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Owner: Lynne Macho: LD TRAINING AND EDUCATION
Policy Area: Nursing
References: Policy, SRS, Scope of Practice
Applicability: Rees - Sharp

Scope of Practice - Registered Nurse, 30102

I. PURPOSE:

To provide Scope of Practice guidelines for Registered Nurses (RN) at Sharp Rees-Stealy (SRS).

II. DEFINITIONS:

- A. **BRN:** Board of Registered Nursing
- B. **Practice of Nursing:** Those functions, including basic health care, which help people cope with difficulties in daily living which are associated with their actual or potential health or illness problems, or treatment thereof, which require a substantial amount of scientific knowledge or technical skill.
- C. **Organized Health Care Systems:** Per Section 2725(a) includes, but are not limited to, licensed health facilities, clinics, home health agencies, physicians' offices, and public or community health services.
- D. **Standardized Procedure:** An RN may perform certain functions or procedures by following the guidelines developed by the California Board of Registered Nursing (BRN) and under the conditions specified by Sharp Rees-Stealy and its medical staff. The RN must be competency validated.
- E. **Triage:** Assessing patients and determining their level of need for medical assistance.

III. TEXT:

1. Scope of Registered Nursing Practice:

- A. The activities comprising the practice of nursing are outlined in the Nursing Practice Act, Business Professions Code Section 2725.
- B. RNs are responsible for:
 - 1. Knowing their legal scope of practice as defined by the California Board of Registered Nursing and for practicing within that scope.
 - 2. Keeping up with any current applicable changes in their scope of practice.
 - 3. Maintaining clinical competence with regards to those skills and activities expected of an RN.
- C. If an RN is expected to perform an activity AND:
 - 1. The RN does not feel clinically competent, the RN should consult with their immediate supervisor for clarification.

2. The RN questions the legal scope of practice for that activity, the RN should consult with their immediate supervisor for clarification.

2. Registered Nurse Functions:

- A. Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures.
- B. Direct and indirect patient care services necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, podiatrist, or clinical psychologist. This includes, but is not limited to, the administration of medications and therapeutic agents as defined by [Section 1316.5 of the Health and Safety Code](#).
- C. The performance of skin tests, immunization techniques, assessing tympanic membrane (ear drum) before and after an ear lavage, and the withdrawal of human blood from veins and arteries.
 1. RN may assess the tympanic membrane before and after an ear lavage is performed by an Licensed Vocational Nurse or Medical Assistant.
- D. Observation of signs and symptoms of illness, reactions to treatment, general behavior, and general physical condition including:
 1. determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and
 2. implementation, based on observed abnormalities, of appropriate reporting, standardized procedures, changes in treatment regimen (in accordance with standardized procedures), or the initiation of emergency procedures.
 - a. A standardized procedure is developed through collaboration among registered nurses, physicians and administrators in the organized health care system in which it is to be used. Because of this interdisciplinary collaboration, there is accountability on several levels for the activities to be performed by the registered nurse. (See [Standardized Procedure - Implementation in Nursing Units, 30719.99](#))
 - b. RNs that have completed procedure specific competencies, received certification and/or completed required training shall be allowed to perform said procedures by the Sharp Rees-Stealy Medical Group.
- E. Triage:
 1. Both over the telephone and when a patient presents to a facility.
 2. The BRN interprets RN scope of practice to include tele-nursing and telephone triage.
 3. A California RN license is required for any RNs to provide telephone medical advice services to California addresses.
 4. It is incumbent upon the RN to be knowledgeable and competent with triage protocols when offering telephonic assessment, evaluation, referral, or advice to patients or their family members.
- F. Conscious Sedation:
 1. With a physician order, may administer medications for the purpose of induction of conscious sedation for short-term therapeutic, diagnostic or surgical procedures.
 2. RNs managing the care of patients receiving conscious sedation will continuously monitor patients and shall not leave the patient unattended or engage in tasks that would compromise continuous

monitoring of the patient by the registered nurse.

