

The Authority for Certain Clinical Tasks Performed by Unlicensed Patient Care Technicians and LPNs/LVNs in the Hemodialysis Setting: An Update and Invitation to Take Action

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NC PD 1.3 contact hours

Direct patient care in chronic hemodialysis centers is provided by registered nurses (RNs), licensed practical nurses/licensed vocational nurses (LPNs/LVNs), and patient care technicians/nephrology clinical technicians (PCTs). The scope of practice and duties for RNs, LPNs/LVNs, and PCTs and the rules under which they practice in the hemodialysis setting may be determined by state statutes, regulations, Nurse Practice Acts, Boards of Nursing (BON) advisory opinions or position statements, Medical Practice Acts, and end stage kidney disease (ESKD) facility licensing rules. The scope of practice and rules vary greatly from state to state.

This article reports the results of a project designed to collect information from each state and relevant regulatory agency on the overall scope of practice and rules that apply

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Disclaimer: The information contained in the article is limited to the information published on Board of Nursing websites, Board of Nursing advisory opinions, and the accessibility of other communications, statutes, rules, and regulations. It is intended as a general reference tool to facilitate state-specific research, is current only through December 2020, does not constitute legal advice, and should not be used as a substitute for review of the actual statutes and regulations governing scope of practice in any jurisdiction.

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As the demand on time and resources of licensed health care professionals increases and cost-containment measures challenge organizations, the use of unlicensed assistive personnel for patient care activities increases. Emphasis on safe and effective care delivery remains crucial when registered nurses (RNs) delegate certain tasks and aspects of patient care. The principles of delegation from the American Nurses Association and the National Council of State Boards of Nursing include the responsibility and accountability of the RN for patient care outcomes. Authority for delegation of clinical tasks in the chronic hemodialysis setting varies significantly by state. The responsibility remains with the RN to oversee complex tasks despite the staff skill mix. Knowing individual state Nurse Practice Acts remains the responsibility of the individual. This article discusses the results of a review of the available information on state positions on delegation of clinical tasks in hemodialysis.

Key Words:

Delegation, patient care technician (PCT), hemodialysis, licensed practical nurse (LPN) Licensed vocational nurse (LVN), unlicensed assistive personnel, scope of practice.

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NNJ 2107

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Help ANNA Keep This Scope of Practice Information Current

If you have updated information on scope of practice for your state for RNs, LPNs/LVNs, and PCTs, please email it to Molly Cahill (mlcnn@gmail.com). Include the information, the source of the information, and a web link to the information in the email.

to RNs, LPN/LVNs, and PCTs and specifically on those who provide patient care in chronic hemodialysis centers. Each organization was contacted individually to attempt to ensure the currency of data. Various contact strategies were used to obtain the information (e.g., finding and searching websites, emailing, calling by phone). However, not all states responded to the request for this information despite numerous contact attempts. We learned that the information is challenging to find and sometimes difficult to verify and interpret. Findings of the project are discussed in the article, and a summary of the information collected is provided in Table 1.

Nurse Practice Acts

The most important legal document for RNs and LPNs/LVNs is the State Nurse Practice Act (NPA). This law defines what the functions of nursing shall be and sets standards for education and licensure. The National Council of State Boards of Nursing (www.ncsbn.org) provides web links to each of the state boards of nursing. A copy of your Nurse Practice Act can be obtained from your State Board of Nursing or viewed online at each individual state's Board of Nursing website.

As of March 15, 2021, 33 states have implemented Nurse License Compact (NLC) legislation. The NLC "allows for nurses to have one multistate license with the ability to practice in all compact states" (National Council of State Boards of Nursing [NCSBN], 2021, p. 1). The NLC, for example, allows a nurse in one compact state to provide telehealth services to a patient in another compact state and allows nurses from one compact state to immediately practice in another compact state in the case of a natural disaster without the need of an emergency declaration. It is the nurse's responsibility to know and adhere to the laws regarding the practice of nursing in the state in which the practice is occurring. The NCSBN provides a map showing the latest information on NLC adoption in states and territories <https://www.ncsbn.org/nurse-licensure-compact.htm>.

