

§ 21.16. Immunizations.

(a) Immunization and skin testing is a proper function of a registered nurse and is a function regulated by this section, and the function may not be performed unless all of the following conditions are met:

(1) A written order has been issued by a licensed physician. The order may be a standing order applicable to individuals or groups.

(2) The policies and procedures under which the registered nurse may administer immunizing agents and do skin testing have been established by a committee representing the nurses, the physicians and the administration of the agency or institution. These written policies and procedures shall be available to the nurse. The committee shall also perform the following functions:

(i) Identify the immunizing and skin testing agents which the nurse may administer.

(ii) Determine contraindications for the administration of specific immunizing and skin testing agents.

(iii) Outline medical principles governing the treatment of possible anaphylactic reactions.

(iv) Establish instruction and supervised practice required to insure competency in administering immunizing and skin testing agents.

(b) Following skin testing, the size of the induration or its absence may be observed and recorded by the properly instructed registered nurse.

Source

The provisions of this § 21.16 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial page (9692).

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§ 21.145. Functions of the LPN.

(a) The LPN is prepared to function as a member of the health-care team by exercising sound nursing judgment based on preparation, knowledge, skills, understandings and past experiences in nursing situations. The LPN participates in the planning, implementation and evaluation of nursing care in settings where nursing takes place.

(b) The LPN administers medication and carries out the therapeutic treatment ordered for the patient in accordance with the following:

(1) The LPN may accept a written order for medication and therapeutic treatment from a practitioner authorized by law and by facility policy to issue orders for medical and therapeutic measures.

(2) The LPN may accept an oral order if the following conditions are met:

(i) The practitioner issuing the oral order is authorized by law and by facility policy to issue oral orders for medical and therapeutic measures.

(ii) The LPN has received instruction and training in accepting an oral order in an approved nursing education program or has received instruction and training in accepting an oral order in accordance with the established policies and protocols of the facility.

(iii) The policy of the facility permits an LPN to accept an oral order.

(iv) The regulations governing the facility permit an LPN to accept an oral order.

(3) The LPN shall question any order which is perceived as unsafe or contraindicated for the patient or which is not clear and shall raise the issue with the ordering practitioner. If the ordering practitioner is not available, the LPN shall raise the issue with a registered nurse or other responsible person in a manner consistent with the protocols or policies of the facility.

(4) The LPN may not accept an oral order which is not within the scope of functions permitted by this section or which the LPN does not understand.

(5) An oral order accepted by the LPN shall be immediately transcribed by the LPN in the proper place on the medical record of the patient. The transcription shall include the prescriber's name, the date, the time of acceptance of the oral order and the full signature of the LPN accepting the oral order. The countersignature of the ordering practitioner shall be obtained in accordance with applicable regulations of the Department of Health governing the licensed facility.

(c) The LPN participates in the development, revision and implementation of policies and procedures designed to insure comfort and safety of patients in collaboration with other health care personnel.

(d) The Board recognizes codes of behavior as developed by appropriate practical nursing associations as the criteria for assuring safe and effective practice.

(e) The LPN may administer immunizing agents and do skin testing only if the following conditions are met:

(1) The LPN has received and satisfactorily completed a Board approved educational program which requires study and supervised clinical practice intended to provide training necessary for administering

immunizing agents and for performing skin testings.

(2) A written order has been issued by a licensed physician pertaining to an individual patient or group of patients.

(3) Written policies and procedures under which the LPN may administer immunizing agents and do skin testing have been established by a committee representing the nurses, the physicians and the administration of the agency or institution employing or having jurisdiction over the LPN. A current copy of the policies and procedures shall be provided to the LPN at least once every 12 months. The policies and procedures shall provide for:

(i) Identification of the immunizing and skin testing agents which the LPN may administer.

(ii) Determination of contraindications for the administration of specific immunizing and skin testing agents.

(iii) The listing, identification, description and explanation of principles, including technical and clinical indications, necessary for the identification and treatment of possible adverse reactions.

(iv) Instruction and supervised practice required to insure competency in administering immunizing and skin testing agents.

(f) The LPN may perform venipuncture and administer and withdraw intravenous fluids only if the following conditions are met:

(1) The LPN has received and satisfactorily completed a Board approved educational program which requires study and supervised clinical practice intended to provide training necessary for the performance of venipuncture and the administration and withdrawal of intravenous fluids as authorized by this section.

(2) A specific written order has been issued by a licensed physician for an individual patient under the care of a licensed physician.

(3) The LPN complies with written policies and procedures which are established by a committee of nurses, physicians, pharmacists and the administration of the agency or institution employing or having jurisdiction over the LPN and which set forth standards, requirements and guidelines for the performance of venipuncture by the LPN and for the administration and withdrawal of intravenous fluids by the LPN. A current copy of the policies and procedures shall be provided to the LPN at least once every 12 months. The policies and procedures shall include standards, requirements and guidelines which:

(i) List, identify and describe the intravenous fluids which may be administered by the LPN. The LPN is not authorized to administer the following intravenous fluids:

(A) Antineoplastic agents.

(B) Blood and blood products.

(C) Total parenteral nutrition.

(D) Titrated medications and intravenous push medications other than heparin flush.

(ii) List, identify and describe the circumstances under which venipuncture may be performed, including technical and clinical indications.

(iii) List, identify, describe and explain principles, including technical and clinical indications, necessary for the identification and treatment of possible adverse reactions.

(iv) Provide for and require inservice instruction and supervised practice to insure competent performance of venipuncture and competent administration and withdrawal of intravenous fluids.

(4) An accurate record is made concerning:

(i) The time of puncture or injection or withdrawal of the intravenous fluid.

(ii) The type of intravenous fluid injected.

(iii) The amount of intravenous fluid injected.

(iv) The site of the puncture or injection.

(v) Reactions to the puncture or the intravenous fluid injected.

(g) The Board will issue annually to the LPN definitive information describing the nature, scope and extent of authorized functions and practice concerning immunization, skin testing, venipuncture and the administration and withdrawal of intravenous fluids.

Authority

The provisions of this § 21.145 amended under section 506 of The Administrative Code of 1929 (71 P. S. § 186); sections 8 and 17.6 of the Practical Nurse Law (63 P. S. § § 658 and 667.6); and section 2.1(k) of the Professional Nursing Law (63 P. S. § 212.1(k)).

Source

The provisions of this § 21.145 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061; amended August 4, 1989, effective August 5, 1989, 19 Pa.B. 3281; amended December 19, 2003, effective December 20, 2003, 33 Pa.B. 6219. Immediately preceding text appears at serial pages (268677) to (268680).

Cross References

This section cited in 49 Pa. Code § 21.414 (relating to interpretations regarding the functions of Licensed Practical Nurses (LPN)—statement of policy).

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