



## Arizona State Board of Nursing

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An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

**OPINION: VENTILATOR CARE BY LPNS**  
**APPROVED DATE: 5/93**  
**REVISED DATE: 3/03, 03/07, 1/11**  
**ORIGINATING COMMITTEE:**  
**SCOPE OF PRACTICE COMMITTEE**

Within the Scope of Practice of    RN   X   LPN

### ADVISORY OPINION VENTILATOR CARE BY LICENSED PRACTICAL NURSES

It is NOT within the Licensed Practical Nurse (LPN) scope of practice to independently implement nursing actions based on conclusions of assessments drawn from his/her observations. e.g. perform ventilator adjustments.

It is within the LPN scope of practice to provide care to a ventilator dependent patient under the supervision and delegation of a Registered Nurse (RN).

Supervision is defined as “the direction and periodic consultation provided to an individual to who a nursing task or patient care activity is delegated.” (R4-19-101)

LPNs may assist with ventilator care by providing basic care, making observations, and by recording and reporting such observations.

#### I. GENERAL REQUIREMENTS

- A. Written policy and procedures addressing all aspects of care are maintained by the employer/agency.
- B. The LPN who has satisfactorily completed an instructional program and supervised clinical practice is allowed to provide nursing care to the ventilator dependent patient.
- C. Documentation of satisfactory completion of the instructional program and supervised clinical practice is on file with the employer.
- D. The documentation of education and demonstrated proficiency must be maintained on an ongoing basis.

#### II. COURSE OF INSTRUCTION is to include ~~but~~ and is not limited to:

- A. Anatomy and physiology of the respiratory system.
- B. Set-up and management of equipment, including emergency resuscitation equipment.
- C. Signs and symptoms of respiratory distress/ventilator malfunction.
- D. Indications for and performance of oral care and tracheal suctioning.

- E. Signs of ventilator malfunctions, including instruction in alarm interpretation and level of importance.
- F. Management of complications related to ventilator care.
- G. Replacement of an inner- tracheostomy cannula in an established tracheostomy.
- H. Appropriate communication techniques to use with mechanically ventilated patients.

### III. RATIONALE

A LPN may manage aspects of routine ventilator care in a ventilator-dependent patient. Acts which involve patient diagnosis or prescription of nursing interventions to implement a strategy of care, for example, changing ventilator settings in response to laboratory results or change in patient condition, is not within the LPN scope of practice. It is recognized that LPNs may need to respond to patient status changes in which emergency intervention is required. Therefore, LPNs must be trained to intervene in life-threatening emergencies when resuscitation is necessary.

### IV. REFERENCES

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