- G. Delegation and supervision of patient care activities performed by subordinates (i.e the verification of medication prepared for administration by a medical assistant).
 - 1. RNs have an obligation to ensure that subordinates are clinically competent to perform the functions delegated to them and are within their Scope of Practice.
- H. Only RNs who have been SRS trained and annually competency validated may access and manage a Central Venous Access Device (CVAD) in accordance with Sharp Healthcare Policy and Procedures. (See [Central Venous Access Device, Arterial and Midline Catheter: Dressing Change Adult Patients #30601.01](#))

IV. REFERENCES:

- A. Accreditation Association for Ambulatory Health Care (AAAHC). (2018). Accreditation handbook for ambulatory health care. Retrieved from <https://sharpnet.sharp.com/medGroups/srs/upload/AAAHC-2018-Manual.pdf>
- B. California Board of Registered Nursing. (2011). *An explanation of the scope of RN practice including standardized procedures*. Downloaded on April 21, 2020 from <https://www.rn.ca.gov/pdfs/regulations/npr-b-03.pdf>
- C. California Board of Registered Nursing. (2013). *California nursing practice act*. Downloaded on April 21, 2020 from <https://www.rn.ca.gov/pdfs/regulations/npr-i-15.pdf>
- D. California Board of Registered Nursing. (2013). *Conscious sedatio/moderate sedation*. Downloaded on April 21, 2020 from <https://www.rn.ca.gov/pdfs/regulations/npr-b-06.pdf>
- E. California Board of Registered Nursing. (2020). *Nursing practice*. Downloaded on April 21, 2020 from <https://www.rn.ca.gov/practice/index.shtml>
- F. California Board of Registered Nursing. (2020). *Publications*. Downloaded on April 21, 2020 from <https://www.rn.ca.gov/forms/pubs.shtml>
- G. California Board of Registered Nursing. (2011). *RN tele-nursing and telephone triage*. Downloaded on April 21, 2020 from <https://www.rn.ca.gov/pdfs/regulations/npr-b-35.pdf>
- H. California Board of Registered Nursing. (1991). *The RN as supervisor*. Downloaded on April 21, 2020 from <https://www.rn.ca.gov/pdfs/regulations/npr-i-12.pdf>
- I. California Health and Safety Code. (2012). *Division 2. Licensing Provisions, Chapter 2. Health Facilities, Article 7. Other Services, Section 1316.5*. Downloaded on May 1, 2020 from http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=1316.5
- J. Health Care Support. (n.d.) Triage nurse. Downloaded on April 21, 2020 from <https://www.healthcaresupport.com/triage-nurse/>

ORIGINATOR:

Nursing Policy and Procedure Committee

ACCREDITATION:

- A. AAAHC (2018): 4.A-D.

V. CROSS REFERENCES:

- A. SHC Policy: [Standardized Procedure - Implementation in Nursing Units, 30719.99](#)
- B. SHC Policy: [Central Venous Access Device, Arterial and Midline Catheter: Dressing Change Adult Patients, 30601.01](#)

VI. ATTACHMENTS:

N/A

VII. APPROVALS:

A. Ongoing:

1. SRS Nursing Policy & Procedure Committee: 2/03, 8/06, 6/12, 5/15, 4/20
2. SRS Patient Care Managers: 11/06, 6/12, 4/20
3. SRS Policy & Procedure Committee: 11/07, 5/20
4. SRS Directors of Ambulatory Care Services (PC, UC, Specialities): 5/20
5. SRS Director of Surgical Specialty Care: 11/20
6. SRS ENT Department Chair: 11/20
7. SRS Vice President of Health Services: 4/20
8. SRS Chief Clinical Operations Officer: 5/20
9. System Policy & Procedure Steering Committee: 1/08

B. Historic:

Patient Care Leadership Committee – 04/03, 6/12
Director of Urgent Care, Staff Development and Special Projects 10/09; 05/2016
SRS Director of Nursing – 03/17

VIII. REPLACES:

None

IX. HISTORY:

System #30102; originally dated 01/08
Reviewed/Revised: 12/09; 07/12; 08/15; 06/16; 04/17;

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Site Admin	Karen Whitten: POLICY & PROCEDURE COORD	5/6/2020
Regulatory	Trina Souza: DIR AMBULATORY CARE SVCS-SRS	5/5/2020
Editor	Margaret Murphy: STAFF DEVELOPMENT SPEC	5/1/2020
	Lynne Macho: LD TRAINING AND EDUCATION	5/1/2020

Applicability

Sharp HealthCare, Sharp Rees Stealy

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