



## South Carolina Department of Labor, Licensing and Regulation

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### ADVISORY OPINION # 33

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**Question:** Is it within the role and scope of a licensed practical nurse (LPN) to practice without on-site registered nurse (RN) supervision under certain circumstances?

The South Carolina Board of Nursing acknowledges the practice of LPN's without on-site RN supervision under certain circumstances. The South Carolina Board of Nursing has adopted the following guidelines as minimally acceptable standards for the licensed practical nurse (LPN) to provide nursing care authorized for LPNs under the South Carolina Nurse Practice Act without the on-site supervision of a registered nurse (RN), licensed physician, or licensed dentist in home or residential care settings and public schools and Department of Juvenile Justice (DJJ) and Department of Corrections (DOC) facilities and institutions, as specifically provided by S.C. Code Ann. Section 40-33-44:

#### A. Education

1. The curriculum, as taught in the practical nursing education programs, is a standardized and tested curriculum. The curriculum is based on the test plan administered by the National Council of State Boards of Nursing as testing minimal competencies for entering into the practice of practical nursing. Any additional act that is to be done outside this test plan requires additional individual education and training to perform the skill and establish competency.

Before an LPN is employed to provide practical nursing care without on-site supervision, the LPN should have at least one (1) year of satisfactory clinical practice experience.

The LPN should have demonstrated the required competencies, as assessed and documented by a supervising RN. Competency to perform certain skills outside the test plan should be validated initially and yearly by a RN.

Recognizing these responsibilities are an additional act for the LPN, the Board recommends that the nursing department complete a comprehensive literature review and consult with clinical experts and legal counsel prior to implementation. If implementation is in order, then appropriate written policies, procedures, and standing orders should be developed which specify required special education and training. This special education and training should include documented safety practices and other didactic material as well as clinical skill competency components.

**B. Plans of care and assessment of clients**

An LPN who is responsible for data collection without on-site RN supervision in the following settings, as permitted by law, should provide nursing care within the scope of licensed practical nursing in this State and any additional competencies for which the LPN has been properly trained and validated. In each setting, the relationship between the LPN and the supervising RN should include, at a minimum, the following responsibilities:

**(1) In Home Health and Hospice Settings:**

- a. The RN should perform the initial assessment, determine appropriate care, and develop a plan of care for the LPN to carry out.
- b. The RN is responsible for assuring that the LPN has successfully mastered the necessary competencies to follow the plan of care.
- c. The LPN is responsible for noting changes in the client status and notifying the RN and/or physician for further instructions.

**(2) Public Schools and Department of Juvenile Justice and Department of Corrections Institutions and Facilities:**

- a. The RN should establish generic plans of care regarding the specific health care needs of the populations in the public schools or the Department of Juvenile Justice or Department of Corrections institutions and facilities for which the RN and LPN are responsible.
- b. The RN is responsible for assuring that the LPN has successfully mastered the necessary competencies to follow the plan of care. Documentation of appropriate education and training regarding each competency should be maintained in the individual LPN's educational file.
- c. The LPN is responsible for recognizing deviations from the applicable plan of care or health status and notifying the RN and/or physician for further instructions.

**(3) Accessibility to Supervising RN:**

**An emergency plan must always be in place to access the RN by telecommunication, such as a beeper or cellular phone. There must always be telephone capability for the LPN to contact 911.**

**This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.**