

LICENSED PRACTICAL NURSES

Scope of Practice

Standards, Limits, Conditions



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Introduction

The foundation of practical nursing is expressed through:

1. The scope of practice as defined in the [Nurses \(Licensed Practical\) Regulation](#)
2. Standards, limits and conditions set by the British Columbia College of Nurses and Midwives (BCCNM)
3. [Entry Level Competencies for Licensed Practical Nurses](#)

This document outlines the standards, limits and conditions BCCNM sets for licensed practical nurse (LPN) practice in British Columbia (BC). The standards, limits and conditions cannot be looked at by themselves, but must be reviewed as part of a bigger picture. To provide safe, competent and ethical care, LPNs need to carefully consider what activities they are permitted to perform within their autonomous scope of practice (without an order) and which activities require a client-specific order (with an order) before performing them.

WHAT IS AN LPN?

An LPN is a nurse who studies from the same body of nursing knowledge as registered nurses and registered psychiatric nurses. Their practice is based on a foundational knowledge, critical thinking, critical inquiry and clinical judgment.

LPNs graduate from a BCCNM-recognized practical nursing education program based on a standardized curriculum. Other BCCNM requirements that LPNs must meet to obtain [registration](#) include passing the Canadian Practical Nurse Registration Examination, providing evidence of English Language proficiency, competence, good character, a criminal record check and fitness to practise nursing.

LPNs care for clients at all life stages. They provide health care services for the:

- a) promotion, maintenance and restoration of health, with a focus on clients with stable or predictable states of health
- b) prevention, treatment and palliation of illness and injury, with a focus on stable or predictable disorders and conditions, primarily by:
 - o assessing health status,
 - o planning, implementing and evaluating interventions and
 - o coordinating health services¹.

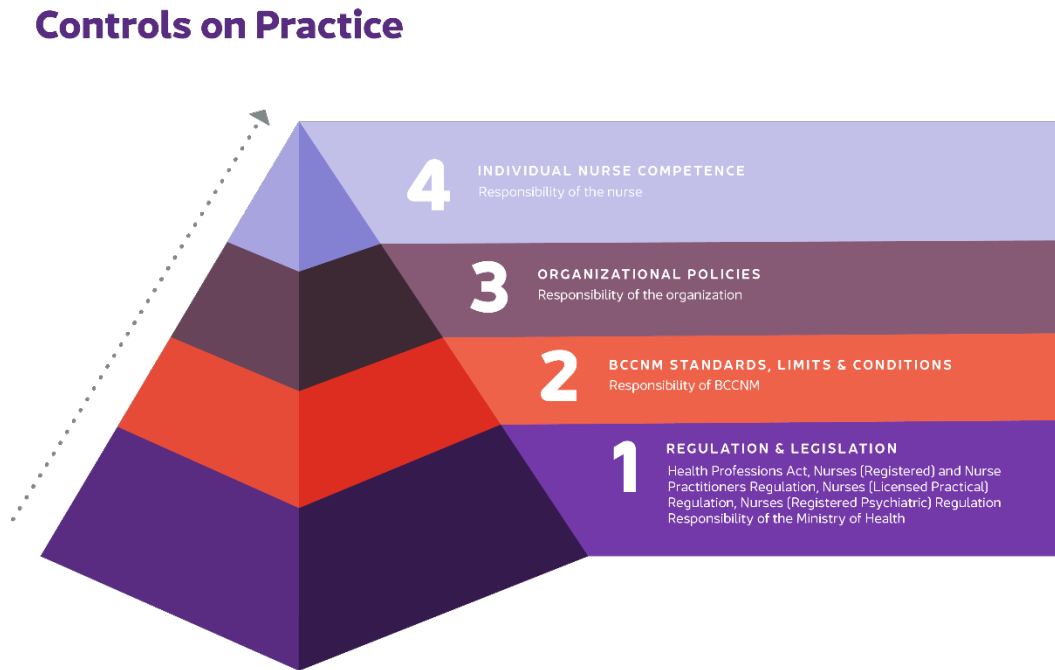
Through a combination of further education and experience, LPNs are able to care for clients who have more complex care needs. They work collaboratively with clients, families, groups, communities and other members of the health care team to support safe, competent and ethical care. LPNs work in hospitals, residential care facilities, home and community care, clinics, schools, occupational/industrial health, correctional facilities, complex care and palliative care.

¹ Nurses (Licensed Practical) Regulation

CONTROLS ON NURSING PRACTICE – A SHARED RESPONSIBILITY

Government, BCCNM, employers and LPNs work together to ensure the public receives safe, competent and ethical care through specific controls on LPN practice.

Figure 1: Controls on Practice



Beginning at the base of the pyramid, and moving upward, each control narrows LPN practice.

Nurses (Licensed Practical) Regulation

In December 2015, the BC government signed into law a revised Nurses (Licensed Practical) Regulation. BCCNM has established standards, limits and conditions to complement the Regulation.

WHAT YOU NEED TO KNOW

- You can stay up to date by reading and checking BCCNM's [website](#) and [newsletters](#)
- [Contact BCCNM](#) if you are an LPN who is carrying out activities that are not included in this document

REGULATORY FRAMEWORK

The 2015 Regulation sets out a new regulatory framework for LPNs in BC. Several fundamental changes impact the way LPNs practise in BC.

1. LPNs can carry out orders from nine different health professionals:

- Dentists
- Medical doctors
- Midwives
- Naturopaths
- Nurse practitioners
- Pharmacists
- Podiatrists
- Registered nurses
- Registered psychiatric nurses

LPNs are only allowed to act on a client-specific order from an authorized health professional who is registered to practise in British Columbia, except where the client has been transferred from Alberta, Yukon or the Northwest Territories for emergency treatment in British Columbia. In addition, an order for an LPN to cast a fracture of a bone may only ever be given by a physician or nurse practitioner who is registered in British Columbia.

2. LPNs have a degree of autonomous practice, which they never had in the past:

- LPNs make a nursing diagnosis of a condition before determining an appropriate plan of care
- LPNs are authorized to treat respiratory distress in a known asthmatic, anaphylaxis and hypoglycemia

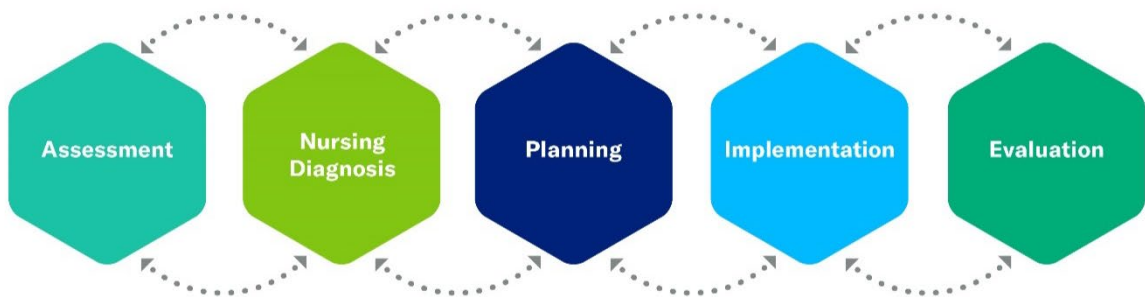
3. LPNs are authorized to carry out restricted activities, and need to know which restricted activities require an order and which restricted activities do not.

Nursing Diagnosis

In the 2015 Regulation, LPNs are authorized to make a nursing diagnosis *without an order*. If the LPN is determining the appropriate care for a client, the LPN must first make a nursing diagnosis of a condition as the cause of the client's signs or symptoms.

All LPNs perform assessment as part of the nursing process; however, autonomously making a nursing diagnosis about the cause of a client's condition and autonomously determining what nursing interventions will improve or resolve the client's condition will be new for some LPNs.

