

## **Title 30: Professions and Occupations**

### **Part 2830: PRACTICE OF NURSING**

#### **Part 2830, Chapter 1: Functions of the Registered Nurse**

*Rule 1.1 Accountability.* The RN shall be responsible and accountable for:

- A. Making decisions that are based upon knowledge, competency, experience, and the use of the nursing process.
- B. Knowledge of and compliance with the laws and regulations governing the practice of nursing in Mississippi.
- C. Practicing within the scope of practice as established by the Board and according to generally accepted standards of practice.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

*Rule 1.2 Accountability for Quality of Nursing Care.* The RN shall be held accountable for the quality of nursing care given to patients. This includes:

- A. Providing for nursing leadership in the planning for and provision of nursing care to patients for whom responsibility has been accepted.
- B. Giving individualized nursing care and respecting the rights of the patient according to the needs or assigning these functions to others in accordance with the educational preparedness, experience, credentials, competence, physical and emotional ability to complete the task of the staff. Respecting the rights of the patient includes but is not limited to:
  - 1) Conducting practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin, disability or disease;
  - 2) Respecting the dignity and rights of patients regardless of social or economic status, personal attributes or nature of health problems;
  - 3) Respecting the patient's right to privacy by protecting confidential information unless obligated by law to disclose the information;
  - 4) Respecting the rights of patients by protecting the patient from abuse, inflicted by self or others, neglect, or exploitation; and
  - 5) Respecting the property of patients, family, significant others, and the employer.
- C. Directing, supervising and evaluating nursing practice; applying nursing knowledge, administrative techniques and teaching principles toward the ultimate goal, excellence in patient care and promotion of good health practices.
- D. Providing professional development of nurses by:
  - 1) Identifying the ability and potential of each nurse and
  - 2) Developing each nurse through proper supervision, management, and training.
- E. Obtaining instruction and supervision as necessary when implementing nursing techniques or practices.

- F. Conducting a comprehensive nursing assessment by assessing the patient's needs, initially and ongoing; formulating a nursing diagnosis; planning for, implementing, and evaluating the nursing care in the promotion and the maintenance of health of each patient for whom responsibility has been accepted.
- G. Organizing, administering, and supervising the implementation and evaluation of a written nursing care plan for each patient for whom responsibility has been accepted.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

*Rule 1.3 Supervision and Delegation.* The RN shall be held accountable for the quality of nursing care given by self or others being supervised. The registered nurse:

A. May:

- 1) Assign specific nursing duties and/or patient treatments to other qualified personnel based on educational preparation, experience, knowledge, credentials, competency, and physical and emotional ability to perform the duties.
- 2) Assign duties of administration of patient medications to other licensed nurses only (either a RN or LPN), except as set out in Mississippi Board of Nursing Administrative Code, Part 2860.

B. Shall:

- 1) Appraise the care given by the licensed nursing staff and auxiliary workers under the licensee's direction and shall give guidance and assistance as needed.
- 2) Be responsible for the clinical nursing record which reflects the patient's nursing care and progress. The nurse may delegate the recording of care given and the observations made to assistants who rendered the service.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

*Rule 1.4 Communication.* The RN shall be responsible and accountable for communicating patient response to nursing interventions to other members of the health team.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

## **Part 2830 Chapter 2: Functions of the Licensed Practical Nurse**

*Rule 2.1 LPN Supervision.* The LPN gives nursing care, which does not require the specialized skill, judgment, and knowledge required of a RN, under the direction of the RN, advanced practice registered nurse (APRN), licensed physician or licensed dentist. The LPN shall not be supervised by unlicensed personnel.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

*Rule 2.2 Responsibility.* The LPN shall be responsible and accountable for:

- A. Knowledge of and compliance with the laws and regulations governing the practice of nursing in the State of Mississippi.
- B. Practicing within the scope of practice as established by the Board and according to generally accepted standards of practice.
- C. Accepting responsibility for individual nursing actions, competence, decisions and behavior in the course of nursing practice.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

*Rule 2.3 Provision of Care.* The LPN performs the following functions in any area of the health care setting: Assist the RN in the planning, implementation, and evaluation of nursing care by:

- A. Respecting the rights of the patient which includes but is not limited to:
  - 1) Conducting practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin, disability or disease;
  - 2) Respecting the dignity and rights of patients regardless of social or economic status, personal attributes or nature of health problems;
  - 3) Respecting the patient's right to privacy by protecting confidential information unless obligated by law to disclose the information;
  - 4) Respecting the rights of patients by protecting the patient from abuse, inflicted by self or others, neglect, or exploitation; and
  - 5) Respecting the property of patients, family, significant others, and the employer.
- B. Providing for the emotional and physical comfort of patients.
- C. Observing, recording, and reporting to the appropriate person the signs and symptoms which may be indicative of change in the patient's condition and/or responses to nursing interventions.
- D. Conducting focused nursing assessments, which is an appraisal of the patient's status and situation at hand that contributes to ongoing data collection and the comprehensive assessment by the RN.
- E. Performing nursing procedures and activities for which the LPN has the necessary degree of knowledge, skill and judgment.

F. Assisting with the rehabilitation of patients according to the patient's care plan.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

*Rule 2.4 Scope of Practice - IV Therapy.*

- A. The LPN performing IV therapy must have successfully completed education and training provided by an IV therapy integrated accredited nursing program or Board-approved IV therapy course.
- B. Evidence of education and training must be documented via official transcript and accessible for audit purposes.
- C. The LPN who endorses a license and has successfully completed an IV therapy training program through an IV therapy integrated accredited nursing program in another jurisdiction must complete a Board-approved IV therapy delineation course before performing acts of IV therapy.
- D. The LPN who has received the appropriate education and training may perform the following acts of IV therapy without an additional Board certification:
  - 1) Maintain patency of a peripheral intermittent vascular access device using a nontherapeutic dose of a flush solution.
  - 2) Maintain the peripherally inserted central catheter and central venous infusion of Board-approved IV fluids by checking the flow rate and changing the site dressing.
  - 3) Initiate the administration of Board-approved IV fluids and medications via a peripheral route. The peripheral route does not include midline, central venous catheters, midclavicular catheters, or peripherally inserted central catheters.
- E. Board-approved IV fluids and medications are as follows:

<b>FLUID(S) AND/OR MEDICATION(S)</b>	<b>RECOMMENDED DOSAGE LIMITATIONS</b>
<b>Sodium Chloride Solutions</b>	
NaCl 0.225% (1/4 NS)	20 ml to 150 ml per hour
NaCl 0.45% (1/2 NS)	20 ml to 150 ml per hour
NaCl 0.9% (NS)	20 ml to 150 ml per hour
<b>Dextrose Solutions</b>	
dextrose in water 5% (D5W)	20 ml to 150 ml per hour

<b>Solutions with a Combination of Dextrose and Sodium Chloride</b>	
5% dextrose and NaCl 0.225% (D5 1/4 NS)	20 ml to 150 ml per hour
5% dextrose and NaCl 0.45% (D5 1/2 NS)	20 ml to 150 ml per hour
5% dextrose and NaCl 0.9% (D5 NS)	20 ml to 150 ml per hour
<b>Electrolyte Solutions</b>	
5% dextrose and Lactated Ringer's (D5LR)	20 ml to 150 ml per hour
Lactated Ringer's Or Ringer's lactate (LR or RL)	20 ml to 150 ml per hour
<b>Electrolyte Additives</b>	
Magnesium Sulfate mixed in 1000ml solution	Maximum dose 2 grams to 5 grams per 1000 ml of fluid
Potassium Chloride mixed in 1000ml solution	Maximum 40 mEq per 1000 ml of fluid
<b>Vitamin Additives</b>	
Multivitamin additive (MVI or banana bag) for peripheral infusion only; not associated with total parenteral nutrition (TPN)	20 ml to 150 ml per hour
Thiamine	200 mg to 500 mg daily
<b>Anti-Infective Intravenous Piggyback Medication Classifications</b>	
Antibiotics	Per pharmaceutical protocol
Anti-Fungal	Per pharmaceutical protocol
Anti-Viral	Per pharmaceutical protocol

<b>Gastrointestinal Intravenous Piggyback Medication Classifications</b>	
Histamine type 2 receptor blockers	Per pharmaceutical protocol
Proton pump inhibitors	Per pharmaceutical protocol
Antiemetic	Per pharmaceutical protocol
<b>Medications approved in Hemodialysis setting only</b>	
Bisphosphonate (Reclast)	Per pharmaceutical protocol
Erythropoietin	Per pharmaceutical protocol
Synthetic Vitamin D	Per pharmaceutical protocol
Heparin	1ml: 1000 units
0.9% Normal Saline (NS) Bolus for hypotensive episode	Per pharmaceutical protocol

