

**Arizona Board of Nursing Scope of Practice Questions & Answers**  
**SCOPE OF PRACTICE – Registered Nurse (RN)**

**1. What is the definition of a registered nurse (RN)?**

As defined in [A.R.S. § 32-1601 \(23\)](http://www.azleg.gov/ars/32-1601) (<https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01601.htm>), a "Registered nurse" or "professional nurse" means a person who practices registered nursing and who holds a registered nurse license issued pursuant to this chapter or pursuant to a multistate compact privilege.

"Registered nursing" includes the following:

- (a) Diagnosing and treating human responses to actual or potential health problems.
- (b) Assisting individuals and groups to maintain or attain optimal health by implementing a strategy of care to accomplish defined goals and evaluating responses to care and treatment.
- (c) Assessing the health status of individuals and groups.
- (d) Establishing a nursing diagnosis.
- (e) Establishing goals to meet identified health care needs.
- (f) Prescribing nursing interventions to implement a strategy of care.
- (g) Delegating nursing interventions to others who are qualified to do so.
- (h) Providing for the maintenance of safe and effective nursing care that is rendered directly or indirectly.
- (i) Evaluating responses to interventions.
- (j) Teaching nursing knowledge and skills.
- (k) Managing and supervising the practice of nursing.
- (l) Consulting and coordinating with other health care professionals in the management of health care.
- (m) Performing additional acts that require education and training as prescribed by the board and that are recognized by the nursing profession as proper to be performed by a registered nurse.

**2. What is the registered nurse (RN) scope of practice?**

The Nurse Practice Act defines standards related to the scope of practice for registered nurses in the [Rule R4-19-402 \(https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3\\_.2019.pdf\)](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), specifically:

- A. A registered nurse (RN) shall perform only those nursing activities for which the RN has been prepared through basic registered nursing education and those additional skills which are obtained through subsequent nursing education and within the scope of practice of an RN as determined by the Board.
- B. A RN shall:
  - 1. Practice within the legal boundaries of registered nursing within the scope of practice authorized by A.R.S. Title 32, Chapter 15 and 4 A.A.C. 19;
  - 2. Demonstrate honesty and integrity;
  - 3. Base nursing decisions on nursing knowledge and skills, the needs of clients, and registered nursing standards;
  - 4. Accept responsibility for individual nursing actions, decisions, and behavior in the course of registered nursing practice;
  - 5. Maintain competence through ongoing learning and application of knowledge in registered nursing practice;
  - 6. Protect confidential information unless obligated by law to disclose the information;
  - 7. Report unprofessional conduct, as defined in A.R.S. § 32-1601(24) and further specified in R4-19-403 and R4-19-814, to the Board;
  - 8. Respect a client's rights, concerns, decisions, and dignity;
  - 9. Maintain professional boundaries;
  - 10. Respect a client's property and the property of others; and
  - 11. Advocate on behalf of a client to promote the client's best interest.
- C. In utilizing the nursing process to plan and implement nursing care for clients across the life-span, a RN shall:
  - 1. Conduct a nursing assessment of a client in which the nurse:
    - a. Recognizes client characteristics that may affect the client's health status;
    - b. Gathers or reviews comprehensive subjective and objective data and detects changes or missing information;
    - c. Applies nursing knowledge in the integration of the biological, psychological, and social aspects of the client's condition; and
    - d. Demonstrates attentiveness by providing ongoing client surveillance and monitoring;
  - 2. Use critical thinking and nursing judgment to analyze client assessment data to:
    - a. Make independent nursing decisions and formulate nursing diagnoses; and
    - b. Determine the clinical implications of client signs, symptoms, and changes, as either expected, unexpected, or emergent situations;
  - 3. Based on assessment and analysis of client data, plan strategies of nursing care and nursing interventions in which the nurse;
    - a. Identifies client needs and goals;
    - b. Formulates strategies to meet identified client needs and goals;
    - c. Modifies defined strategies to be consistent with the client's overall health care plan; and

- d. Prioritizes strategies based on client needs and goals;
- 4. Provide nursing care within the RN scope of practice in which the nurse:
  - a. Administers prescribed aspects of care including treatments, therapies, and medications;
  - b. Clarifies health care provider orders when needed;
  - c. Implements independent nursing activities consistent with the RN scope of practice;
  - d. Institutes preventive measures to protect client, others, and self;
  - e. Intervenes on behalf of a client when problems are identified;
  - f. Promotes a safe client environment;
  - g. Attends to client concerns or requests;
  - h. Communicates client information to health team members including:
    - i. Client concerns and special needs;
    - ii. Client status and progress;
    - iii. Client response or lack of response to interventions; and
    - iv. Significant changes in client condition; and
  - i. Documents the nursing care the RN has provided;
- 5. Evaluate the impact of nursing care including the:
  - a. Client's response to interventions;
  - b. Need for alternative interventions;
  - c. Need to communicate and consult with other health team members; and
  - d. Need to revise the plan of care;
- 6. Provide comprehensive nursing and health care education in which the RN:
  - a. Assesses and analyzes educational needs of learners;
  - b. Plans educational programs based on learning needs and teaching-learning principles;
  - c. Ensures implementation of an educational plan either directly or by delegating selected aspects of the education to other qualified persons; and
  - d. Evaluates the education to meet the identified goals;
- D. A RN assigns and delegates nursing activities. The RN shall:
  - 1. Assign nursing care within the RN scope of practice to other RNs;
  - 2. Assign nursing care to a LPN within the LPN scope of practice based on the RN's assessment of the client and the LPN's ability;
  - 3. Supervise, monitor, and evaluate the care assigned to a LPN; and
  - 4. Delegate nursing tasks to UAPs. In maintaining accountability for the delegation, an RN shall ensure that the:
    - a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;
    - b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;
    - c. Results of the task are reasonably predictable;
    - d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;
    - e. Selected client and circumstances of the delegation are such that delegation of the task poses minimal risk to the client and

- the consequences of performing the task improperly are not life-threatening;
- f. RN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;
- g. RN provides supervision and feedback to the UAP; and
- h. RN observes and communicates the outcomes of the delegated task.

When you have a question if a particular skill is within your scope of practice, refer to the Board's Advisory Opinion [Scope of Practice Decision Tree](https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Decision%20Tree-rev.09.2016.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Decision%20Tree-rev.09.2016.pdf>) to help determine if a particular skill is within your scope.

### 3. How do I know if a particular skill is within my scope of practice?

When you have a question if a particular skill is within your scope of practice, refer to the Board's Advisory Opinion [Scope of Practice Decision Tree](https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Decision%20Tree-rev.09.2016.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Decision%20Tree-rev.09.2016.pdf>) to help determine if a particular skill is within your scope.

### 4. Can a registered nurse (RN) assign and delegate nursing activities to others?

Yes, according to rule [R4-19-402 \(D. 1.-4.\)](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf) ([https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3\\_.2019.pdf](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf)), and the advisory opinion [Delegation of Nursing Tasks by RN/LPN](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-delegation-of-nursing-tasks-by-rn-lpn-rev92016.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-delegation-of-nursing-tasks-by-rn-lpn-rev92016.pdf>), the registered nurse can assign and delegate certain nursing tasks to unlicensed assistive personnel (UAP) and licensed nursing assistants (LNA) whom the nurse believes has the knowledge and skill to perform such tasks, taking into consideration training, cultural competence, experience and facility/agency policies and procedures. The RN maintains accountability for all tasks delegated to an LPN under the RN's supervision.

When the RN assigns and delegates nursing activities. The RN shall:

1. Assign nursing care within the RN scope of practice to other RNs;
2. Assign nursing care to a LPN within the LPN scope of practice based on the RN's assessment of the client and the LPN's ability;
3. Supervise, monitor, and evaluate the care assigned to a LPN; and
4. Delegate nursing tasks to UAPs. In maintaining accountability for the delegation, an RN shall ensure that the:
  - a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;
  - b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;
  - c. Results of the task are reasonably predictable;
  - d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;

- e. Selected client and circumstances of the delegation are such that delegation of the task poses minimal risk to the client and the consequences of performing the task improperly are not life-threatening;
- f. RN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;
- g. RN provides supervision and feedback to the UAP; and
- h. RN observes and communicates the outcomes of the delegated task.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked documents noted above.**

**5. Can a registered nurse (RN) insert or remove a central venous catheter?**

Yes, according to the [Advisory Opinion: Orders: Peripherally Inserted Central Catheter \(PICC\) Insertion, Suturing, Maintenance, Removal and Verification of Tip Placement](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-peripherally-inserted-central-catheter-picc-insertion-suturing-maintenance-removal-and-verification-of-tip-placement.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-peripherally-inserted-central-catheter-picc-insertion-suturing-maintenance-removal-and-verification-of-tip-placement.pdf>), it is within the scope of practice for a RN to insert, do suturing to secure, maintain, and remove a PICC and to obtain informed consent for placement of the PICC, in a manner consistent with agency/employer policies governing the informed consent process.

It is **not within** the scope of practice for a RN to perform fluoroscopy or operate radiographic equipment associated with the procedure.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**6. Can a registered nurse (RN) administer cervical ripening agents and prostaglandin suppositories?**

Yes, according to the [Advisory Opinion: Cervical Ripening Agents and Prostaglandin Suppositories](https://www.azbn.gov/sites/default/files/advisory-opinions/new/AO%20Cervical%20Ripening%20Agents%20%26%20Prostaglandin%20Suppositories%20rev.07.2019.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/new/AO%20Cervical%20Ripening%20Agents%20%26%20Prostaglandin%20Suppositories%20rev.07.2019.pdf>), it is within the scope of practice of an RN to administer cervical ripening agents for induction of labor or when it has been determined that there is fetal demise. Several requirements must be met including an order from a Licensed Independent Practitioner (LIP).