Figure 2: The nursing process



Standards, Limits & Conditions

BCCNM standards, limits, and conditions for LPN practice complement the Regulation and further define the [LPN scope of practice](#) set out in the Regulation. Limits and conditions build on entry-level LPN competencies. BCCNM sets limits and conditions to describe restrictions on activities that are part of the LPN scope of practice. Some limits and conditions include the term “only”. Others say “LPNs do not....” The intent is to clarify limits on LPN practice.

BCCNM uses three regulatory mechanisms to establish limits and conditions on LPN practice:

1. Additional education
2. Formal post-basic education
3. Other supports

Employer Assessment of *Existing* LPN Competence

Employers provide organizational supports and systems necessary for LPNs to meet BCCNM’s Standards of Practice.

An employer may assess and validate an LPN’s competence to carry out an activity as a way to ensure safe care, while avoiding any service interruption.

If an LPN is *already carrying out* activities that require additional education or formal post-basic education, employers may assess the LPN’s existing competence **to identify any gaps and decide what supports are needed to close those gaps. Employers may choose to develop** their own additional education (see BCCNM’s [Additional Education Resource](#)); however, for activities that require formal post-basic education, it may be more appropriate for the LPN to seek support from an institution that offers the education needed to acquire the necessary competencies.

SCOPE OF PRACTICE STANDARDS FOR LICENSED PRACTICAL NURSES

Autonomous Scope of Practice and Client-specific Orders

Scope of Practice Standards establish the standards, limits, and conditions for licensed practical nurses’ practice. These scope of practice standards link to other standards, policies, and [bylaws of BCCNM](#) and all [legislation](#) relevant to licensed practical nursing practice.

For the purposes of these scope of practice standards, the “LPN Regulation” refers to the [Nurses \(Licensed Practical\) Regulation](#) which applies to licensed practical nurses in British Columbia.

Organizations establish processes, supports, and resources such as policies, procedures and decision support tools to ensure that licensed practical nurses meet the standards of practice set out by BCCNM.

Introduction

These scope of practice standards outline the requirements for licensed practical nurses providing client care in the following ways:

- Acting within autonomous scope of practice
- Acting with client-specific orders

Licensed practical nurses may provide care to clients by:

- acting within autonomous scope of practice when carrying out:
 - non-restricted activities, and
 - restricted activities within section 6 (restricted activities that do not require an order) of the *Nurses (Licensed Practical) Regulation*.
- acting on a client-specific order from a listed health professional for a restricted activity included in section 7 (restricted activities that require an order) of the *Nurses (Licensed Practical) Regulation*.
- acting on a client-specific order from a non-listed health professional for an activity that is within the licensed practical nurse's autonomous scope of practice and the licensed practical nurse's individual competence

Standards for Acting within Autonomous Scope of Practice

Introduction

Scope of practice refers to the activities that licensed practical nurses are educated and authorized to perform. **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 educated, competent, and allowed to perform without a client-specific order.

To ensure they are providing safe care, licensed practical nurses need to know when they are allowed to act within autonomous scope of practice and when they require a client-specific order before performing an activity.

The [*Nurses \(Licensed Practical\) Regulation*](#) allows licensed practical nurses to make a nursing diagnosis that identifies a condition – not a disease or disorder – as the cause of a client's signs or symptoms. Licensed practice nurses diagnose and determine a plan of care for a variety of conditions that can be improved, resolved, or prevented with nursing activities. Other conditions may be stabilized or improved by licensed practical nurses but require the involvement of another health professional to diagnose and treat the underlying disease or disorder.

The [Nurses \(Licensed Practical\) Regulation](#) lists restricted activities that are allowed to be performed by licensed practical nurses. Restricted activities are clinical activities that pose a significant risk of harm to the public. These include restricted activities that 'do not require an order' (**Section 6** of the Regulation) and restricted activities that 'require an order' (**Section 7** of the Regulation). Some restricted activities are listed under section 6 and also under section 7 of the Regulation. The [BCCNM Scope of Practice for Licensed Practical Nurses – Standards Limits Conditions](#) provides additional details about Section 6 and Section 7 restricted activities.

Before acting within autonomous scope of practice, licensed practical nurses need to consider **all four controls on practice** to ensure they are allowed to perform the activity: 1) The *Nurses (Licensed Practical) Regulation*; 2) BCCNM standards of practice including standards, limits, and conditions; 3) organizational/employer policies, processes, and restrictions; and 4) the nurse's individual competence.

Autonomous scope of practice includes:

- The performance of **restricted activities** that are listed in **section 6** of the *Nurses (Licensed Practical) Regulation*, unless the activity is prohibited by any BCCNM standard, limit, or condition. These restricted activities do not require an order from a health professional who is listed² in the Regulation.
- The provision of other care or services that are **not restricted activities**, unless the care or services are excluded from autonomous scope of practice by any BCCNM standard, limit, or condition.

Autonomous scope of practice does **not** include:

- The performance of **restricted activities** that are listed in **section 7** of the *Nurses (Licensed Practical) Regulation* (to the extent the care provided is not within the activities listed in section 6 of the Regulation). These are restricted activities that require an order from a health professional who is listed in the Regulation.
- The provision of other care or services, including restricted or non-restricted activities, that are prohibited or otherwise excluded from autonomous scope of practice by:
 - any BCCNM standard, limit, or condition, or
 - organizational/employer policies, processes, or restrictions.
- The provision of a service that is prohibited by other legislation (see [Legislation Relevant to Nurses' Practice](#)).

² Listed health professionals include physicians, nurse practitioners, registered nurses (with or without certified practice), registered psychiatric nurses, dentists, midwives, naturopaths, podiatrists, and pharmacists.

Principles

1. Licensed practical nurses are accountable and responsible when they make a decision that the client's condition³ would benefit from an activity and act within autonomous scope of practice to perform the activity.
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 LPNs acting without a client-specific order as set out in the *Nurses (Licensed Practical) Regulation*,
 - b. Consistent with BCCNM's standards of practice including standards, limits, and conditions,
 - c. Consistent with organizational/employer policies, processes, restrictions, and
 - d. Within the nurse's 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. the known risks and benefits to the client,
 - ii. the predictability of outcomes of performing the activity, and
 - iii. 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. 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.
5. Licensed practical nurses acting within autonomous scope of practice use current evidence to support their decision-making and the activity to be performed.
6. Licensed practical nurses acting within autonomous scope of practice follow a clinical decision-making process when they:
 - a. Assess the client's health status,

³ Based on their assessment of the client, licensed practical nurses make a clinical judgement (a nursing diagnosis) of a condition as the cause of the client's signs and symptoms.

- b. Make a nursing diagnosis⁴ of a client 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 palliate an illness or injury and/or improve, ameliorate, or resolve a condition,
 - f. Change or cancel a client-specific order for activities within the nurse's autonomous scope of practice,
 - g. Manage the intended and unintended consequences of carrying out the activity,
 - h. Manage and evaluate the outcomes of the activity.
7. Licensed practical nurses acting within autonomous scope of practice communicate and collaborate with the client (or their substitute decision-maker) 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.
8. Licensed practical nurses acting within autonomous scope of practice communicate and collaborate with the health care team about nursing diagnoses, decisions, actions, and outcomes.
9. 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.
10. 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.
11. Before performing an activity within autonomous scope of practice, licensed practical nurses consider available resources and human and system factors that may impact their ability to safely perform the activity and to manage intended and unintended outcomes of the activity.

⁴ Nursing diagnosis: a clinical judgment of an individual's mental or physical condition to determine whether the condition can be ameliorated or resolved by appropriate interventions of the nurse to achieve outcomes for which the nurse is accountable: *Nurses (Licensed Practical) Regulation*.

Limits & Conditions: Restricted Activities that Do Not Require an Order

While LPNs are solely responsible and accountable for their own practice, they have a greater responsibility when acting within autonomous scope of practice (performing an activity without an order from an [authorized health professional](#)). LPNs follow BCCNM's [Standards for Acting within Autonomous Scope of Practice](#).

