Practice Memo

DATE: December 9, 2008

FROM: Teresa Bateman, Director of Professional Practice, CLPNA

TO: Members and Stakeholders

RE: Change in Scope of Practice – Medications by Intravenous Push

For several months now we have been engaged in conversation with several health regions examining the possibility of allowing LPNs in some acute care environments to administer specific medications via direct push, intravenously (IV).

LPNs in acute care are part of a multidisciplinary health team and many are now competent in medication administration via a peripheral IV. Some settings are moving away from the use of mini-bags and buretrols for dilution of medications for intravenous administration and are utilizing direct push methods for the wide range of IV medications.

The Health Professions Act, LPN Regulation 2003 - 13 (3), authorizes the LPN to administer fluids or medications via intravenous. The CLPNA Competency Profile 2nd Edition (2005) notes parameters around direct peripheral IV push medications (V-2-11). CLPNA currently authorizes the Renal Dialysis Specialty areas to administer direct peripheral IV medications due to the nature of this practice area and the advanced skill and expertise of those LPNs who have obtained the Specialty.

Because of these changes in practice and the fact that there are high levels of support in acute care practice settings, the CLPNA Council has recently approved a scope of practice change for LPNs. The competency of direct IV push is now considered an “Additional Competency”. This competency must be appropriate and supported within the specific practice setting through policy, procedure, and education, including theory, lab, and clinical supports, to ensure safe practice.

This information will be communicated with employers through the CLPNA ReguLink and with membership through CARE magazine and the CLPNA website.

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References: