

Chapter N 6

STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

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Note: Chapter N 10 as it existed on September 30, 1985 was renumbered Chapter N 6, effective 10-1-85.

N 6.01 Authority and intent. **c1d** This chapter is adopted pursuant to authority of ss. 15.08 c5d cbd, 227.11 and 441.001 c3d and c4d, Stats., and interprets the statutory definitions of professional and practical nursing.

c2d The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; correction in c1d made under s. 13.93 c2md cbd 7., Stats., Register, May, 1990, No. 413; correction in c1d made under s. 13.93 c2md cbd 7., Stats., Register June 2006 No. 606.

N 6.02 Definitions. As used in this chapter,

c1d XAdvanced practice nurse prescriberY means a registered nurse who holds an advance practice nurse prescriber certificate under s. 441.16, Stats.

c1md XBasic nursing careY means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

c2d XBasic patient situationY as determined by an R.N., physician, podiatrist, dentist or optometrist means the following 3 conditions prevail at the same time in a given situation:

cad The patient[s] clinical condition is predictable;

cbd Medical or nursing orders are not changing frequently and do not contain complex modifications; and,

ccd The patient[s] clinical condition requires only basic nursing care.

c3d XComplex patient situationY as determined by an R.N., physician, podiatrist, dentist or optometrist means any one or more of the following conditions exist in a given situation:

cad The patient[s] clinical condition is not predictable;

cbd Medical or nursing orders are likely to involve frequent changes or complex modifications; or,

ccd The patient[s] clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

c5d XDelegated actY means acts delegated to a registered nurse or licensed practical nurse.

c6d XDirect supervisionY means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

c7d XGeneral supervisionY means regularly to coordinate, direct and inspect the practice of another.

c8d XNursing diagnosisY means a judgment made by an R.N. following a nursing assessment of a patient[s] actual or potential health needs for the purpose of establishing a nursing care plan.

c9d XPatientY means a person receiving nursing care by an R.N. or L.P.N. performing nursing services for compensation.

c10d XProtocolY means a precise and detailed written plan for a regimen of therapy.

c10md XProviderY means a physician, podiatrist, dentist, optometrist or advanced practice nurse provider.

Note: There was an inadvertent error in CR 15-099. XAdvanced practice nurse providerY should be Xadvanced practice nurse prescriberY consistent with sub. c1d and s. 441.16, Stats. The error will be corrected in future rulemaking.

c11d XR.N.Y means a registered nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.51, Stats.

c12d XL.P.N.Y means a licensed practical nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.51, Stats.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; reprinted to correct error in c7d, Register, July, 1983, No. 331; am. c5d and c12d, Register, May, 1990, No. 413, eff. 6-1-90; CR 00-167; am. c2d cintro.d, c3d cintro.d and c4d, Register August 2001 No. 548, eff. 9-1-01; CR 15-099; renun. c1d to c1md, cr. c1d r. c4d, r. and recr. c5d, cr. c10md, am. c11d, c12d Register August 2016 No. 728, eff. 9-1-16; correction in c1d made under s. 35.17, Stats., Register August 2016 No. 728, eff. 9-1-16; correction in c11d, c12d made under s. 13.92 c4d cbd 7., Stats., Register December 2018 No. 756.

N 6.03 Standards of practice for registered nurses.

c1d GENERAL NURSING PROCEDURES. An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process:

cad *Assessment.* Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.

cbd *Planning.* Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

ccd *Intervention.* Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.[s] or less skilled assistants.

cdd *Evaluation.* Evaluation is the determination of a patient[s] progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

c2d PERFORMANCE OF DELEGATED ACTS. In the performance of delegated acts an R.N. shall do all of the following:

cad Accept only those delegated acts for which there are protocols or written or verbal orders.

cbd Accept only those delegated acts for which the R.N. is competent to perform based on his or her nursing education, training or experience.

ccd Consult with a provider in cases where the R.N. knows or should know a delegated act may harm a patient.

cdd Perform delegated acts under the general supervision or direction of provider.

c3d SUPERVISION AND DIRECTION OF DELEGATED ACTS. In the supervision and direction of delegated acts an R.N. shall do all of the following:

cad Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised.

cbd Provide direction and assistance to those supervised.

ccd Observe and monitor the activities of those supervised.

cdd Evaluate the effectiveness of acts performed under supervision.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; am. c1d ccd and c2d cintro.d, Register, May, 1990, No. 413, eff. 6-1-90; CR 00-167: am. c2d ccd and cdd, Register August 2001 No. 548, eff. 9-1-01; CR 15-099: am. c2d, c3d cintro.d, cad to ccd Register August 2016 No. 728, eff. 9-1-16.

N 6.04 Standards of practice for licensed practical nurses. c1d PERFORMANCE OF ACTS IN BASIC PATIENT SITUATIONS. In the performance of acts in basic patient situations, the L.P.N. shall, under the general supervision of an R.N. or the direction of a provider:

cad Accept only patient care assignments which the L.P.N. is competent to perform.

cbd Provide basic nursing care.

ccd Record nursing care given and report to the appropriate person changes in the condition of a patient.

cdd Consult with a provider in cases where an L.P.N. knows or should know a delegated act may harm a patient.

ced Perform the following other acts when applicable:

1. Assist with the collection of data.
2. Assist with the development and revision of a nursing care plan.
3. Reinforce the teaching provided by an R.N. provider and provide basic health care instruction.
4. Participate with other health team members in meeting basic patient needs.

c2d PERFORMANCE OF ACTS IN COMPLEX PATIENT SITUATIONS. In the performance of acts in complex patient situations the L.P.N. shall do all of the following:

cad Meet standards under sub. c1d under the general supervision of an R.N., physician, podiatrist, dentist or optometrist.

cbd Perform delegated acts beyond basic nursing care under the direct supervision of an R.N. or provider. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepares the L.P.N. to competently perform these assignments.

c3d ASSUMPTION OF CHARGE NURSE POSITION IN NURSING HOMES. In assuming the position of charge nurse in a nursing home as defined in s. 50.04 c2d cbd, Stats., an L.P.N. shall do all of the following:

cad Follow written protocols and procedures developed and approved by an R.N.

cbd Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.

ccd Accept the charge nurse position only if prepared for the responsibilities of charge nurse based upon education, training and experience beyond the practical nurse curriculum. The L.P.N. shall, upon request of the board, provide documentation of the nursing education, training or experience which prepared the L.P.N. to competently assume the position of charge nurse.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; CR 00-167: am. c1d cintro.d, cdd, ced 3., c2d cad and cbd, Register August 2001 No. 548, eff. 9-1-01; CR 15-099: am. c1d cintro.d, cad to cdd, ced cintro.d, 1. to 3., am. c2d cintro.d, cbd, c3d cintro.d, cad, cbd, r. and recr. c3d Register August 2016 No. 728.

N 6.05 Violations of standards. A violation of the standards of practice constitutes unprofessional conduct or misconduct and may result in the board limiting, suspending, revoking or denying renewal of the license or in the board reprimanding an R.N. or L.P.N.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; am. Register, May, 1990, No. 413, eff. 6-1-90.