

# State Nurse Practice Act

## 1. Complete the following information:

Your Name	<input type="text"/>
Your Email	<input type="text"/>
Your State	<input type="text"/>
Date of most recent revisions/updates to your nurse practice act	<input type="text"/>
Frequency of updates	<input type="text"/>

## 2. What is the composition of your State Board of Nursing?

Total # of members	<input type="text"/>
Total # of RNs	<input type="text"/>
Total # of LPNs/LVNs	<input type="text"/>
Others: please identify and list total #	<input type="text"/>

## 3. What authority does your State Board of Nursing have in disciplinary action taken against a registered nurse? i.e. fine, loss of license, etc.

## 4. Advanced Practice RN: Indicate what level of practice is allowed in your state:

**Full Practice Authority** - generally defined as an APRN's ability to utilize knowledge, skills, and judgment to practice to the full extent of his or her education and training.

**Reduced Practice** - state practice and licensure law reduces the ability of nurse practitioners to engage in at least one element of NP practice. State law requires a regulated collaborative agreement with an outside health discipline in order for the NP to provide patient care or limits the setting or scope of one or more elements of NP practice.

**Restricted Practice** - state practice and licensure law restricts the ability of a nurse practitioner to engage in at least one element of NP practice. State requires supervision, delegation, or team-management by an outside health discipline in order for the NP to provide patient care.

- Full Practice Authority
- Restricted Practice
- Reduced Practice

5. Identify those tasks only a registered nurse may perform as outlined in state rules and/or regulations, i.e. assessment/evaluation, drug administration, venipunctures, education, prescriptive authority, etc.

6. Are LPNs/LVNs permitted to:

	Yes	Yes, with limitations (please detail in comments)	No
Administer medications/fluids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervise unlicensed personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delegate to unlicensed personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give IV push medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access central venous catheters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform venipunctures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform peritoneal dialysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

7. Does your State Board of Nursing by statute or regulation address RN delegation authority:

	Yes	No
To unlicensed personnel?	<input type="checkbox"/>	<input type="checkbox"/>
To dialysis technicians in particular?	<input type="checkbox"/>	<input type="checkbox"/>
Is delegation allowed by another profession, for example, physician? If yes, please specify in comments	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

8. Are Technicians permitted to:

	Yes	No
initiate hemodialysis?	<input type="checkbox"/>	<input type="checkbox"/>
Administer fluids?	<input type="checkbox"/>	<input type="checkbox"/>
Administer oxygen?	<input type="checkbox"/>	<input type="checkbox"/>
Access central venous catheters?	<input type="checkbox"/>	<input type="checkbox"/>
Administer heparin or other medications? If yes, please specify in Comments	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

9. Are Technicians permitted to:

	Yes	No
Perform peritoneal dialysis procedures? If yes, please specify in Comments	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

10. Does your state regulate dialysis technicians?

- Yes
- No

Comments - If yes, who or what is the regulating body?

11. Does your state have staffing requirements in dialysis facilities, the acute care setting, or transplant centers?

- Yes
- No

Comments - If yes, please specify:

12. Has your State Board of Nursing developed any position statements regarding delegation of tasks, unlicensed personnel, dialysis, dialysis technicians, LPNs/LVNs etc.?

Note: if your answer is YES, please email the position statements to ANNA. Send to: janet.betts@annanurse.org

Yes

No

Comments:

## State Nurse Practice Act

**Thank you for taking the time to provide this important information about your state's Nurse Practice Act.**

**Thank you!**

**ANNA Health Policy Committee**

Please click "Done" when you have completed the survey. If you use the "X" in the upper corner, the responses will be lost.