Delegation

Nurse Practice Acts address, in most cases very specifically, what nurses can delegate, to whom, and under what circumstances. However, as stated by the NCSBN and the American Nurses Association (ANA), (2019), "the decision

of whether or not to delegate or assign is based upon the RN's judgment concerning the condition of the patient, the competence of all members of the nursing team, and the degree of supervision that will be required of the RN if a task is delegated" (p. 1).

Consistent with the Code of Ethics for Nurses with Interpretive Statements (ANA, 2015), the RN must not engage in practices prohibited by law or delegate to others activities prohibited by practice acts of other health care personnel or by other laws. RNs determine the scope of their practice in light of their education, knowledge, competence, and extent of experience.

The NCSBN and ANA (2019) summarize delegation as follows:

- "A delegatee is allowed to perform a specific nursing activity, skill or procedure that is outside the traditional role and basic responsibilities of the delegatee's current job.
- The delegatee has obtained the additional education and training, and validated competence to perform the care/delegated responsibility. The context and processes associated with competency validation will be different for each activity, skill or procedure being delegated. Competency validation should be specific to the knowledge and skill needed to safely perform the delegated responsibility as well as to the level of practitioner (i.e., RN, LPN/VN, [assistive personnel] AP) to whom the activity, skill or procedure has been delegated. The licensed nurse who delegates the 'responsibility' maintains overall accountability for the patient. However, the delegatee bears the responsibility for the delegated activity, skill, or procedure.
- The licensed nurse cannot delegate nursing judgment or any activity that will involve nursing judgment or critical decision making.
- Nursing responsibilities are delegated by someone who has the authority to delegate.
- The delegated responsibility is within the delegator's scope of practice.
- When delegating to a licensed nurse, the delegated responsibility must be within the parameters of the delegatee's authorized scope of practice under the NPA. Regardless of how the state/jurisdiction defines delegation, as compared to assignment, appropriate delegation allows for transition of a responsibility in a safe and consistent manner. Clinical reasoning, nursing judgment and critical decision making cannot be delegated" (pp. 1-2).

In the absence of specifically defined scope of duties for unlicensed assistive personnel (UAP) or PCTs, RNs must rely on their authority under the Board of Nursing delegation regulations for the state in which they are practicing to determine whether a specific duty may be delegated to an unlicensed person. In the absence of specific language for or against delegation, some states relinquish delegation terminology to facilities (such as hemodialysis units) to interpret and establish policies.

Table 1
The Authority for Certain Clinical Tasks Performed by Unlicensed Patient Care Technicians and LPNs/LVNs – By State
 Note: Only information that has been verified is included in this table. When no verifiable information is available, the cell is left blank.
 An asterisk (*) indicates that the BON either did not respond or indicated they do not have a scheduled update.
 Date of most recent update: 6/17/2021

State	Can PCT Administer Heparin?	Can PCT Access Central Venous Catheter?	Can LPN/LVN Access Central Venous Catheter?	Authority/Prohibitor	Frequency of Updates	Where to Find Information
Alabama	No	No	Yes (with some definition)	ABN	*	https://www.abn.alabama.gov/laws/
Alaska	No	No	No	ABON does not regulate PCTs, and we do not have regulations specific to hemodialysis	When needed Last done 2017	https://www.commerce.alaska.gov/web/cbpl/professionallicensing/boardofnursing.aspx LPNs SOP is found on BON website under advisory opinions.
Arkansas	No	No	No		As needed Dec 2008	https://www.health.arkansas.gov/images/uploads/pdf/Rules_Chapter5_Dec_2008.pdf https://portal.arkansas.gov/agency/departments-of-health/arkansas-state-board-of-nursing/
Arizona			Yes	LPN – AZBN PCT	3 years (2016)	https://www.azbn.gov/ https://www.azbn.gov/sites/default/files/advisory-opinions/ao-infusiontherapy-venipuncture-the-role-of-the-lpn-rev92016.pdf Dialysis technician or LPN/LVN — No specific advisory opinion relating to hemodialysis. Dialysis technician law expressly permits access to CVC and anti-coagulant is specified.
California	Yes	No	No	BRN does not have jurisdiction regarding hemodialysis technicians – The Dialysis Technician includes language specific to heparin	*	https://www.m.ca.gov/ CA Department of Public Health – http://www.cdph.ca.gov/
Colorado	Delegation	Delegation	Delegation		*	https://www.colorado.gov/board-nursing COBON broad nursing delegation regulations
Connecticut	Yes	Delegation	Delegation	Statutes Section 19a-269a provides certified dialysis patient care technicians employed in outpatient or hospital dialysis unit may administer saline, heparin or lidocaine as necessary to initiate or terminate a patient's dialysis provided the ratio of on-duty staff providing direct patient care to dialysis patients shall be at least three to nine, and at least one of the three on-duty direct patient care staff persons shall be a registered nurse licensed to practice in this state.	*	https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/Registered-Nurse/Registered-Nurse-Licensure https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/Dialysispatientcaretech/Dialysis-Patient-Care-Technician-Information

