

## Chapter N 6

STANDARDS OF PRACTICE FOR REGISTERED NURSES  
AND LICENSED PRACTICAL NURSES

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Note: Chapter N 10 as it existed on September 30, 1985 was renumbered Chapter N 6, effective 10-1-85.

**N 6.01 Authority and intent.** (1) This chapter is adopted pursuant to authority of ss. 15.08 (5) (b), 227.014 and 441.11 (1) and (2), Stats., and interprets the statutory definitions of professional and practical nursing.

(2) The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83.

**N 6.02 Definitions.** As used in this chapter,

(1) "Basic nursing care" means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

(2) "Basic patient situation" as determined by an R.N., physician, podiatrist or dentist means the following 3 conditions prevail at the same time in a given situation:

- (a) The patient's clinical condition is predictable;
- (b) Medical or nursing orders are not changing frequently and do not contain complex modifications; and,
- (c) The patient's clinical condition requires only basic nursing care.

(3) "Complex patient situation" as determined by an R.N., physician, podiatrist or dentist means any one or more of the following conditions exist in a given situation:

- (a) The patient's clinical condition is not predictable;
- (b) Medical or nursing orders are likely to involve frequent changes or complex modifications; or,
- (c) The patient's clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

(4) "Delegated medical act" means acts delegated to an R.N. or L.P.N. by a physician, dentist or podiatrist.

(5) "Delegated nursing act" means acts delegated to an R.N. and L.P.N. by an R.N.

(6) "Direct supervision" means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

(7) "General supervision" means regularly to coordinate, direct and inspect the practice of another.

(8) "Nursing diagnosis" means a judgment made by an R.N. following a nursing assessment of a patient's actual or potential health needs for the purpose of establishing a nursing care plan.

(9) "Patient" means a person receiving nursing care by an R.N. or L.P.N. performing nursing services for compensation.

(10) "Protocol" means a precise and detailed written plan for a regimen of therapy.

(11) "R.N." means a registered nurse licensed under ch. 441, Stats.

(12) "L.P.N." means a licensed trained practical nurse licensed under ch. 441, Stats.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; reprinted to correct error in (7), Register, July, 1983, No. 331.

**N 6.03 Standards of practice for registered nurses.** (1) **GENERAL NURSING PROCEDURES.** An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process:

(a) *Assessment.* Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.

(b) *Planning.* Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

(c) *Intervention.* Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to R.N.'s, L.P.N.'s or less skilled assistants.

(d) *Evaluation.* Evaluation is the determination of a patient's progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

(2) **PERFORMANCE OF DELEGATED MEDICAL ACTS.** In the performance of delegated medical acts in the treatment of the sick an R.N. shall:

(a) Accept only those delegated medical acts for which there are protocols or written or verbal orders;

(b) Accept only those delegated medical acts for which the R.N. is competent to perform based on his or her nursing education, training or experience;

(c) Consult with a physician, dentist or podiatrist in cases where the R.N. knows or should know a delegated medical act may harm a patient; and,

(d) Perform delegated medical acts under the general supervision or direction of a physician, dentist or podiatrist.

(3) SUPERVISION AND DIRECTION OF DELEGATED NURSING ACTS. In the supervision and direction of delegated nursing acts an R.N. shall:

(a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised;

(b) Provide direction and assistance to those supervised;

(c) Observe and monitor the activities of those supervised; and,

(d) Evaluate the effectiveness of acts performed under supervision.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83.

**N 6.04 Standards of practice for licensed trained practical nurses. (1) PERFORMANCE OF ACTS IN BASIC PATIENT SITUATIONS.** In the performance of acts in basic patient situations, the L.P.N. shall, under the general supervision of an R.N. or the direction of a physician, podiatrist or dentist:

(a) Accept only patient care assignments which the L.P.N. is competent to perform;

(b) Provide basic nursing care;

(c) Record nursing care given and report to the appropriate person changes in the condition of a patient;

(d) Consult with an R.N. or physician in cases where an L.P.N. knows or should know a delegated nursing or medical act may harm a patient; and,

(e) Perform the following other acts when applicable:

1. Assist with the collection of data;

2. Assist with the development and revision of a nursing care plan;

3. Reinforce the teaching provided by an R.N., physician, podiatrist or dentist and provide basic health care instruction; or,

4. Participate with other health team members in meeting basic patient needs.

(2) PERFORMANCE OF ACTS IN COMPLEX PATIENT SITUATIONS. In the performance of acts in complex patient situations the L.P.N. shall:

(a) Meet standards under sub. (1) under the general supervision of an R.N., physician, podiatrist or dentist;

(b) Perform delegated nursing or medical acts beyond basic nursing care under the direct supervision of an R.N., physician, podiatrist or dentist. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepare the L.P.N. to competently perform these assignments.

(3) ASSUMPTION OF CHARGE NURSE POSITION IN NURSING HOMES. In assuming the position of charge nurse in a nursing home as defined in s. 50.01 (3), Stats., an L.P.N. shall:

(a) Follow written protocols and procedures developed and approved by an R.N.;

(b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.; and,

(c) Accept the charge nurse position only if prepared to competently perform this assignment based on his or her nursing education, including education, training or experience or active involvement in education or training for responsibilities not included in the basic L.P.N. curriculum.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83.

**N 6.05 Violations of standards.** Violations of the standards of practice constitutes unprofessional conduct or misconduct may result in the board limiting, suspending, revoking or denying renewal of the certificate of registration or license or in the board reprimanding an R.N. or L.P.N.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83.