LPNs may choose to seek advice from other health professionals even when an activity, such as making a nursing diagnosis or performing wound care, is within the [Autonomous Scope of Practice](#) of LPNs.

| Restricted Activities without Orders | BCCNM Limits and Conditions |
|---|--|
| 1. <i>Make a nursing diagnosis identifying a condition as the cause of the signs and symptoms of an individual</i> | None |
| 2. <i>For the purpose of wound care other than the suturing of skin lacerations, perform a procedure on tissue below the dermis or below the surface of a mucous membrane</i> | <p>LPNs provide wound care if a wound care treatment plan is in place.</p> <p>LPNs probe, irrigate, pack or dress a tunneled wound:</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) By following decision support tools <p>LPNs <i>do not</i> carry out any form of sharps debridement including conservative sharps wound debridement (CSWD).</p> |
| 3. <i>Administer, by inhalation, oxygen or humidified air</i> | <p>LPNs administer oxygen:</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) By following decision support tools |
| 4. <i>Administer purified protein derivative by injection, for the purpose of tuberculosis screening</i> | <p>LPNs 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"> a) Possess the competencies for tuberculosis (TB) screening established by BC Centre for Disease Control (BCCDC) b) Follow BCCDC decision support tools |

| Restricted Activities without Orders | BCCNM Limits and Conditions |
|---|--|
| <p>5. <i>For the purpose of assessment, put an instrument, or a device or finger</i></p> <p><i>a. into the external ear canal up to the ear drum, or</i></p> <p><i>b. beyond the anal verge</i></p> | None |
| <p>6. <i>For the purpose of assessment or ameliorating or resolving a condition, put an instrument or a device or finger beyond the anal verge</i></p> | <p>LPNs carry out digital stimulation or rectal disimpaction:</p> <p>a) After successfully completing additional education</p> <p>b) By following decision support tools</p> |
| <p>7. <i>For the purpose of providing personal hygiene care, put an instrument or a device, hand or finger beyond the labia majora up to the cervix</i></p> | None |
| <p>8. <i>Put a wearable hearing instrument, or part of or an accessory for it, into the external ear canal, up to the eardrum</i></p> | None |
| <p>9. <i>For the purpose of assessment, put into the external ear canal, up to the eardrum, air that is under pressure no greater than the pressure created by the use of an otoscope</i></p> | <p>LPNs assess the integrity of the eardrum after successfully completing additional education.</p> <p>Also see Restricted Activities with Orders #9 and #16</p> |
| <p>10. <i>Apply ultrasound for the purpose of</i></p> <p><i>a. bladder volume measurement; or</i></p> <p><i>b. blood flow monitoring</i></p> | None. |

| Restricted Activities without Orders | BCCNM Limits and Conditions |
|---|--|
| 11. <i>Apply electricity using an automatic external defibrillator, for the purpose of defibrillation in the course of emergency cardiac care</i> | LPNs use automated external defibrillators (AEDs) after successfully completing a cardiopulmonary resuscitation (CPR) course for health professionals that includes the use of AEDs. |
| 12. <i>Apply electricity for the purpose of providing transcutaneous electrical nerve stimulation</i> | LPNs apply transcutaneous electrical nerve stimulation (TENS) after successfully completing additional education . |
| 13. <i>In respect of a drug specified in Schedule I or II of the Drug Schedules Regulation, compound, dispense or administer the drug by any method for the purpose of treating anaphylaxis</i> | <p>LPNs diagnose and treat anaphylaxis:</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) By following decision support tools <p>LPNs only administer Epinephrine to treat anaphylaxis.</p> |
| 14. <i>In respect of a drug specified in Schedule I or II of the Drug Schedules Regulation, compound, dispense or administer the drug by any method for the purpose of treating respiratory distress in a known asthmatic</i> | <p>LPNs treat respiratory distress in a known asthmatic:</p> <ul style="list-style-type: none"> a) In a team approach b) With an order from an authorized health professional |
| 15. <i>In respect of a drug specified in Schedule I or II of the Drug Schedules Regulation compound, dispense or administer the drug by any method for the purpose of treating hypoglycemia</i> | <p>LPNs who make a nursing diagnosis and treat hypoglycemia follow decision support tools</p> <p>LPNs only administer Glucagon to treat hypoglycemia.</p> |
| 16. <i>In respect of a drug specified in Schedule I or II of the Drug Schedules Regulation compound, dispense or administer the drug by any method for the purpose of preventing disease using immunoprophylactic agents</i> | <p>LPNs who autonomously compound or administer immunoprophylactic agents, in a team approach, for the purpose of preventing disease:</p> <ul style="list-style-type: none"> a) Administer immunoprophylactic agents to clients four years of age and older who have stable or predictable states of health |

| Restricted Activities without Orders | BCCNM Limits and Conditions |
|---|--|
| | <p>b) Successfully complete the additional education established by the BC Centre for Disease Control.</p> <p>c) Follow the decision support tools established by the BC Centre for Disease Control.</p> <p>LPNs <i>do not autonomously</i> compound, dispense or administer immunoprophylactic agents for the purpose of preventing disease in travelers.</p> |
| <p>17. <i>In respect of a drug specified in Schedule II of the Drug Schedules Regulation compound, dispense or administer the drug orally, intranasally or by intramuscular or subcutaneous injection</i></p> | <p>LPNs compound, dispense or administer Schedule II drugs to treat a disease or disorder with an order from an authorized health professional.</p> <p>See limits and conditions for Medical Aesthetics.</p> |

Standards for Acting with Client-Specific Orders

Introduction

For public safety, licensed practical nurses need to know which activities they are allowed to perform within their autonomous scope of practice and which activities require a client-specific order before they are allowed to perform them. Licensed practice nurses also need to know which health professionals are authorized to give a client-specific order that they are allowed to act with.

A **client-specific order** is an instruction or authorization given by a regulated health professional for a nurse to provide care for a specific client, whether or not the care or service includes a restricted activity or a non-restricted activity. A consultation, referral or professional recommendation is not an order.

The **client-specific order** must:

- be documented in the client's permanent record by the regulated health professional giving the client-specific order,
- include all the information needed for the ordered activity to be carried out safely (e.g., time, frequency, dosage), and
- include a written/electronic signature.

The *Nurses (Licensed Practical) Regulation* lists restricted activities that are allowed to be performed by licensed practical nurses. Restricted activities are clinical activities that pose a significant risk of harm to the public. These include restricted activities that 'do not require an order' (**Section 6** of the Regulation) and restricted activities that 'require an order' (**Section 7** of the Regulation). Some restricted activities are listed under section 6 and also under section 7 of the Regulation. The *BCCNM Scope of Practice for Licensed Practical Nurses – Standards Limits Conditions* provides additional details about Section 6 and Section 7 restricted activities.

Licensed practical nurses need to consider **all four controls on practice** to determine whether they require a client-specific order before performing an activity:

- The Nurses (Licensed Practical) Regulation
- BCCNM standards of practice
- Organizational/employer policies, processes, and restrictions
- The nurse's individual competence.

A licensed practical nurse may act with a **client-specific order** given by a '**listed health professional**' or a '**non-listed health professional**':

- A **listed health professional**⁵ is a health professional listed in the *Nurses (Licensed Practical) Regulation* as authorized to give an order for a restricted activity to be performed by a licensed practical nurse. **Only these health professionals** are authorized to give orders for activities listed in **section 7** ('restricted activities that require an order') of the Regulation⁶ that allow the licensed practical nurse to perform that activity. **Listed health professionals** are physicians, nurse practitioners, registered nurses (with or without certified practice), registered psychiatric nurses, dentists, midwives, naturopaths, podiatrists, and pharmacists.
- A **non-listed health professional** is a health professional who is **NOT** listed in the *Nurses (Licensed Practical) Regulation*. **A non-listed health professional is not authorized to give orders for restricted activities in section 7 of the Regulation.**⁶ However, depending on organizational/employer policies and processes, they may give orders for activities that are within the licensed practical nurse's autonomous scope of practice. Non-listed health professionals have specialized competence within their profession's scope of practice and individual competence that allows them to assess a client and to design or recommend care to meet the client's needs. An example of a non-listed health professional is a dietitian.