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Delaware	No	No	Yes	Nursing regulation prohibits delegation.	*	https://dpr.delaware.gov/boards/nursing/
District of Columbia	Delegation		Yes	Nothing specifically prohibits	*	https://dchealth.dc.gov/boon
Florida					*	https://floridasnursing.gov/resources/
Georgia ¹	No	No	Yes	GA BON with documented training	*	https://sos.ga.gov/index.php/licensing/plb/45
Hawaii	No	No	Yes		*	https://cca.hawaii.gov/pvl/boards/nursing/
Idaho	Delegation	Delegation	Yes	CVC okay in scope of practice for LPN	*	https://lbn.idaho.gov/
Illinois	No	Delegation	Delegation	LPNs prohibited from administering IV heparin	*	https://www.ilga.gov/commission/jcar/admincode/068/068013000A00200R.html
Indiana	Yes	Delegation			*	https://www.in.gov/pla/professions/indiana-state-board-of-nursing/
Iowa	Delegation	No	Yes	May delegate functions to a PCT as long as it does not go beyond the scope of practice for the LPN. The LPN cannot administer heparin via IV route.	*	https://nursing.iowa.gov/
Kansas	Delegation	Delegation	Delegation	PCTs are not regulated by the KSBN KSA 65-1165 KSA 65-1136 for Supervision definition as well as a description of scope of practice for an LPN with IV certification, either limited or expanded.	*	https://ksbn.kansas.gov/ KAR 60-16-101
Kentucky	Yes	No	Yes	KBN	*	https://kbn.ky.gov/practice/Documents/Licensed%20Practical%20Nursing%20Brochure.pdf http://kyrules.elaws.us/rule/201kar20:470
Louisiana	Yes	No	Yes	LBN	*	http://www.lsbn.state.la.us/Portals/1/Documents/DeclaratoryStatements/declarat9.pdf https://www.lsbpne.com/laws-rules/scope-of-practice/
Maine	Delegation	Delegation	Yes	MSBN	*	https://www.maine.gov/boardofnursing/practice/lpn-questions.html https://www.maine.gov/boardofnursing/practice/position-statements/m-dialysis-therapy.html
Maryland	Yes	Delegation	Yes	MBON	*	http://mdrules.elaws.us/comar/10.27.20.05 https://mbon.maryland.gov/Pages/practice-dnf-analysis.aspx

