Licensed practical nurses successfully complete additional education before providing medical aesthetic procedures. b. Licensed practical nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so: <ul style="list-style-type: none"> i. Under a client-specific order, and ii. When the ordering health professional, or another health professional who has assumed responsibility for the care of the client, is present within the facility when

² “Medical aesthetics” refers to elective non-surgical outpatient clinical procedures that include the performance of a restricted activity and are primarily intended to alter or restore a person’s appearance.

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	the procedure is being performed and immediately available for consultation.

BCCNM limits & conditions for licensed practical nurses: Specific practice settings

Practice Setting	BCCNM Limits and Conditions for Licensed Practical Nurses: Specific Practice Settings
<p>1. Ambulatory Care</p>	<p>a. Licensed practical nurses working in ambulatory care clinics or offices where surgical procedures are performed:</p> <ul style="list-style-type: none"> i. Require a unit orientation that is consistent with LPN entry-level competencies ii. Assist with surgical procedures <ul style="list-style-type: none"> o After successfully completing additional education o When an authorized health professional is immediately available <p>b. Licensed practical nurses <i>do not</i> administer:</p> <ul style="list-style-type: none"> i. IV push medications ii. IV medications through a central venous access device (CVAD), or a central venous line iii. Intrathecal medications iv. Intra-osseous medications v. Medications into epidural spaces vi. Medications into perineural spaces vii. Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation <p>c. Licensed practical nurses work in a team nursing approach to provide care and monitor clients under:</p> <ul style="list-style-type: none"> i. General anesthesia ii. Intrathecal anesthesia iii. Epidural anesthesia iv. Procedural sedation <p>d. Licensed practical nurses work in a team nursing approach to care for clients recovering from epidural anesthesia after successfully completing additional education.</p>

Practice Setting	BCCNM Limits and Conditions for Licensed Practical Nurses: Specific Practice Settings
<p>2. Antenatal Care</p>	<ul style="list-style-type: none"> a. Licensed practical nurses working in antenatal clinics require a unit orientation consistent with LPN entry-level competencies. b. Licensed practical nurses provide antenatal care: <ul style="list-style-type: none"> i. To healthy clients with an uncomplicated pregnancy ii. In a team approach with medical practitioners, midwives, registered nurses, and/or nurse practitioners
<p>3. Emergency Room</p>	<ul style="list-style-type: none"> a. Licensed practical nurses working in emergency rooms require a unit orientation that is consistent with LPN entry-level competencies. b. Licensed practical nurses <i>do not</i> triage clients in emergency rooms (ERs). c. Licensed practical nurses work in a team nursing approach to provide care for clients with stable or predictable states of health.
<p>4. Hemodialysis</p>	<ul style="list-style-type: none"> a. Licensed practical nurses working in hemodialysis settings carry out hemodialysis: <ul style="list-style-type: none"> i. For clients with stable or predictable states of health ii. After successfully completing post-basic education through an in-house program offered by a health authority affiliated with BC Renal iii. By following decision support tools established by a health authority affiliated with BC Renal iv. When a registered nurse is immediately available v. Using an arteriovenous (AV) fistula or AV graft b. Licensed practical nurses working in hemodialysis settings manage, access, and maintain central venous lines and central venous access devices (CVAD) used specifically for hemodialysis by: <ul style="list-style-type: none"> i. Changing dressings on central venous access lines specific to dialysis access only ii. Measuring visible central venous access lines specific to dialysis access only iii. Carrying out dialysis through a central venous access line specific to dialysis access only c. Licensed practical nurses working in hemodialysis settings administer solutions, substances, and Schedule I, IA, II, and III drugs (<i>Drug Schedules Regulation</i>) by any route, including intravenous and IV push, as part of routine hemodialysis procedures. d. Licensed practical nurses working in hemodialysis settings <i>do not</i> administer: <ul style="list-style-type: none"> i. Intrathecal medications ii. Intra-osseous medications iii. Medications into epidural spaces

Practice Setting	BCCNM Limits and Conditions for Licensed Practical Nurses: Specific Practice Settings
	<ul style="list-style-type: none"> iv. Medications into perineural spaces v. Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation e. Licensed practical nurses working in hemodialysis settings monitor clients receiving blood or blood products in a team nursing approach. f. Licensed practical nurses working in hemodialysis settings <i>do not</i> start transfusions of blood or blood products.
<p>5. Medical Aesthetics³</p>	<ul style="list-style-type: none"> a. Licensed practical nurses successfully complete additional education before providing medical aesthetic procedures. b. Licensed practical nurses administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so: <ul style="list-style-type: none"> i. Under a client-specific order from an authorized health professional, and ii. When the ordering health professional, or another health professional who has assumed responsibility for the care of the client, is present within the facility when the procedure is being performed and immediately available for consultation.
<p>6. Mental Health and Substance Use</p>	<ul style="list-style-type: none"> a. Licensed practical nurses working in settings where substance use or a mental health disorder is the primary diagnosis require an orientation that is consistent with LPN entry-level competencies. b. Licensed practical nurses work in a team nursing approach to provide care for clients whose primary diagnosis is substance use or a mental health disorder after successfully completing additional education.
<p>7. Perioperative</p>	<ul style="list-style-type: none"> a. Licensed practical nurses work in a scrub or circulating role in the operating room (OR): <ul style="list-style-type: none"> i. After successfully completing formal post-basic education ii. When a registered nurse is immediately available b. Licensed practical nurses <i>do not</i> administer: <ul style="list-style-type: none"> i. IV push medications ii. IV medications through a central venous access device (CVAD), or a central venous line iii. Intrathecal medications iv. Intra-osseous medications v. Medications into epidural spaces