Principles

1. Licensed practical nurses require a client-specific order from a **listed health professional** to perform any restricted activity listed in **section 7** (restricted activities that require an order) of the *Nurses (Licensed Practical) Regulation* (to the extent the care provided is not within the activities or related limits and conditions listed in section 6 of the *Nurses (Licensed Practical) Regulation*).
2. Licensed practical nurses acting with a client-specific order ensure the ordered activity is:
 - a. within the scope of practice as set out in the *Nurses (Licensed Practical) Regulation*,
 - b. consistent with standards, limits and conditions established by BCCNM,
 - c. consistent with organizational/employer policies, processes, and restrictions, and
 - d. within their individual competence.
3. Licensed practical nurses acting with a client-specific order ensure that they have the competence to:
 - a. perform the activity safely and ethically,
 - b. manage the intended outcomes of the activity, and
 - c. recognize unintended outcomes of the activity and implement a plan for dealing with these unintended outcomes.

⁵ A listed health professional must be registered to practise in British Columbia, except where the client has been transferred from Alberta, Yukon or the Northwest Territories for emergency treatment in British Columbia. In addition, an order for a licensed practical nurse to cast a fracture of a bone may only ever be given by a physician or nurse practitioner who registered in British Columbia.

⁶ To the extent the activity is not within the activities or related limits and conditions listed in section 6 of the Regulation.

4. Licensed practical nurses acting with a client-specific order ensure that the order:
 - a. is client-specific,
 - b. is clear and complete,
 - c. is documented, legible, dated and signed with a written/electronic signature, and
 - d. contains enough information for the nurse to carry it out safely.
5. Licensed practical nurses accept a verbal or telephone client-specific order only when there is no reasonable⁷ alternative, according to organizational/employer policies and processes, and when doing so is in the best interest of the client. Nurses repeat the client-specific order back to the ordering health professional to confirm its accuracy and promptly document the order.
6. Licensed practical nurses conduct assessments to ensure that the client's condition continues to warrant the activity before acting with a client-specific order.
7. Licensed practical nurses may not change or cancel a client-specific order given by a listed health professional when the activity is outside of the nurse's autonomous scope of practice or the nurse's individual competence.
8. Licensed practical nurses communicate and collaborate with the health professional (or their delegate) who gave the client-specific order, follow organizational/employer policies and processes, take action as needed, and document in the client record, when:
 - a. the ordered activity may no longer be appropriate because the client's condition, needs or wishes have changed (e.g. to 'hold' the order),
 - b. they are not able to carry out a client-specific order,
 - c. the client-specific order does not appear to consider a client's individual characteristics, values/beliefs, and preferences,
 - d. the client-specific order does not appear to reflect current evidence or be in the best interest of the client,
 - e. they change or cancel a client-specific order for activities that are within their autonomous scope of practice, or
 - f. the safeguards and resources are not available to manage the outcomes of performing the activity, including reasonably foreseeable unintended outcomes.
9. Licensed practical nurses follow the standards for *Acting within Autonomous Scope of Practice* when they change or cancel a client-specific order that is within their autonomous scope of practice and individual competence.

⁷ "Reasonable" refers to the common understanding that registrants of BCCNM would have as to what is appropriate in the situation.

10. Licensed practical nurses are responsible and accountable for any changes or cancellations they make to a client-specific order that is within their autonomous scope of practice and individual competence.
11. Licensed practical nurses obtain a client-specific order to perform an activity or provide care or a service that is within their autonomous scope of practice when:
 - a. It is required by organizational/employer policies, processes, or restrictions,
 - b. there are insufficient organizational/employer supports, processes and resources in place (such as decision support tools or clinical practice documents) to enable the nurse to meet BCCNM standards, limits, or conditions related to the activity, care or service, or
 - c. the nurse does not have the individual competence to make a nursing diagnosis or carry out an assessment to determine whether the client would benefit from the activity, care or service, but is competent to carry out the activity .
12. Licensed practical nurses **ONLY** act with a client-specific order from a **non-listed health professional** when:
 - a. the activity is within the nurse's **autonomous scope of practice**,
 - b. the nurse is able to meet BCCNM standards, limits, or conditions related to the activity,
 - c. the activity is within the nurse's individual competence, and
 - d. organizational/employer policies, and processes exist that:
 - i. clarify the accountability and responsibility of the nurse and the non-listed health professional, and
 - ii. outline the requirements for the non-listed health professional to complete an assessment and to ensure that the ordered activity is in the best interest of the client.

Limits & Conditions: Restricted Activities that Require an Order

LPNs require a client-specific order from an [authorized health professional](#) to carry out certain [restricted activities](#). The health professional giving the order must be authorized to perform the [restricted activity](#) *without* an order (that is, within their autonomous scope of practice), and the [restricted activity](#) must be within the LPN [scope of practice and permitted by employer policy](#). When acting *with* an order, LPNs follow BCCNM's [Standards for Acting with Client-Specific Orders](#).

| Restricted Activities with Orders | BCCNM Limits and Conditions |
|---|---|
| <p>1. <i>Perform a procedure on tissue below the dermis or below the surface of a mucous membrane</i></p> | <p>Peritoneal Dialysis</p> <p>LPNs carry out peritoneal dialysis:</p> <ul style="list-style-type: none"> a) For clients with stable or predictable states of health b) After successfully completing additional education <p>Phlebotomy</p> <p>LPNs perform phlebotomy:</p> <ul style="list-style-type: none"> a) To collect blood samples from clients 14 years of age and older b) After successfully completing additional education c) By following decision support tools d) By using a peripheral evacuated system <p>Wound Care</p> <p>LPNs apply compression therapy, provide negative pressure wound therapy (vacuum assisted closure (VAC), or carry out maggot debridement therapy:</p> <ul style="list-style-type: none"> a) If a wound care treatment plan is in place b) After successfully completing additional education c) By following decision support tools <p>LPNs <i>do not</i> carry out any form of sharps debridement including conservative sharps wound debridement (CSWD).</p> |
| <p>2. <i>Cast a fracture of a bone</i></p> | <p>LPNs apply casts for a fracture of a bone:</p> <ul style="list-style-type: none"> a) With a client-specific order from a medical practitioner or nurse practitioner registered in BC* |

| Restricted Activities with Orders | BCCNM Limits and Conditions |
|--|---|
| | <p>b) After successfully completing additional education</p> <p>**Licensed practical nurses may only act on a client-specific order to cast a fracture of a bone given by a medical practitioner or nurse practitioner who is registered in British Columbia as per the Nurses (Licensed Practical) Regulation section 7(3).</p> |
| 3. <i>Administer a substance by injection</i> | See limits and conditions for Medical Aesthetics . |
| 4. <i>Administer a substance by inhalation</i> | <p>LPNs <i>do not</i>:</p> <ul style="list-style-type: none"> a) Administer nitrous oxide b) Monitor clients taking nitrous oxide c) Administer inhaled substances for purposes of anaesthesia or procedural (conscious) sedation <p>LPNs work in a team nursing approach to provide care and monitor clients under:</p> <ul style="list-style-type: none"> a) General anesthesia b) Procedural sedation |
| 5. <i>Administer a substance by mechanical ventilation</i> | <p>LPNs care for clients requiring mechanical ventilation:</p> <ul style="list-style-type: none"> a) With stable or predictable states of health b) After successfully completing additional education <p>LPNs provide care to clients who use continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BPAP) after successfully completing additional education.</p> |
| 6. <i>Administer a substance by irrigation</i> | <p>LPNs <i>do not</i> irrigate ostomies.</p> <p>LPNs irrigate only those percutaneous tubes they are permitted to irrigate at entry-level.</p> |
| 7. <i>Administer a substance by enteral or parenteral instillation</i> | <p>LPNs:</p> <ul style="list-style-type: none"> a) Change IV bags infusing via peripheral access (not central venous access) b) Monitor clients receiving blood or blood products in a team nursing approach |