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Massachusetts	Yes/Delegation	Yes/Delegation	Yes/Delegation	Massachusetts Board of Health	*	https://www.mass.gov/doc/105-cmr-145-licensing-of-out-of-hospital-dialysis-units-in-massachusetts/download
Michigan	Delegation	Delegation	Delegation	MDCH	*	https://www.michigan.gov/documents/mdch/FINALFNP_Final_Report_5_10_12_v8a_393189_7.pdf
Minnesota	Delegation	Delegation	Delegation	MBN	*	https://mn.gov/boards/nursing/practice/nursing-practice-topics/scope-of-practice.jsp https://www.revisor.mn.gov/statutes/cite/148.171
Mississippi	Yes	No	Yes	MBN	*	https://www.ncsbn.org/ms_administrativecode.pdf https://msdh.ms.gov/msdhsite/_static/resources/8211.pdf
Missouri	Yes	Yes	Yes w/IV Certification	MSBM, DHHS	*	https://www.sos.mo.gov/cmsimages/adrules/csr/current/20csr/20c2200-6.pdf http://dialysistechcentral.com/missouri-dialysis-technician-requirements/
Montana	Yes/Delegation	Delegation	Yes	MBN	*	http://www.mtrules.org/gateway/ruleno.asp?RN=24.159.1010 http://www.mtrules.org/gateway/RuleNo.asp?RN=24%2E159%2E1640 http://www.mtrules.org/gateway/ShowRuleFile.asp?RID=867
Nebraska	Yes	Yes	Yes	NDHHS	*	http://dhhs.ne.gov/licensure/Documents/DialysisPtCareTechRegistrationAct.pdf#search=dialysis%20patient%20care%20technician http://dhhs.ne.gov/licensure/Pages/Dialysis-Patient-Care-Technician.aspx http://dhhs.ne.gov/licensure/Documents/NewLPNLawUpdateMay17.pdf
Nevada	Yes	Delegation	Yes	NBON	*	https://www.leg.state.nv.us/NRS/NRS-632.html#NRS632Sec017
New Hampshire	Delegation	Delegation	Yes	NHBON	*	https://www.dhhs.nh.gov/ooos/bhfa/documents/he-p811.pdf https://www.opic.nh.gov/sites/g/files/ehbemt441/files/inline-documents/sonth/lpn-scope-practice.pdf
New Jersey ²	Delegation	Delegation	Delegation	NJBON		https://www.njconsumeraffairs.gov/regulations/Chapter-37-New-Jersey-Board-of-Nursing.pdf
	No	*	*	NJDOH		https://www.nj.gov/health/healthfacilities/ NJDOH does not specifically address or prohibit access to CVCs by PCT, LPN/LVN
New Mexico	Yes	Yes CHT II only	Yes	NMBON	*	https://www.nmbon.sks.com/uploads/files/16_12_5%20NMAC.pdf New Mexico Board of Nursing. (2016). <i>Title 16 Occupational and Professional Licensing Chapter 12 Nursing and Health Care Related Providers Part 2 Licensure</i> https://nmbon.sks.com/uploads/files/16_12_2%20NMAC%20(2)%20CURRENT(1).pdf New Mexico Board of Nursing. (2016). <i>Title 16 Occupational and Professional Licensing Chapter 12 Nursing and Healthcare Related Providers Part 4 Hemodialysis Technicians</i> https://nmbon.sks.com/uploads/files/16_12_5%20NMAC.pdf
New York	No	No	Yes	NYSNA	*	Office of the Professions New York State Education Department. (2009). <i>Nursing guide to practice.</i> http://www.op.nysed.com/prof/nurse/nurse-guide-april09.pdf

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State	Can PCT Administer Heparin?	Can PCT Access Central Venous Catheter?	Can LPN/LVN Access Central Venous Catheter?	Authority/Prohibitor	Frequency of Updates	Where to Find Information
North Carolina	Delegation	Yes	Yes	NCBON	*	https://www.ncbon.com/ https://www.ncbon.com/vdownloads/position-statements-decision-trees-dialysis-role-of-uap.pdf
North Dakota	Yes	No	Yes	NDBON	*	https://www.ndbon.org/
Ohio	Yes	Delegation	Yes	Dialysis technician statute permits heparin administration and is silent on CVCs. LPN IV therapy certification rules permit LPNs to access.	*	https://nursing.ohio.gov/
Oklahoma					*	https://nursing.ok.gov/
Oregon	Yes	Yes	Yes	Dialysis technician regulations permit heparin administration and permit accessing CVCs. LPNs may access CVCs if properly trained.	*	https://www.oregon.gov/osbn/Pages/index.aspx OR Health Authority Hemodialysis Technician Licensing Procedures and Definitions & OR Board of Nursing website
Pennsylvania	No	Delegation	Yes	Delegation to the dialysis technician is through the Medical Practice Act.	*	https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/default.aspx PA Code
Rhode Island				Licensing rules do not address dialysis technicians.	*	https://health.ri.gov/licenses/detail.php?id=231
South Carolina	No	No	No	Medical Practice Act and Nurse Practice Act	Last updated 2020, every 3 years	https://lir.sc.gov/nurse/ SC Board of Nursing website
South Dakota	Yes	No	Yes		*	https://doh.sd.gov/boards/nursing/ SD Board of Nursing website
Tennessee ²			Yes	TBON	*	https://www.tn.gov/health/health-program-areas/health-professional-boards/nursing-board/nursing-board/about.html TN Board of Nursing website
Texas ²	Yes	No	Yes	LVN IV therapy course required to administer IV meds via peripheral and central lines. End Stage Renal Disease State Regulations and Texas Board of Nursing website.	*	https://www.bon.texas.gov/ Texas Board of Nursing website https://www.hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation/end-stage-renal-disease-facilities End Stage Renal Disease State Regulations