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Practice Setting	BCCNM Limits and Conditions for Licensed Practical Nurses: Specific Practice Settings
	<ul style="list-style-type: none"> vi. Medications into perineural spaces vii. Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation c. Licensed practical nurses working in a perioperative setting work in a team nursing approach to provide care and monitor clients under: <ul style="list-style-type: none"> i. General anesthesia ii. Intrathecal anesthesia iii. Epidural anesthesia iv. Procedural sedation
8. Postpartum Care	<ul style="list-style-type: none"> a. Licensed practical nurses working in postpartum settings require a unit orientation consistent with LPN entry-level competencies that includes: <ul style="list-style-type: none"> i. Infant resuscitation as part of a cardiopulmonary resuscitation (CPR) course for health professionals ii. The Neonatal Resuscitation Program (NRP) modules 1-4 and 9 iii. Newborn and maternal assessment, including breastfeeding, consistent with the Perinatal Services British Columbia (PSBC) Newborn Clinical Pathway (PSBC Newborn Guideline 13: Newborn Nursing Care Pathway) and the Postpartum Clinical Pathway (Perinatal Services BC: Perinatal Services BC Obstetrics Guideline 20 Postpartum Nursing Care Pathway) b. Licensed practical nurses provide care for mothers and newborns: <ul style="list-style-type: none"> i. With stable or predictable states of health ii. When a registered nurse, nurse practitioner, midwife, and/or medical practitioner is immediately available c. Licensed practical nurses take heel pricks after successfully completing additional education.

Glossary

Activities: Refers to restricted activities or any other activity that is related to the care of clients that requires the professional knowledge, skills, ability and judgment of a nurse.

Additional education: Additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity. Additional education:

- Builds on entry-level competencies,
- Identifies the competencies expected of learners on completion of the education,

- Includes both theory and application to practice, and
- Includes an objective evaluation of learners' competencies on completion of the education.

Advanced activities: Activities that are within a nurse's scope of practice but require additional education, training, and/or clinical experience that build on the foundational knowledge, skills, ability, and judgement attained during entry-level nursing education.

Client: Person receiving health services.

Client's representative: A person with legal authority to give, refuse or withdraw consent to health care on a client's behalf, including, as appropriate

- a "committee of the patient" under the *Patients Property Act*,
- the parent or guardian of a client under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the *Family Law Act*,
- a representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a client,
- a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*, or
- a substitute decision maker chosen under section 22 of the *Health Care (Consent) and Care Facility (Admission) Act*.

Client-specific order: An instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity.

Competence: The integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

Competencies: The knowledge, skills, ability, and judgment required to provide safe, competent, and ethical care within an individual's practice or in a designated role or setting.

Decision support tools (DSTs): Evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis, and treatment of client-specific clinical problems.

Formal post-basic education: Structured education that builds on the entry-level LPN competencies. Formal post-basic education is delivered:

- By an educational institution that teaches a BCCNM-recognized practical nursing education program or equivalent, or
- Through a collaborative arrangement between an employer that employs LPNs in post-basic areas and a school that teaches a BCCNM-recognized practical nursing education program or equivalent.

Nursing diagnosis: A clinical judgment made by a nurse of a client’s mental or physical condition to determine whether the condition can be prevented, improved, ameliorated or resolved by the performance of activities or provision of other care or services that is within the nurse’s scope of practice to provide without an assessment or diagnosis of the patient by another regulated health professional.

Restricted activity: An activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

Team approach: When the care needs of a client include activities that are outside LPN scope of practice or the individual competencies of the LPN, the LPN seeks out other members of the health care team to jointly review the client’s care needs and determine how the care needs will be met between them. Where relevant, the registered nurse or registered psychiatric nurse may be the most appropriate team member for the LPN to seek consultation and collaboration with regarding client care needs.

Team nursing approach: When the nursing care needs of a client include activities that are outside LPN scope of practice or the individual competencies of the LPN, the LPN seeks out the registered nurse or registered psychiatric nurse on the health care team to jointly review the client’s care needs and determine how the care needs will be met between them.

Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication

Effective April 1, 2026, this practice standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

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