| Restricted Activities with Orders | BCCNM Limits and Conditions |
|---|---|
| | <p>c) Provide care to clients receiving parenteral nutrition in a team nursing approach</p> <p>LPNs <i>do not</i>:</p> <ul style="list-style-type: none"> a) Start transfusions of blood or blood products b) Start or monitor parenteral nutrition c) Administer radiopaque dyes via parenteral instillation d) Access central venous access devices or central venous lines <p>Also see hemodialysis for exceptions</p> |
| <p>8. <i>For the purpose of establishing intravenous access, maintaining patency or managing hypovolemia</i></p> <ul style="list-style-type: none"> a. <i>perform venipuncture, or</i> b. <i>administer a solution by parenteral instillation</i> | <p>LPNs start IVs:</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) Using a short peripheral device <p>LPNs:</p> <ul style="list-style-type: none"> a) Administer parenteral solutions to clients with stable or predictable states of health b) Change IV bags infusing via peripheral access (not central venous access) <p>Also see hemodialysis for exceptions</p> |
| <p>9. <i>Put an instrument or a device, hand or finger into the external ear canal, up to the eardrum</i></p> | <p>LPNs <i>do not</i> insert a curette or other instrument into the external ear canal to remove:</p> <ul style="list-style-type: none"> a) Foreign objects b) Earwax |
| <p>10. <i>Put an instrument or a device, hand or finger beyond the point in the nasal passages where they normally narrow</i></p> | <p>LPNs suction the nasal passages beyond the point where they normally narrow after successfully completing additional education.</p> <p>LPNs <i>do not</i>:</p> <ul style="list-style-type: none"> a) Insert nasogastric (NG) tubes b) Insert orogastric (OG) tubes |

| Restricted Activities with Orders | BCCNM Limits and Conditions |
|---|---|
| | c) Carry out nasopharyngeal washes |
| 11. <i>Put an instrument or a device, hand or finger beyond the pharynx</i> | LPNs <i>do not</i> insert laryngeal mask airways (LMAs). Also see Restricted Activities with Orders #15 |
| 12. <i>Put an instrument or a device, hand or finger beyond the opening of the urethra</i> | LPNs insert coude tip catheters after successfully completing additional education . |
| 13. <i>Put an instrument or a device, hand or finger beyond the labia majora</i> | LPNs remove vaginal packing after successfully completing additional education . LPNs insert or remove pessaries after successfully completing additional education . LPNs <i>do not</i> : a) Insert vaginal packing b) Carry out pelvic or vaginal examinations c) Perform cervical cancer screening d) Insert an instrument, substance or medication into or beyond the cervix. |
| 14. <i>Put an instrument or a device, hand or finger beyond the anal verge</i> | LPNs insert tubes into the rectum: a) After successfully completing additional education b) By following decision support tools LPNs <i>do not</i> insert or advance scopes for rectal/bowel examinations. |
| 15. <i>Put an instrument or a device, hand or finger into an artificial opening into the body</i> | LPNs provide tracheostomy care to clients: a) With well-established tracheostomies b) After successfully completing additional education LPNs carry out digital examination of colostomies for clients: a) With well-established stomas b) After successfully completing additional education |

| Restricted Activities with Orders | BCCNM Limits and Conditions |
|--|--|
| | <p>LPNs insert suprapubic catheters and gastrostomy tubes for clients:</p> <ul style="list-style-type: none"> a) With well-established stomas b) After successfully completing additional education |
| <p>16. <i>Put into the ear canal, up to the eardrum, a substance that is under pressure</i></p> | <p>None</p> |
| <p>17. <i>Apply ultrasound for diagnostic or imaging purposes, except that ultrasound may be applied to a fetus only for the purpose of fetal heart monitoring</i></p> | <p>LPNs <i>do not</i> carry out:</p> <ul style="list-style-type: none"> a) Fetal heart monitoring using an intermittent Doppler, or any related activities including palpation and auscultation of the fetal heart <p>Also see antenatal care</p> |
| <p>18. <i>In respect of a drug specified in Schedule I, IA or II of the Drug Schedules Regulation, compound, dispense or administer the drug</i></p> | <p>The LPN Regulation (Section 7) permits LPNs to compound, dispense, and administer medications listed in Schedule I, IA or II of the provincial drug schedules with a client-specific order from an authorized (listed) health professional.</p> <p>LPNs change IV bags containing potassium chloride (KCL) infusing via peripheral access (not central venous access), when the IV bag has been compounded commercially or by a pharmacy.</p> <p>LPNs administer IV medications after successfully completing additional education.</p> <p>LPNs <i>do not</i> administer:</p> <ul style="list-style-type: none"> a) IV push medications b) IV medications through a central venous access device c) Intrathecal medications d) Intra-osseous medications e) Medications into epidural spaces f) Medications into perineural spaces |

| Restricted Activities with Orders | BCCNM Limits and Conditions |
|--|---|
| | <p>g) Inhaled substances or medications for purposes of anaesthesia or procedural sedation</p> <p>LPNs work in a team nursing approach to provide care and monitor clients under:</p> <ul style="list-style-type: none"> a) General anesthesia b) Intrathecal anesthesia c) Epidural anesthesia d) Procedural sedation <p>Also see:</p> <ul style="list-style-type: none"> • Medical Aesthetics • Hemodialysis for exceptions • Restricted Activities without Orders #16 and #17 |
| 19. <i>If nutrition is administered by enteral instillation, compound or dispense a therapeutic diet</i> | None |

Limits & Conditions: Non-Restricted Activities

The following activities are part of LPN scope of practice and are not restricted; however, they may carry a significant degree of risk if they are not performed safely. When acting within autonomous scope of practice ('without an order'), LPNs follow BCCNM's *Standards for Acting within Autonomous Scope of Practice*. When acting *with an order*, LPNs follow BCCNM's *Standards for Acting with Client-specific Orders*.

| Non-Restricted Activities | BCCNM Limits and Conditions |
|--|---|
| 1. <i>Applying a restraint</i> | LPNs apply restraints when an order from an authorized health professional is in place. |
| 2. <i>Taking an electrocardiogram</i> | LPNs take electrocardiograms (ECGs): <ul style="list-style-type: none"> a) After successfully completing additional education b) When a health care professional authorized to read the ECG is immediately available LPNs <i>are not</i> responsible for reading or interpreting ECG results. |
| 3. <i>Caring for a client on telemetry</i> | LPNs work in a team nursing approach to provide care for clients on telemetry: <ul style="list-style-type: none"> a) With stable or predictable states of health b) After successfully completing additional education LPNs <i>are not</i> responsible for monitoring or interpreting telemetry readings. |
| 4. <i>Changing a chest tube dressing</i> | LPNs change chest tube dressings: <ul style="list-style-type: none"> a) For clients with stable or predictable states of health b) After successfully completing additional education c) By following decision support tools |
| 5. <i>Changing a dressing on a central venous line</i> | LPNs <i>do not</i> change dressings on central venous access devices or central venous lines. Also see hemodialysis for exceptions |
| 6. <i>Measuring a visible central venous line</i> | LPNs measure a visible central venous line on clients with stable or predictable states of health. Also see hemodialysis for exceptions |

| Non-Restricted Activities | BCCNM Limits and Conditions |
|---|--|
| 7. <i>Performing Human Immunodeficiency Virus Point of Care Testing</i> | <p>LPNs perform Human Immunodeficiency Virus (HIV) point of care testing (POCT):</p> <ul style="list-style-type: none"> a) After successfully completing additional education b) By following established organizational processes and procedures for HIV POCT c) When an authorized health professional is available for consultation and referral |
| 8. <i>Performing skin and wound care above the dermis</i> | <p>LPNs who make a nursing diagnosis and treat reddened skin, skin tears and wounds above the dermis, without an order, follow decision support tools.</p> |
| 9. <i>Preparing and giving an unscheduled drug</i> | <p>LPNs compound, dispense and administer naloxone without an order, when used to treat an opioid overdose emergency.</p> |