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State	Can PCT Administer Heparin?	Can PCT Access Central Venous Catheter?	Can LPN/LVN Access Central Venous Catheter?	Authority/Prohibitor	Frequency of Updates	Where to Find Information
Utah ²	Delegation	Delegation	Yes	No information found that would prohibit LPNs from accessing CVCs.	*	https://dopl.utah.gov/nurse/index.html Utah Board of Nursing website
Vermont					*	https://sos.vermont.gov/nursing/ https://sos.vermont.gov/media/30wvwsrg/aprn-rn-lpn-scope-of-practice-2018-0709.pdf Did not respond to contacts
Virginia	Yes	Yes	Yes	Code addresses heparin, no mention of CVCs for PCTs or LPNs.	*	https://www.dhp.virginia.gov/Boards/Nursing/ Virginia Dept of Health Professions website
Washington	Yes	Yes	Yes	Department of Health Nursing Care Quality Assurance Commission and license requirements for hemodialysis technicians.	Medical Assistant credential established in 2013 and has not changed/Nursing Care attempt to update every 5 years	https://www.doh.wa.gov/licenses/permitsandcertificates/nursingcommission/nurselicensing Washington Department of Health website
West Virginia	Yes	Yes		Dialysis technician statute	*	https://wvrbboard.wv.gov/Pages/default.aspx West Virginia Legislature website
Wisconsin ²					*	https://dpsps.wi.gov/pages/BoardsCouncils/Nursing/Default.aspx No dialysis technician regulations, no position statements
Wyoming ²			Yes	Advisory opinion	Last reviewed 12/2018	https://wsbn.wyo.gov/ Wyoming Board of Nursing website

¹Updated May 21, 2021.

²Updated June 17, 2021.

The American Nephrology Nurses Association (ANNA) (2020) *Position Statement on Delegation of Nursing Tasks* (see Box 1) directs the RN to delegate tasks appropriate to the delegatee's documented knowledge, skills, cultural competence, experience, and abilities, within the scope of practice, and the licensure requirements in effect in the state in which the RN is employed.

LPNs/LVNs and Patient Care Technicians

The scope of duties for LPNs/LVNs and PCTs and the rules under which they practice in the hemodialysis setting may be determined by state statutes, regulations, Nurse Practice Acts, Boards of Nursing (BON) advisory opinions or position statements, Medical Practice Acts, and ESKD facility licensing rules. The scope of practice and rules vary greatly from state to state. Certain states list specific duties that are expressly permitted or prohibited for unlicensed individuals in a hemodialysis facility or in any clinical setting (see Table 1).

Patient care technicians (PCTs) must receive extensive training in accordance with requirements set forth in the Conditions for Coverage (CfC), §494.140(e)(3) (Centers for Medicare & Medicaid Services [CMS] 2008). The CfC requires dialysis technicians to be certified under a State or a national certification program within 18 months of being hired as a PCT, noting that during those 18 months, the PCT trainee can "be mentored by LPN, LVNs, and certified PCTs under the guidance of an RN. Once certified, PCTs work under the direction of a registered nurse" (CMS, 2008, p. 20426). PCTs working in hemodialysis units cannot exercise independent nursing judgment or perform complex nursing skills.

