

South Dakota Board of Nursing RN and LPN Scope of Practice Laws

Table 1. RN and LPN Scope of Practice Laws and Rules

RN Scope	LPN Scope
SDCL 36-9-3. The practice of a registered nurse (RN) includes:	36-9-4. A licensed practical nurse (LPN) practices under the supervision of a registered nurse, advanced practice registered nurse, licensed physician, or other health care provider authorized by the state. A licensed practical nurse is guided by nursing standards established or recognized by the board and includes:
1) Providing comprehensive nursing assessment of health status of patients;	1) Collecting data and conducting a focused nursing assessment of the health status of a patient;
2) Collaborating with the health care team to develop and coordinate an integrated patient-centered health care plan;	2) Participating with other health care providers in the development and modification of the patient-centered health care plan;
3) Developing the comprehensive patient-centered health care plan, including: a. Establishing nursing diagnosis; b. Setting goals to meet identified health care needs; and c. Prescribing nursing interventions;	3) Implementing nursing interventions within a patient-centered health care plan;
4) Implementing nursing care through the execution of independent nursing strategies and the provision of regimens requested, ordered, or prescribed by authorized health care providers;	4) Assisting in the evaluation of responses to interventions;
5) Evaluating responses to interventions and the effectiveness of the plan of care;	5) Providing for the maintenance of safe and effective nursing care rendered directly or indirectly;
6) Designing and implementing teaching plans based on patient needs;	6) Advocating for the best interest of the patient;
7) Delegating and assigning nursing interventions to implement the plan of care;	7) Communicating and collaborating with patients and members of the health care team;
8) Providing for the maintenance of safe and effective nursing care rendered directly or indirectly;	8) Assisting with health counseling and teaching;
9) Advocating for the best interest of the patient;	9) Delegating and assigning nursing interventions to implement the plan of care; and
10) Communicating and collaborating with other health care providers in the management of health care and the implementation of the total health care regimen within and across settings;	10) Other acts that require education and training consistent with professional standards as prescribed by the board, by rules promulgated pursuant to chapter 1-26, and commensurate with the licensed practical nurse's education, demonstrated competence, and experience.
11) Managing, supervising, and evaluating the practice of nursing;	
12) Teaching the theory and practice of nursing;	
13) Participating in development of health care policies, procedures, and systems; and	
14) Other acts that require education and training consistent with professional standards as prescribed by the board, by rules promulgated pursuant to chapter 1-26, and commensurate with the registered nurse's education, demonstrated competence, and experience.	
36-9-1. Terms as used in this chapter, unless the context otherwise requires, mean:	
7) "Comprehensive nursing assessment," collection, analysis, and synthesis of data performed by the registered nurse used to establish a health status baseline, nursing diagnosis, plan nursing care, and address changes in a patient's condition;	8) "Focused nursing assessment," recognizing patient characteristics by a licensed practical nurse that may affect the patient's health status, gathering and recording assessment data, and demonstrating attentiveness by observing, monitoring, and reporting signs, symptoms,
ARSD 20:48:04:01. Scope and standards of nursing practice -- Basic role.	
The scope of practice of the <u>RN</u> and the <u>LPN</u> is dependent upon each nurse's basic education and demonstrated competence in additional skills acquired through in-service, continuing education, or graduate studies. A licensee is personally responsible	

for the actions that the licensee performs relating to the nursing care furnished to clients and cannot avoid this responsibility by accepting the orders or directions of another person.

The following are the standards of nursing practice:

(1) For the RN:	(2) For the LPN:
<p>a) The RN shall utilize the following recurring nursing process:</p> <ul style="list-style-type: none"> i. Make nursing assessments regarding the health status of the client; ii. Make nursing diagnoses which serve as the basis for the strategy of care; iii. Develop a plan of care based on assessment and nursing diagnosis; iv. Implement nursing care; and v. Evaluate responses to nursing interventions; 	<p>a) The LPN shall assist the RN or physician in the recurring nursing process as follows:</p> <ul style="list-style-type: none"> i. Contribute to the nursing assessment; ii. Participate in the development of the nursing diagnoses; iii. Participate in care planning; iv. Participate in the implementation of nursing interventions; v. Contribute to the evaluation of responses to nursing interventions;
<p>b) The RN shall recognize and understand the legal implications of delegation and supervision. The nurse may delegate to another only those nursing interventions which that person is prepared or qualified to perform and shall provide minimal or direct supervision to others to whom nursing interventions are delegated. The RN may only delegate nursing tasks to unlicensed assistive personnel in accordance with the standards in chapter 20:48:04.01;</p>	<p>b) The LPN may practice as follows in two general settings:</p> <ul style="list-style-type: none"> i. With at least minimal supervision when providing nursing care in a stable nursing situation; and ii. With direct supervision when providing nursing care in a complex nursing situation; <p><i>ARSD 20:48:01:01. Definitions. ...Terms used in this article mean:</i> <i>(5) "Complex nursing situation," a situation in which the client's clinical and behavioral state is not predictable and rapid change in that state is reasonably anticipated;</i> <i>(9) "Direct supervision," supervision given by a registered nurse or licensed physician who is physically present in the immediate area where the client is being provided nursing service;</i> <i>(12) "Minimal supervision," supervision given by a registered nurse, licensed physician, or dentist who is physically on the premises where the client is being cared for or readily available by telephone;</i> <i>(14) "Stable nursing situation," a situation in which the client's clinical and behavioral state is known and predictable and no rapid change in that state is reasonably anticipated;</i></p>
<p>c) When providing preventive, restorative, and supportive care, the RN may determine and place durable medical equipment or therapeutic devices necessary to implement the overall nursing plan of care; and</p>	<p>c) The LPN may perform the intravenous therapy functions defined in § 20:48:04:06, with demonstrated competence acquired through basic nursing education or in-service training or other forms of continuing education;</p>
<p>d) The board recognizes Nursing: Scope and Standards of Practice, 2004, and the Guide to the Code of Ethics for Nurses: Interpretation and Analysis, 2008, as published by the American Nurses Association as the criteria for assuring safe and effective practice following licensure;</p>	<p>d) The LPN shall consult with a registered nurse or other health team members and seek guidance as necessary and shall obtain instruction and supervision as necessary;</p>
	<p>e) The LPN may only delegate nursing tasks to unlicensed assistive personnel in accordance with the standards in chapter 20:48:04.01; and</p>
	<p>f) The board recognizes the NAPNES Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs, 2007, as published by the National Association for Practical Nurse Education and Service as the criteria for assuring safe and effective practice following licensure.</p>