Limits & Conditions: Other Practice Settings

BCCNM has developed limits and conditions for specific practice settings that are less common for LPNs. To work in these settings, LPNs need additional education or formal post-basic education.

| Practice Setting | BCCNM Limits and Conditions |
|----------------------------------|---|
| <p>1. <i>Ambulatory Care</i></p> | <p>LPNs working in ambulatory care clinics or offices where surgical procedures are performed:</p> <ol style="list-style-type: none"> a) Require a unit orientation that is consistent with LPN entry-level competencies b) Assist with surgical procedures: <ul style="list-style-type: none"> • After successfully completing additional education • When an authorized health professional is immediately available <p>LPNs <i>do not</i> administer:</p> <ol style="list-style-type: none"> a) IV push medications b) IV medications through a central venous access device, or a central venous line c) Intrathecal medications d) Intra-osseous medications e) Medications into epidural spaces f) Medications into perineural spaces g) Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation <p>LPNs work in a team nursing approach to provide care and monitor clients under:</p> <ol style="list-style-type: none"> a) General anesthesia b) Intrathecal anesthesia c) Epidural anesthesia d) Procedural sedation <p>LPNs 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 |
|--------------------------|---|
| 2. <i>Antenatal Care</i> | <p>LPNs working in antenatal clinics require a unit orientation consistent with LPN entry-level competencies.</p> <p>LPNs provide antenatal care:</p> <ul style="list-style-type: none"> a) To healthy women with an uncomplicated pregnancy b) In a team approach with medical practitioners, midwives, registered nurses and/or nurse practitioners <p>Also see Restricted Activities with Orders #17</p> |
| 3. <i>Emergency Room</i> | <p>LPNs working in emergency rooms require a unit orientation that is consistent with LPN entry-level competencies.</p> <p>LPNs <i>do not</i> triage clients in emergency rooms (ERs).</p> <p>LPNs work in a team nursing approach to provide care for clients with stable or predictable states of health</p> <p>Also see Non-Restricted Activities #2 and #3</p> |
| 4. <i>Hemodialysis</i> | <p>LPNs working in hemodialysis settings carry out hemodialysis:</p> <ul style="list-style-type: none"> a) For clients with stable or predictable states of health b) After successfully completing post-basic education through an in-house program offered by a health authority affiliated with BC Renal c) By following decision support tools established by a health authority affiliated with BC Renal d) When a registered nurse is immediately available e) Using an arteriovenous (AV) fistula or AV graft <p>LPNs working in hemodialysis settings manage, access and maintain central venous lines and central venous access devices used specifically for hemodialysis by:</p> <ul style="list-style-type: none"> a) Changing dressings on central venous access lines specific to dialysis access only b) Measuring visible central venous access lines specific to dialysis access only c) Carrying out dialysis through a central venous access line specific to dialysis access only |

| Practice Setting | BCCNM Limits and Conditions |
|---|--|
| | <p>LPNs working in hemodialysis settings administer solutions, substances and Schedule I, IA, II and III drugs by any route, including intravenous and IV push, as part of routine hemodialysis procedures.</p> <p>LPNs working in hemodialysis settings <i>do not</i> administer:</p> <ul style="list-style-type: none"> a) Intrathecal medications b) Intra-osseous medications c) Medications into epidural spaces d) Medications into perineural spaces e) Inhaled substances or medications for purposes of anaesthesia or procedural (conscious) sedation <p>LPNs working in hemodialysis settings monitor clients receiving blood or blood products in a team nursing approach.</p> <p>LPNs working in hemodialysis settings do not start transfusions of blood or blood products.</p> |
| 5. <i>Medical Aesthetics</i> ⁸ | <p>LPNs successfully complete additional education⁹ before providing medical aesthetic procedures.</p> <p>LPNs administering injectable drugs or substances or implantable devices for medical aesthetic purposes only do so:</p> <ul style="list-style-type: none"> a) with a client-specific order from a health professional¹⁰, and b) 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. |

⁸ "Medical aesthetics" refers to elective non-surgical outpatient clinical procedures that include the performance of a restricted activity (activities listed in sections 6 and 7 of the Nurses (Licensed Practical) Regulation) and are primarily intended to alter or restore a person's appearance.

⁹ "Additional education" is structured education (e.g., a workshop, course or program of study) designed so that LPNs can attain the competencies required to carry out a specific activity as part of LPN practice. Additional education builds on the entry-level competencies of LPNs, identifies the competencies expected of LPNs, includes both theory and application to practice and includes an objective, external evaluation of LPNs' competencies.

¹⁰ "Health professional" has the same meaning as in the Nurses (Licensed Practical) Regulation.

| Practice Setting | BCCNM Limits and Conditions |
|---|---|
| 6. <i>Mental Health and Substance Use</i> | <p>LPNs 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.</p> <p>LPNs 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. <i>Perioperative</i> | <p>LPNs work in a scrub or circulating role in the operating room (OR):</p> <ul style="list-style-type: none"> a) After successfully completing formal post-basic education b) When a registered nurse is immediately available <p>LPNs <i>do not</i> administer:</p> <ul style="list-style-type: none"> a) IV push medications b) IV medications through a central venous access device, or a central venous line c) Intrathecal medications d) Intra-osseous medications e) Medications into epidural spaces f) Medications into perineural spaces g) Inhaled substances or medications for purposes of anaesthesia or procedural () sedation <p>LPNs working in a perioperative setting work in a team nursing approach to provide care and monitor clients under:</p> <ul style="list-style-type: none"> a) General anesthesia b) Intrathecal anesthesia c) Epidural anesthesia d) Procedural sedation |
| 8. <i>Postpartum Care</i> | <p>LPNs working in postpartum settings require a unit orientation consistent with LPN entry-level competencies that includes:</p> <ul style="list-style-type: none"> a) Infant resuscitation as part of a cardiopulmonary resuscitation (CPR) course for health professionals |

| Practice Setting | BCCNM Limits and Conditions |
|------------------|--|
| | <p>b) The Neonatal Resuscitation Program (NRP) modules 1-4 and 9</p> <p>c) Newborn and maternal assessment, including breastfeeding, consistent with the Perinatal Services British Columbia (PSBC) Newborn Clinical Pathway and the Postpartum Clinical Pathway</p> <p>LPNs provide care for mothers and newborns:</p> <p>a) With stable or predictable states of health</p> <p>b) When a registered nurse, nurse practitioner, midwife and/or medical practitioner is immediately available</p> <p>LPNs take heel pricks after successfully completing additional education.</p> |

Restricted Activities Outside the Scope of Practice of LPNs

LPNs only provide care within BCCNM's [scope of practice](#). However, there are two exceptions:

1. in life-threatening emergencies
2. where a formal [delegation](#) process is in place

In life-threatening emergencies, LPNs are ethically obligated to provide the best care they can, given the circumstances and their individual competence. Employers and nurses should not rely on the [emergency exemption](#) when an activity is considered an expectation of practice in a particular setting. The [emergency exemption](#) is meant to deal with situations involving imminent risk of death or serious harm that arise unexpectedly and require urgent action.

The following activities are considered to be outside the LPN [scope of practice](#) and LPNs *do not* carry them out.