Regulatory agency rules vary by state; some limit the administration of heparin or anticoagulants by a PCT to connecting a pre-filled syringe to the hemodialysis system as opposed to administering the drug intravenously (IV) directly to the patient; other states do not allow any administration by a PCT. Rules in other states limit the PCT to administering heparin through established fistulae or grafts at initiation of the hemodialysis process. In some hemodialysis facilities, LPNs/LVNs may also be a critical staff component. Some facilities utilize LPN/LVNs in the PCT role due to restrictions in licensure because of less stringent restriction or delegation for PCTs in accessing and administration of medications. Several states permit these licensed nurses to administer IV medications, although certain states require completion of an IV therapy course. LPNs/LVNs practice under the state's Nurse Practice Act like that of RNs, but their scope of duties is generally more limited. In fact, the scope of practice for LPNs/LVNs in the hemodialysis setting may be more limited than that of the PCT as permitted by state law. In several states, nursing regulations prohibit LPNs/LVNs from administering IV medications under any circumstance. Some states also include further instruction for duties, which are beyond the scope of practice of LPNs/LVNs and may not be delegated to UAPs.

In the absence of specific guidance, the RN must consider the advisability of delegating the performance of a duty to a PCT that cannot be delegated to a licensed nurse. The administration of IV medications by unlicensed personnel in the hospital setting is generally prohibited. However, the routine nature of heparin and saline administration by PCTs in the chronic hemodialysis setting compelled a detailed analysis of this practice several years ago into how nursing practice regulations are developed or revised.

In most states, the authority for dialysis technicians to practice lies in the delegation authority of RNs. This project looked for sources to define this information in each state. States each have a Board of Nursing that is authorized to formulate and enforce the rules and regulations governing the nursing profession. Nurses share a responsibility to be knowledgeable about their state practice act and to influence change as needed to retain current language and practices.

Not all responsibilities and clinical tasks are covered specifically in the Nurse Practice Act. Knowledge of additional regulations is paramount, including but not limited to delegation to UAPs. As an example, action was taken against a nephrology nurse in one state who delegated nursing tasks to a dialysis technician (ANNA, 2017). The nurse stated that non-nurses in her state routinely did these tasks and that no injury resulted from the delegation of tasks. In reviewing her state Nurse Practice Act, it was evident that these tasks should not have been delegated. The nurse was facing the possibility of disciplinary action, including fines, probation, and/or loss of her license to practice. What is common practice may not mean that the practice is legal in your state. Many practice questions are unanswered, yet nurses should be concerned with reducing their risk of practicing outside their state Nurse Practice Act.

LPN/LVN

Accessing Central Venous Catheter

Expressly permitted. Current nursing regulations in 32 states permit LPNs/LVNs to access central venous catheters, including the administration of IV medications. We were unable to confirm a few states that prior reports indicated. Fewer states allow LPNs/LVNs to access central venous catheters now compared to previous years (O'Keefe, 2014). There were also a few states that previously reported allowing access to central venous catheters that did not confirm requested data inquiries.

Delegation. In eight states, the nursing delegation language may permit the RN to delegate to an LPN/LVN intravenous (IV) medication administration through a central venous access. Five states expressly prohibit an LPN/LVN to administer IV medications through a central venous catheter. This is decreased from prior data, and as above, we were also unable to confirm and update some of the prior data.



ANNA Position Statement: Delegation of Nursing Care Activities

The American Nephrology Nurses Association (ANNA) believes every patient has the right to professional nursing care that encompasses all aspects of the nursing process and meets or exceeds the *ANNA Nephrology Nursing Scope and Standards of Practice* and Centers for Medicare and Medicaid Services (CMS) Conditions for Coverage. The practice of each nurse must comply with the scope of practice, regulations/laws, and licensure requirements of the state in which they are employed. The care of each patient includes, but is not limited to, assessment of patient needs, the development of a comprehensive interdisciplinary patient specific plan of care, implementation of nursing interventions, and the monitoring and evaluation of patient outcomes. The ultimate goal of the nursing process is to effect positive patient outcomes in the most cost-effective way. ANNA recognizes that achievement of favorable patient outcomes is a collaborative effort between all members of the interdisciplinary team.

