

Virginia Board of Nursing

Scope of Practice for Registered Nurses and Licensed Practical Nurses

The Board of Nursing adopts this Guidance Document to provide information on actions for which the Board has provided a statement of whether the action falls within or outside of the scope of practice of an RN or LPN. Lack of inclusion in this document *does not* mean that the action lies within or outside of a practitioner’s scope of practice. Lack of inclusion only means the Board has not opined on that action within this document.

I. Specific Actions That are Within the Scope of Practice of an RN

The Board has determined that the definition of registered nursing contained in [Virginia Code § 54.1-3000](#) includes the following actions:

PICC lines:

- Insertion and removal of Peripherally Inserted Central Catheters (“PICC”) lines or devices upon order of a licensed physician, physician assistant, or advanced practice registered nurse (“APRN”).¹ The Board considers the following factors to be included in the standard of care for such actions:
 - The RN possesses substantial knowledge and experience in intravenous therapy.
 - The RN has obtained specialized education and can demonstrate competency in line placement and removal, including a theoretical and clinical component.
 - The RN documents continued competence in performing the skill and use of technology.
 - The agency or institution employing the RN has established policies and procedures regarding insertion, use, removal, and maintenance of these devices.
 - Confirmation by radiologic or other imaging technology of catheter position is performed when tip placement is positioned beyond the axillary vein on insertion prior to use of the PICC for any reason.
 - The placement of the PICC line is carried out only in settings where the equipment and expertise of other health professionals to manage complications are readily available.

Cervical Ripening Agents:

- The use of cervical ripening agents approved for that purpose, such as Prostaglandin E-2 gel.

¹ For special considerations related to PICC lines or devices, see Part IV, below.

Epidural anesthesia:

- Bolus epidural anesthesia in obstetric and perioperative patients *only if* qualified personnel are immediately available on site to treat complications and the nurse has demonstrated clinical competence in the procedure.

Administration of medication transmitted by pharmacist:

- Administration of medication transmitted orally or in writing by a pharmacist acting as the prescriber's agent.
 - The definition of registered nursing contained in [Virginia Code § 54.1-3000](#) includes “the administration of medications and treatments as prescribed by any person authorized by law to prescribe such medications and treatments.”
 - The term “prescribe” is not defined in Code; the term “prescription” is defined in [Virginia Code § 54.1-3401](#) as an order for drugs or medical supplies communicated to a pharmacist by a practitioner of law authorized to prescribe such substances.
 - [Virginia Code § 54.1-3408.01\(C\)](#)² authorizes a prescriber to make a licensed pharmacist or nurse his agent for the purpose of transmitting an oral prescription, regardless of whether the pharmacist or nurse is an employee of the prescriber.

OSHA Respiratory Standards:

- The following surveillance activities required by the Occupational Safety and Health Act (“OSHA”) Respiratory Standards:
 - Administering OSHA’s mandatory questionnaire related to respiratory use;
 - Maintaining confidentiality of the questionnaire contents;
 - Reviewing the respirator use information on:
 - Hazard requiring respiratory protection (i.e., use of a respirator at work);
 - Type of respirator to be worn, pending a successful fit test;
 - Duration and frequency of respirator use;
 - Expected physical work effort while wearing a respirator;
 - Other personal protective equipment to be worn concurrently; and
 - Extremes of temperature and humidity;
 - Integrating the questionnaire answers with the review of respirator use information described in the bullet point above;
 - Performing a basic nursing assessment of the health of the employee related to respirator use;
 - Determining if there is sufficient information to reach a reasonable and prudent nursing judgment related to the employee’s safe use of a respirator without health or medical limitations; and
 - Referring the employee to a licensed physician if there is not sufficient information to reach the necessary judgment of the employee’s ability to safely use a respirator without limitation.

² For guidance regarding transmittal of a prescriber’s order through an authorized agent to a nurse and the right of the nurse to talk to the prescriber concerning the order, please refer to Guidance Document 90-2.

Attachment of scalp leads for fetal monitoring:

- The attachment of scalp leads for internal fetal monitoring when the membranes have ruptured spontaneously or have been ruptured by a physician or certified nurse midwife, provided:
 - A written policy exists;
 - Documentation of appropriate training and supervised clinical practice exists; and
 - Written approval of nursing administration, agency or institution administration, and medical staff within the agency or institution exists.

II. Specific Actions That are not Within the Scope of Practice of an RN

The Board has further determined that the definition of registered nursing contained in [Virginia Code § 54.1-3000](#) does not include the following actions:

- The cutting of corns and warts with a scalpel. This action is the practice of medicine and the practice of podiatry.

III. Specific Actions That are not Within the Scope of Practice of an LPN

The Board has determined that the definition of practical nursing contained in [Virginia Code § 54.1-3000](#) does not include the following actions:

- The cutting of corns and warts with a scalpel. This action is the practice of medicine and the practice of podiatry.
- Bolus epidural anesthesia in any scenario.