LPNs *do not*:

1. Apply electricity to destroy tissue or affect the heart or nervous system (exception: [automated external defibrillators](#))
2. Apply laser that cuts or destroys tissue
3. Administer allergy challenge testing or desensitization treatments

MEDICAL ASSISTANCE IN DYING

Introduction

The [Criminal Code](#) allows a person, under limited circumstances, to request and receive a substance intended to end their life (sections 241.1 – 241.4).

Only two forms of medical assistance in dying (MAiD) are permitted under the Criminal Code:

- the administering by a medical practitioner or nurse practitioner of a substance to a person at their request that causes their death
- the prescribing or providing by a medical practitioner or a nurse practitioner of a substance to a person at their request, for their self-administration that in doing so cause their own death

The role of licensed practical nurses (LPNs) may include:

- providing information
- acting as an independent witness, as described in the [Criminal Code](#)
- acting as a proxy, for a mentally capable client who is physically unable to sign a request for medical assistance in dying
- acting as a witness in a virtual assessment
- aiding a medical practitioner or nurse practitioner in the provision of medical assistance in dying

Licensed practical nurses cannot prescribe, compound, prepare, dispense or administer any substance intended for the purpose of medical assistance in dying. Licensed practical nurses can record information for reference use by the assessor-prescriber¹¹ as needed, but the assessor-prescriber is responsible for documenting the substance they administer or provide in the client's record and medication administration record.

Licensed practical nurses approached about aiding in the provision of medical assistance in dying should speak with their employer for further information about their role in MAiD. Employers may also further limit the role of nurses in MAiD.

The purposeful and intended outcome of medical assistance in dying is to assist a person explicitly requesting assistance in dying to end their life in a respectful, culturally appropriate, safe, ethical, legal and competent manner. Palliative care is care that improves the day-to-day quality of life for a person experiencing a life-limiting illness.

¹¹ A nurse practitioner or medical practitioner who is responsible for completing both an eligibility assessment and providing medical assistance in dying.

Licensed practical nurses have important roles in providing high quality client-centered end of life care. These activities include: advocating for clients, providing information, participating in decision-making, caring for and supporting clients and their families and collaborating with members of the health care team to ensure that clients have their care and information needs met.

The Criminal Code requires that any person requesting medical assistance in dying is informed of the means that are available to relieve their suffering, including palliative care. More specifically, when the client's natural death is not reasonably foreseeable, the Criminal Code requires that this must include information, where appropriate, about counselling services, mental health and disability support services, and community services, as well as palliative care, and that the client must be offered the opportunity to consult with professionals who provide those services or that care. This ensures that the person requesting medical assistance in dying is able to make a fully informed decision about their health care options for end of life care and palliation.

Directing, counselling or recommending a client to end their life remains an offence under the Criminal Code. However, health professionals are permitted to provide information about medical assistance in dying.

Witnessing and Signing MAiD Requests, Acting as a Proxy, and Witnessing Virtual Assessments

Independent Witness for MAiD Requests¹²

The Criminal Code requires that a client's request for MAiD must be made in writing, in the presence of an independent witness who must sign the request.

The role of the independent witness is to provide confirmation of the client's signing and dating of their request for MAiD, and that the client understands what they are signing.

An independent witness must be at least 18 years of age and must understand what it means to request MAiD.

An independent witness can be a paid professional personal or health care worker, other than a nurse practitioner or medical practitioner who completes a required eligibility assessment for the client.

To be considered independent means that the witness **cannot**:

- know or believe that they are a beneficiary under the client's will, or that they will benefit in any other way from the client's death
- be an owner or operator of a health care facility where the client lives or is receiving care
- be a caregiver for the client, unless that is their primary occupation for which they are paid

¹² Health Canada. (2021, March 18). Medical assistance in dying. <https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html>

Acting as a proxy

The Criminal Code also allows another person to sign a client's request MAiD as their proxy, if the client has the mental capacity to make a free and informed decision with respect to their health but is physically unable to sign and date the request. The proxy must sign the request in the client's presence, on the client's behalf, and under the client's express direction.

To be eligible to act as a proxy, a person must:

- be at least 18 years of age
- understand what it means to request MAiD
- not know or believe that they are a beneficiary under the client's will, or that they will benefit in any other way from the client's death

Acting as a Witness to a Virtual Assessment

The medical assistance in dying standards for nurse practitioners and medical practitioners also require the physical attendance of a regulated health professional at a virtual assessment of eligibility, to act as a witness to the assessment. Licensed practical nurses can act in this role, even if they are providing care to the patient.

Licensed practical nurses should seek clarification from their employer before acting in the formal role of an independent witness, acting as a proxy for signing any forms related to medical assistance in dying, or acting as a witness to a virtual assessment.

Conscientious Objection

An LPN may have beliefs and values that differ from those of a client. Nothing in the Criminal Code compels LPNs to aid in the provision of medical assistance in dying. The *Duty to Provide Care* practice standard addresses conscientious objection. This practice standard requires LPNs with a conscientious objection to take all reasonable steps to ensure that the quality and continuity of care for clients seeking or receiving medical assistance in dying are not compromised.

The *Duty to Provide Care* practice standard also requires LPNs with a conscientious objection to notify their organization well before the client is to receive medical assistance in dying. If medical assistance in dying is unexpectedly proposed or requested and no arrangement is in place for alternative providers, that practice standard further requires LPNs to inform those most directly involved of their conscientious objection, and to ensure a safe transfer of care to an alternate provider that is continuous, respectful and addresses the unique needs of a client.

Standards, Limits and Conditions

Standards

1. Licensed practical nurses ensure that a client has access to the information that the client requires to understand all of their options and to make informed decisions about medical assistance in dying and other end-of-life options such as palliative care.
2. Licensed practical nurses assess the cultural and spiritual needs and wishes of the person seeking medical assistance in dying and explore ways the person's needs could be met within the context of the care delivery.
3. Licensed practical nurses work with their organizations and other members of the health care team to ensure that the person requesting or receiving medical assistance receives high quality, coordinated and uninterrupted continuity of care and, if needed, safe transfer of the client's care to another health care provider.
4. Licensed practical nurses who participate in medical assistance in dying, follow legal, legislative, regulatory and organizational requirements for aiding in the provision of medical assistance in dying.
5. Licensed practical nurses may return unused substances intended for the purpose of providing medical assistance in dying to the pharmacy, when asked by the assessor-prescriber. When asked to carry out such a request, licensed practical nurses ensure the drugs are stored securely until transported and are returned to the pharmacy within 72 hours of the MAiD procedure, and they sign any forms normally signed by the assessor-prescriber to note the return of the substances.

Limits and Conditions

1. Licensed practical nurses only aid in the provision of medical assistance in dying and do not act as an assessor or assessor-prescriber¹³ or provide medical assistance in dying to a person (i.e., they do not prescribe, compound, prepare, dispense or administer any substances specifically intended for the purpose of providing medical assistance in dying, nor document the provision of medical assistance in dying).
2. Licensed practical nurses do not receive substances specifically intended for the purpose of providing medical assistance in dying from a pharmacist.
3. Licensed practical nurses do not direct or counsel clients to end their lives.

¹³ Assessor: A nurse practitioner or medical practitioner who is responsible for completing an assessment of the client's eligibility for medical assistance in dying.

Assessor-Prescriber: A nurse practitioner or medical practitioner who is responsible for completing both an eligibility assessment and providing medical assistance in dying by prescribing and (when applicable) administering the substance to be used in MAiD. This role may be referred to by other regulatory colleges as the "prescribing nurse practitioner".