It is the position of ANNA that:

- The RN uses critical thinking and professional judgment when following the Five **Rights** of Delegation, to be sure that the delegation or assignment is:
 1. The **right** task
 2. Under the **right** circumstances
 3. To the **right** person
 4. With the **right** directions and communications; and
 5. Under the **right** supervision and evaluation
(*Joint Statement on Delegation American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)*)
- The registered nurse must never delegate a nursing care activity that requires:
 - a. The knowledge and expertise derived from completion of a nursing education program and the specialized skill, judgment and decision-making of a registered nurse.
 - b. Complex observation, critical decision-making, exercise of nursing judgment, or repeated nursing assessments.
 - c. An understanding of the core nephrology nursing principles necessary to recognize and manage real or potential complications that may result in an adverse outcome to the health and safety of the patient.
- The registered nurse is accountable for the:
 - a. Safety of the patient
 - b. Nursing process
 - c. Patient Assessment
 - d. Delegation of nursing tasks appropriate to the delegatee's documented knowledge, skills, cultural competence, experience, and abilities, within the scope of practice, and the licensure requirements in effect in the state in which the nurse is employed.

Delegation of Nursing Care Activities

- Delegation of nursing care activities to licensed practical/vocational nurses (LPN/LVNs) and/or certified dialysis patient care technicians (PCT)/ Certified Clinical Hemodialysis Technician (CCHT) shall comply with the following criteria:
 - a. The registered nurse must complete an assessment of the patient's nursing care needs prior to delegating any nursing intervention.
 - b. The registered nurse shall be accountable and responsible for all delegated nursing care activities or interventions, and she/he must remain present in the patient care area for ongoing monitoring and evaluation of the patient's response to the therapy.
 - c. The patient care activities must be within the licensure and/or certification requirements for the LPN/LVN or PCT/CCHT, practice setting, scope of practice, and the licensure requirements in effect in the state in which the nurse is employed. Additional specific facility/agency policies and procedures related to delegation may also apply.
 - d. The registered nurse shall have either instructed the LPN/LVN or PCT/CCHT in the delegated nursing care activity or verified the individual's competency to perform the activity. Persons to whom tasks are delegated should have the opportunity to ask questions and/or request clarification of expectations.
 - e. Clinical competency of these individual's will be documented and available, and verified at least annually.
 - f. Administration of medication is a nursing responsibility requiring knowledge of the indications, pharmacokinetic action, potential adverse reactions, correct dosage and contraindications, and, in general, is beyond the scope of practice of a PCT/CCHT. Administration of medications by PCT/CCHTs shall be limited to those medications considered part of the routine hemodialysis treatment, that is, normal saline and heparin via the extracorporeal circuit, intradermal lidocaine, and oxygen by nasal cannula, as allowed by the scope of practice and licensure requirements in effect in the state in which the nurse or PCT/CCHT is employed.

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ANNA Position Statement: Delegation of Nursing Care Activities (continued)

- g. Administration of any blood products and/or intravenous medications by infusion is a nursing responsibility and beyond the scope of practice of the PCT/CCHT.
- The registered nurse is legally accountable and clinically responsible for the complete documentation of the entire nursing process. When certain aspects of the nursing care activities or interventions are delegated to other personnel, the registered nurse retains the legal accountability and clinical responsibility for these activities.
- Registered nurses are accountable and responsible for the assignment or delegation of nursing activities. Such assignments or delegation must be consistent with state practice acts, organizational policy, and nursing standards of practice.

Background and Rationale

The relationship between the registered nurse and the patient constitutes a legal and binding contract. The existence of this contract has been established through case law.

ANNA recognizes potential contributions to the care of nephrology patients by LPN/LVNs and PCT/CCHTs. The scope of practice of the registered nurse in the state where the nurse is employed may limit delegation of nursing care activities or interventions to these licensed and certified personnel.