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**7. Can a registered nurse (RN) remove pleural and/or mediastinal chest tubes?**

Yes, according to the [Advisory Opinion: Chest Tubes: Removal of Pleural and Mediastinal Chest Tubes](https://www.azbn.gov/sites/default/files/advisory-opinions/new/AO%20Chest%20Tubes%20Removal%20of%20Pleural%20and%20Mediastinal%20Chest%20Tubes.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/new/AO%20Chest%20Tubes%20Removal%20of%20Pleural%20and%20Mediastinal%20Chest%20Tubes.pdf>).

[opinions/new/AO%20Chest%20Tubes%20Removal%20of%20Pleural%20%26%20Mediastinal%20Chest%20Tubes%20rev.%207.2019.pdf](https://www.azbn.gov/sites/default/files/advisory-opinions/new/AO%20Chest%20Tubes%20Removal%20of%20Pleural%20%26%20Mediastinal%20Chest%20Tubes%20rev.%207.2019.pdf)), it is within the scope of practice for RNs to remove pleural and/or mediastinal chest tubes. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**8. Can a registered nurse (RN) perform conservative sharp wound debridement?**

Yes, according to the [Advisory Opinion: Debridement, Conservative Sharp Wound \(https://www.azbn.gov/sites/default/files/advisory-opinions/new/aodebridementconservationsharpwoundrev012019.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/new/aodebridementconservationsharpwoundrev012019.pdf), it is within the scope of practice for an RN to perform conservative sharp wound debridement of necrotic tissue. RNs with documented education and demonstrated proficiency can safely perform this procedure.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**9. What is the registered nurse's (RN) scope of practice regarding deep sedation, moderate sedation/analgesia, and palliative sedation?**

According to the [Advisory Opinion: Sedation: Deep, Moderate, Palliative and Analgesia \(https://www.azbn.gov/sites/default/files/2020-07/AO%20Sedation%20%20%20Deep%2C%20%20Moderate%2C%20%20Palliative%20and%20Analgesia..pdf\)](https://www.azbn.gov/sites/default/files/2020-07/AO%20Sedation%20%20%20Deep%2C%20%20Moderate%2C%20%20Palliative%20and%20Analgesia..pdf), it is NOT within the scope of practice of a registered nurse (RN) who is not a certified registered nurse anesthetist (CRNA) to provide **deep sedation** for non-ventilated patients or to administer or monitor medications given to a general anesthesia level. It is within the scope of practice of an RN to administer medications to clinical response, when general requirements are met for the purpose(s) of:

- a. Deep sedation of a patient in acute care settings in the following situations:
  - 1) intubated,
  - 2) Mechanically ventilated (including continuous positive airway pressure [CPAP]), or 3) assisting with RSI.
- b. Moderate sedation for diagnostic or therapeutic procedures when a qualified licensed independent practitioner (LIP) is present at the bedside.
- c. Palliative (end of life) care.

Medications used for sedation may include opioids, barbiturates, and anesthetic agents at sub-anesthetic levels. It should be noted that sedation exists along a continuum and RNs who administer moderate sedation or deep sedation (with a ventilated patient) must be qualified to provide rescue support to patients who proceed to a deeper level of sedation.

The RN has the right and obligation to refuse to administer and/or continue to administer medication(s) in amounts/frequency that may produce sedation at a deeper level than desired.

Anesthetic agents administered locally to block sensations of pain in a specific area of the body and are not injected into the vascular system are not included in this advisory.

Several requirements must be met including following the written policies and procedures by the facility and employer and obtaining an order from a licensed independent practitioner.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

#### 10. What is the role of the registered nurse (RN) in determination of death?

According to the [Advisory Opinion: Determination of Death: Role of RN/LPN \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-determination-of-death-role-of-the-rn-lpn-rev32017.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-determination-of-death-role-of-the-rn-lpn-rev32017.pdf), it is within the scope of practice for an RN to assess a patient/client death.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

#### 11. What is the registered nurse (RN) scope or practice regarding endoscopic procedures?

According the [Advisory Opinion: Endoscopic Procedures: The Role of the RN/LPN \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-endoscopic-procedure-the-role-of-the-rn-9-17.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-endoscopic-procedure-the-role-of-the-rn-9-17.pdf), it is NOT within the scope of practice for a nurse to replace or assume the responsibilities of the endoscopist performing the procedure.