4. Licensed practical nurses participate in activities related to medical assistance in dying only as permitted under the Criminal Code and other legislation, regulations, regulatory college standards, and provincial and organizational policy and procedures.
5. Licensed practical nurses do not act as an independent witness if they:
 - a. provide health care services or personal care to the client, unless they are a paid personal or health care worker who provides those services as their primary occupation.
 - b. own or operate any facility where the client requesting medical assistance in dying resides or is receiving treatment
 - c. know or believe that they are a beneficiary under the client's will, or that they will otherwise receive any financial or other material benefit as a result of the client's death
6. Licensed practical nurses do not act as a proxy for signing any forms related to medical assistance in dying if they know or believe that they are a beneficiary under the will of the client making the request, or that they will receive, in any other way, any financial or other material benefit resulting from the client's death.
7. Licensed practical nurses who aid in the provision of medical assistance in dying successfully complete additional education.
8. Licensed practical nurses who aid in the provision of medical assistance in dying follow the BC provincial decision support tool, in accordance with employer policy.
9. Licensed practical nurses do not aid in the provision of medical assistance in dying for a family member.
10. Licensed practical nurses do not pronounce death related to medical assistance in dying.

Glossary

Accountability: The obligation to answer for the professional, ethical and legal responsibilities of one's activities and actions.

Additional education: Structured education (e.g., a workshop, course or program of study) designed so that LPNs can attain the competencies required to carry out a specific activity as part of LPN practice. Additional education builds on the entry-level competencies of LPNs, identifies the competencies expected of LPNs, includes both theory and application to practice and includes an objective, external evaluation of LPNs' competencies.

Appropriate action: Getting more information from the client, consulting with a colleague or manager or questioning the health professional who gave the order.

Assessment: A process of observation and evaluation of the physical or mental status of an individual. Assessment may involve observing symptoms, but does not include identifying a condition as the cause of these symptoms.

Authorized health professional: A health professional who is regulated, and authorized by the [*Nurses \(Licensed Practical\) Regulation*](#) to give client-specific orders for the performance of activities listed in section 7. Authorized health professionals are dentists, midwives, naturopaths, physicians, podiatrists, pharmacists, registered nurses, registered psychiatric nurses, and nurse practitioners. An authorized health professional must be registered to practise in British Columbia, except where the client has been transferred from Alberta, Yukon or the Northwest Territories for emergency treatment in British Columbia. In addition, an order for a licensed practical nurse to cast a fracture of a bone may only ever be given by a physician or nurse practitioner who is registered in British Columbia.

Available: The LPN has access to an authorized health professional who is:

- a) physically present at the point of care,
- b) not physically present at the point of care, but available within the same location, or
- c) not physically present at the point of care, but available by phone or other electronic means.

Botulinum Toxin Type A products: Includes Botox Cosmetic[®], Xeomin[®] and Dysport[®]. Botulinum Toxin Type A products are considered Schedule I drugs and require a prescription for sale. They are provided to the public by a pharmacist following the diagnosis and professional intervention of a practitioner.

BCCNM condition: The circumstances under which LPNs may carry out an activity.

BCCNM limit: In the context of LPN scope of practice, what LPNs are limited to doing or what they are not permitted to do.

Clinical judgment: Processes that rely on critical thinking and an analysis of evidence to reflect the complex, intuitive and conscious thinking strategies that guide nursing decisions.

Competence: The integration and application of the professional attributes required to perform in a given role, situation or practice setting.

Competencies: The knowledge, skills, attitudes and judgment required to provide safe and ethical care.

Compound: To mix a drug with one or more other ingredients for the purposes of dispensing or administering the drug, or to mix two or more ingredients of a therapeutic diet for the purpose of dispensing or administering the therapeutic diet.

Condition: A condition (e.g., hypoglycemia) may result from a known disease (e.g., diabetes) or disorder (e.g., inability to metabolize glucose) or its treatment.

Conservative sharp wound debridement (CSWD): The removal of loose, soft, necrotic tissue at the interface between non-viable and viable tissue using instruments (e.g., scalpel, scissors, curette) to create a clean wound bed.

Critical inquiry: A process of purposeful thinking and reflective reasoning whereby practitioners examine ideas, assumptions, principles, conclusions, beliefs and actions in the context of nursing practice.

Critical thinking: An active and purposeful problem-solving process that requires LPNs to advance beyond the performance of skills and interventions to provide the best possible care, based on evidence-informed practice (identifying and prioritizing risks and problems, clarifying and challenging assumptions, using an organized approach to assessment, checking for accuracy and reliability of information, weighing evidence, recognizing inconsistencies, evaluating conclusions and adapting thinking).

Decision support tools: Evidence-based documents used by LPNs and other health care professionals to guide their assessment, diagnosis and treatment of client-specific clinical problems.

Delegation: Delegation, under the *Health Professions Act*, refers to delegation of a restricted activity by one regulated health professional to another regulated health professional. Delegation to regulated health professionals occurs when an activity is within the scope of the delegating professional and outside the scope of the professional receiving the delegation. Before the delegation can occur, BCCNM and the regulatory body of the delegating professional must both agree that the activity is appropriate for delegation to LPNs.

Dermal fillers: Some dermal fillers are considered to be substances (i.e., Juvederm, Restylane and other hyaluronic acid, polylactic acid and calcium based dermal fillers), while others are Schedule II drugs (i.e., hyaluronic acid and its salts – preparations in concentrations of 5% or more).

Disease: Any deviation from, or interruption of, the normal structure or function of any body part, organ or system that is manifested by a characteristic set of symptoms and signs and whose etiology, pathology and prognosis may be known or unknown.

Disorder: A disturbance in physical or mental health or functions, malady or dysfunction (i.e., a mild stomach disorder).

Emergency exemption: In situations involving imminent risk of death or serious harm that arise *unexpectedly*, LPNs are ethically obligated to provide the best care they can, given the circumstances and their individual competence. Employers and LPNs should not rely on the emergency exemption when an activity is considered common and expected LPN practice in that setting.

Evidence: Data derived from various sources including research, national guidelines, regulation, policies, consensus statements, expert opinion, historical and experiential information.

Evidence-based (evidence-informed practice): The identification, evaluation and application of evidence to guide practice decisions.

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.

Immediately available: The LPN has access to an authorized health professional who is physically available at the point of care.

Nursing diagnosis: A clinical judgment of an individual's mental or physical condition to determine whether the condition can be ameliorated or resolved by appropriate interventions of the LPN to achieve outcomes for which the LPN is accountable.

Other supports: BCCNM uses this condition to describe other kinds of supports required to promote safe LPN practice. For example, the condition for taking electrocardiograms reads, "LPNs only take electrocardiograms (ECGs) when a health care professional authorized to read the ECG is immediately available." Decision support tools (DSTs) may also be a condition set by BCCNM.

Responsibility: The ability to respond and answer for one's conduct and obligations, to have integrity and be trustworthy and reliable.

Restricted activities: Higher risk clinical activities that must not be performed by any person in the course of providing health services, except members of a regulated profession that has been granted specific legislative authority to do so, based on their education and competencies.

Scope of practice: The activities that LPNs are educated and authorized to perform as set out in the Nurses (Licensed Practical) Regulation and complemented by BCCNM standards, limits and conditions.

Self-regulate: To adhere to registration, standards of practice, ethics and continuing competence requirements, while practising within applicable legislation, regulation and other laws governing nursing.

Standards: Expected behaviours and levels of performance against which actual behaviour and performance can be compared.

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 to jointly review the client's care needs and determine how the care needs will be met between them.

Tracheostomy care: This includes instilling a substance into the tracheostomy to loosen respiratory secretions, suctioning the tracheostomy, changing tracheostomy ties and changing the tracheostomy cannula.

More Information

- [Additional Education Resource](#)
- [British Columbia Centre for Disease Control](#)
- [BCCNM Practice Support](#)
- [BCCNM LPN Practice Standards](#)
- [BCCNM LPN Professional Standards](#)
- [BCCNM LPN Practice Resources](#)
- [Drug Schedules Regulation](#)
- [Entry Level Competencies for Licensed Practical Nurses](#)
- [Health Professions Act](#)
- [Legislation Relevant to Nurses' Practice](#)
- [Nursing News Newsletter](#)
- [Nurses \(Licensed Practical\) Regulation](#)
- [Provincial Skin and Wound Committee](#)

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