

Use of LPNs in the Home Setting

PURPOSE

To outline the guidelines for the use of LPNs (Licensed Practical Nurse) in the home infusion setting. This is a measure put into place to assist with critical nursing staffing shortages in the home care and long-term care environment.

POLICY

1. At the time of this revision, the Iowa State Board of Nursing **does not** allow LPNs to practice IV therapy in the **home setting**. However, an LPN may be allowed to perform procedures related to the expanded scope of administration of intravenous therapy in a **licensed hospital, licensed skilled nursing facility and a certified end-stage renal dialysis unit**. The LPN must have completed a board-approved intravenous therapy certification course offered by a board-approved provider of continuing education.

2. On the occasion that CarePro Homecare provides IV medications/solutions for a long-term care facility or hospital setting, it is the responsibility of the administrators at these facilities to determine if they have qualified staffing to care for the IV infusion patient. Use of LPNs to perform IV therapy in these settings is based on their completion of the board-approved certification course. The licensed practical nurse shall be under the supervision of the registered nurse. According to the Iowa Board of Nursing, procedures which may be assumed if delegated by the registered nurse are as follows:
 - a. Initiation of a peripheral intravenous line for continuous or intermittent therapy using an intermittent infusion device or a therapy cannula not to exceed three inches in length.
 - b. Administration via peripheral lines, midline catheters and PICC lines, after the first dose has been administered by the registered nurse, of premixed electrolyte solutions or premixed vitamin solutions. The solutions must be prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.
 - c. Administration via peripheral lines, midline catheters and PICC lines, after the first dose has been administered by the registered nurse, of solutions containing potassium chloride that do not exceed 40 mEq per liter and at a rate that does not exceed 10 mEq per hour. The solutions must be prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.
 - d. Administration via peripheral lines, midline catheters and PICC lines, after the first dose has been administered by the registered nurse, of intravenous antibiotic solutions prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.
 - e. Maintenance of the patency of peripheral intravenous lines, midline catheters, and PICC lines with a pre-filled heparin or saline syringe flush, prepackaged by the manufacturer or premixed by a registered pharmacist or registered nurse.
 - f. Changing the dressing of a midline catheter and a PICC line per sterile technique.

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3. Acts which may not be delegated by the registered nurse to the licensed practical nurse (in a long-term care setting) are as follows:
 - a. Initiation and discontinuation of a midline catheter or a peripherally inserted central catheter (PICC).
 - b. Administration of medication by bolus or IV push except maintenance doses of analgesics via a patient-controlled analgesia pump set at lock-out interval.
 - c. Administration of blood and blood products; vasodilators, vasopressors, oxytocics, chemotherapy, colloid therapy, total parenteral nutrition, anticoagulants, antiarrhythmics, thrombolytics and solutions with a total osmolarity of 600 or greater.
 - d. Provision of intravenous therapy to a client under the age of 12 or any client weighing less than 80 pounds, with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(4).
 - e. Provision of intravenous therapy in any setting except licensed hospitals, licensed skilled nursing facilities and certified end-stage renal dialysis units with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(4).
4. To be eligible for intravenous therapy certification, the licensee shall hold a current unrestricted Iowa license and documentation of 2080 hours of practice as a licensed practical nurse and shall hold a current unrestricted Iowa License or an unrestricted license in another state recognized for licensure in this state pursuant to the nurse licensure compact contained in 2000 Iowa Acts, House File 2105, section 8.
5. Specific infusion clinical competencies that the LPN is allowed to perform in the long-term care facility must be documented, be on file and conducted at least annually.
6. At no point will LPNs be allowed to practice outside of the guidelines outlined above. Assessment of the patient for complications related to the IV line or IV therapy is not within the scope of practice for an LPN.

RESPONSIBILITY

The Clinical Director and Clinical Specialist have responsibility for approval of, compliance with, and revisions to this policy.

MODIFICATION/REVISION

This policy is subject to modification or revision in part or its entirety to reflect changes in conditions subsequent to the effective date of this policy.

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REFERENCES

1. Infusion Nursing Standards of Practice – Revised 2016; Journal of Infusion Nursing, Supplement to January/February 2016, Volume 39, Number 1S.
2. Infusion Nursing: An Evidence-Based Approach, Third Edition edited by Mary Alexander, Ann Corrigan, Lisa Gorski, Judy Hankins, and Roxanne Perucca.
3. INS (Infusion Nurses Society) Policies and Procedures for Infusion Nursing, 3rd Edition.