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Unlicensed Assistive Personnel

Administration of Heparin and Saline

Administering heparin and saline via an extracorporeal circuit in hemodialysis is a routine clinical practice that is integral to the hemodialysis treatment procedure. As a medication, heparin administration is performed pursuant to physician orders and established hemodialysis facility protocols. RNs are required to be available in the hemodialysis facility to oversee all aspects of care by dialysis technicians according to §494.180(b)(2) of the CfC (CMS, 2008).

Expressly permitted. At present, 22 states expressly permit dialysis technicians or UAPs to administer heparin as ordered to initiate or terminate a hemodialysis treatment. In most cases, the express authority for this practice lies in dialysis technician licensing rules; statutes; regulations, such as those in Oregon, Texas, and West Virginia (see Table 1); or Board of Nursing position statements. With several exceptions, most of these states also permit UAPs to administer saline to correct a hypotensive episode during the hemodialysis treatment. Some states require that the technician performing such duties be under the direct, onsite supervision of an RN or a physician. Other

states require administration of heparin or saline by a dialysis technician shall be pursuant to established facility protocol. Most of these states specify 'heparin administration.' For example, Arizona permits UAPs to administer anticoagulants, and Nevada permits a dialysis technician to administer a drug under the direction or supervision of a physician or registered nurse only if the drug or medicine is used for the process of hemodialysis.

Delegation. In the absence of nursing rules that either clearly permit or prohibit the administration of IV medications by UAPs, the RN may look to their delegation authority under the state Nurse Practice Act. Twelve states do not clearly define the scope of permissible duties for the UAP in the hemodialysis setting. Most states have adopted a delegation decision-making process and related criteria as outlined by the NCSBN in 1997. These criteria instruct the nurse (delegator) to consider the circumstances and setting, the task to be delegated, the potential for harm, and the qualifications, competency, and skill level of the delegated. Delegation rules of many states include instructions that the RN may not delegate a duty that requires independent nursing judgment, and that the licensed nurse maintains accountability and responsibility for the management and provision of nursing care.

Expressly prohibited. Currently, nine states do not permit UAPs to administer heparin in the hemodialysis setting. We were unable to confirm the information with several Boards of Nursing or Health Departments or find dialysis technician-specific statutes regarding permission. The restriction most often cited in nursing regulations involves not permitting UAPs to administer any medications. Certain states permit UAPs to administer oral or topical medications but specify a prohibition on the administration of IV medications. Compared with prior data (O’Keefe, 2014) there were some states, when contacted, who were not clear or did not respond.

Accessing Central Venous Catheters

Expressly permitted. While the hemodialysis process is the same regardless of the access site, there are greater risks associated with accessing a large major blood vessel through a central venous catheter. Such risks include infection, bleeding, and air embolism. As a result, few states expressly permit dialysis technicians to access a central venous catheter. Currently, 10 states have specific language that permits dialysis technicians to initiate hemodialysis via central venous catheters. This is an increase in the number of states from prior data.

Delegation. Seventeen states have broad delegation language that may permit the RN to assess the competency of the UAP and delegate the administration of heparin or saline via a central venous catheter.

Expressly prohibited. Fourteen states prohibit UAPs from accessing a central venous catheter. These states include those that prohibit UAPs from administering any IV medications and those that permit the UAP to administer heparin via a peripheral or ‘established’ access, but prohibit delivery of medications via a central venous catheter. This is a significant change from prior data.

Implications for Nephrology Nurses

As Boards of Nursing and other regulatory agencies contemplate the development of or revisions to scope of practice regulations in the hemodialysis setting, it is imperative for organizations and regulatory agency members to familiarize themselves with existing federal (CMS) requirements for the training and certification of dialysis technicians. Additionally, ANNA members and groups (such as

ANNA Specialty Practice Networks [SPNs]) can lend their expertise to provide input and direction to organizations and agencies who may not be familiar with clinical details of the role of PCTs and LPNs/LVNs in hemodialysis and the standards and rules concerning what can be delegated. The information in Table 1 will help identify states with opportunities to provide input. Nephrology nurses are experts and can make a difference in establishing policy.

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Instructions for NCPD Contact Hours

NNJ 2107

Nursing continuing professional development (NCPD) contact hours can be earned for completing the learning activity associated with this article. Instructions are available at annanurse.org/library

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