F. The LPN performing IV therapy may NOT:

- 1) Initiate, regulate, add or administer medications to or discontinue a central venous line;
- 2) Administer or add the following to a peripheral venous line:
  - (a) IV push or bolus medications;
  - (b) Intravenous piggyback medications other than those approved by the Board.
  - (c) Parenteral nutritional agents other than vitamins;
  - (d) Blood, blood components, plasma, plasma expanders;
  - (e) Chemotherapeutic agents.
- 3) Perform any advanced acts of IV therapy listed in Part 2830, Chapter 2, Rule 2.4 D. with patients under two (2) years of age;
- 4) Perform any advanced acts of IV therapy listed in Part 2830, Chapter 2, Rule 2.4 D. with pediatric patients age two (2) years and older, unless:
  - (a) The patient is on a dedicated unit for pediatric patients; and
  - (b) A registered nurse is present on the pediatric patient care unit where IV therapy is being administered and is readily available to respond as needed.

G. Unless otherwise specified in these regulations, the LPN may perform IV therapy if the supervisor is physically on the premises where the patient is having nursing care provided. The physician or dentist may provide supervision in the medical or dental office. In all other settings, supervision and delegation must be by a registered nurse.

H. IV therapy as listed in Part 2830, Chapter 2, Rule 2.4 may not be performed by the LPN in the home setting.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

*Rule 2.5 Scope of Practice - Hemodialysis.*

- A. The LPN performing hemodialysis must have successfully completed education and training certified by the Mississippi State Department of Health and licensed as a dialysis unit, consisting of both theory and clinical for hemodialysis.
- B. The LPN that has never completed a hemodialysis training program through a licensed dialysis unit must receive education and training before being permitted to perform acts of hemodialysis.
- C. Evidence of education and training must be documented and accessible for audit purposes.
- D. The LPN who endorses a license and has successfully completed a hemodialysis training program through a licensed dialysis unit in another jurisdiction must complete a Board-approved hemodialysis delineation course before performing acts of hemodialysis.
- E. The LPN who has received the appropriate education and training may perform the following acts of hemodialysis without an additional Board certification:
  - 1) Initiate and discontinue hemodialysis via fistula needles in the peripheral fistula or graft;
  - 2) Inject intradermal lidocaine in preparation for dialysis and access;
  - 3) Initiate and discontinue hemodialysis via catheter;
  - 4) Administer heparin intravenously, including:
    - (a) Draw up and administer heparin (1 ml:1000 units strength) for initial and continued administration; and
    - (b) Loading and activating the constant infusion pump and/or intermittently injecting the prescribed dose.
  - 5) Administer saline intravenously, including:
    - (a) Administration of a saline bolus during a hypotensive episode (this must be in accordance with an agency protocol and with RN supervision and consultation); and
    - (b) Administration and regulation of a normal saline solution for purpose of maintaining the fluid plan that is established by the RN;
  - 6) Draw up and administer erythropoietin intravenously; and
  - 7) Draw up and administer synthetic vitamin Ds intravenously.
- F. The LPN performing hemodialysis may function in this role and scope of practice only under the direct supervision of a registered nurse.
- G. The LPN performing hemodialysis may function in this role only in hemodialysis facilities which are certified by the Mississippi State Department of Health, Division of Licensure and Certification, or its successor agency.
- H. The LPN performing hemodialysis may NOT:
  - 1) Administer or add the following except as specified in Part 2830, Chapter 2, Rule 2.5 E.:

- (a) IV medications; or
  - (b) Blood, blood components, plasma, plasma expanders; or
  - (c) Hypertonic solutions; or
- 2) Determine or regulate the dosage of heparin; or
  - 3) Perform hemodialysis in the home setting.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

*Rule 2.6 Charge Nurse.*

- A. LPNs may assume "charge nurse" responsibilities in long-term units if RN supervision is available at all times for consultation. "Available" shall mean able and obligated to respond immediately to telephone calls from the facility and/or facility personnel.
- B. An LPN functioning as a "charge nurse" does not assume supervisory responsibilities over other nurses; rather, the LPN assumes additional administrative responsibilities.
- C. The LPN's scope of practice remains unchanged.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

*Rule 2.7 Shall Not Function in a Supervisory Capacity.* The LPN shall not function in a supervisory capacity over other licensed nurses.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).