It is within the scope of practice for an RN or an LPN with appropriate knowledge and skill, to assist the endoscopist during the performance of endoscopic procedures and to perform selected acts under the continuous, direct, and on-site supervision and direction of the endoscopist performing the procedure. These selected acts may include, but are not limited to, the manipulation of the endoscope and the assistance of percutaneous endoscopic gastrostomy (PEG) tube insertion, under the principle of an “extra pair of hands.”

Manipulation of the endoscope is defined by the Society of Gastroenterology Nurses and Associates (SGNA) as “only the act of advancing or withdrawing the endoscope under direct supervision of the endoscopist” (SGNA, 2017, p. 1).

The nurse with current knowledge, competency, and experience in PEG tube placement may be given the responsibility to perform additional duties in the presence of and under the direct supervision of a physician endoscopist. The SGNA position statement on the role of the nurse in the placement of PEG tubes (2008) states that it is acceptable practice for RNs to provide ‘direct nursing care’ and ‘technical support.’

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**12. Can a registered nurse (RN) place an external jugular catheter for peripheral IV (EJ PIV) and/or peripherally inserted central catheter (EJ PICC)?**

Yes, according to the [Advisory Opinion: External Jugular Cannulation for the Peripheral IV \(EJ PIV\) and /or Peripherally Inserted Central Catheter \(EJ PICC\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-external-jugular-cannulation-for-peripheral-iv-ejpiv-and-or-peripherally-inserted-central-catherter-ejpicc-rev-3-2017.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-external-jugular-cannulation-for-peripheral-iv-ejpiv-and-or-peripherally-inserted-central-catherter-ejpicc-rev-3-2017.pdf>), it is within the scope of practice for an RN to insert a peripheral IV into the external jugular (EJ PIV) or for an RN competent in Peripherally Inserted Central Catheter (PICC) insertions to access the external jugular vein for a PICC line (EJ PICC). Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**13. Can the registered nurse (RN) perform flexible sigmoidoscopy for screening purposes?**

Yes, according to the [Advisory Opinion: Flexible Sigmoidoscopy for Screening Purposes](https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Flexible%20Sigmoidoscopy%20for%20Screening%20Purposes-rev.09.2016.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Flexible%20Sigmoidoscopy%20for%20Screening%20Purposes-rev.09.2016.pdf>), it is within the scope of practice of an RN who is educated and experienced in gastroenterology nursing and is trained in the techniques of flexible sigmoidoscopy, to perform this procedure for the purpose of colorectal cancer screening of average risk individuals. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**14. Can a registered nurse (RN) provide foot care?**

Yes, according to the [Advisory Opinion: Foot Care](https://www.azbn.gov/sites/default/files/AO-3-19-19/AOFootCarerev.01.2019.pdf) (<https://www.azbn.gov/sites/default/files/AO-3-19-19/AOFootCarerev.01.2019.pdf>), it is within the scope of practice for an RN to perform foot care on patients with high risk for significant complications based on patient assessment and level of nursing certification as delineated and detailed in the attached Advisory Opinion.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**15. Can a registered nurse (RN) administer immunizations using a nursing protocol?**

Yes, according to the [Advisory Opinion: Immunization Administration Using a Nursing Protocol \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-immunization-admin-using-a-nsg-protocol-9-2017.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-immunization-admin-using-a-nsg-protocol-9-2017.pdf), it is within the scope of practice for an RN or an LPN to administer specific immunizing agents or vaccines using a nursing protocol. The Centers for Medicare and Medicaid Services (CMS) allows nurses (regardless of setting) to administer influenza and pneumococcal vaccinations without a specific physician's order.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**16. What is the registered nurse's (RN) role in obtaining informed consent?**

According to the [Advisory Opinion: Informed Consent \(https://www.azbn.gov/sites/default/files/advisory-opinions/new/AO%20Informed%20Consent%20rev.07.2019.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/new/AO%20Informed%20Consent%20rev.07.2019.pdf), it is **NOT** within the scope of practice of the RN to advise patients (for the purposes of obtaining informed consent) of a procedure that the RN is not authorized to perform such as surgery, radiologic procedure etc. (i.e. a medical treatment plan).

It is within the scope of practice of the RN to advise patients of a procedure that the RN will perform or is authorized to perform (even if the RN will not be the person to perform it) when the general requirements are met (i.e. PICC insertion or blood consent).

It is within the scope of practice of an RN or an LPN to obtain written authorization from a patient, by having the patient sign the informed consent documentation and for the RN or LPN to witness such signature. The RN or LPN's witness signature merely indicates that the patient is the person who signed the informed consent documentation. The RN or LPN does not need to be present when the person performing the procedure provides the requisite advice of answers the patient's question. The RN or LPN may witness signatures on informed consent documents for procedures performed by others.

Before obtaining the patient's signature, the RN or LPN has the right and obligation to make certain the patient understood the advice that was provided by the healthcare provider performing the procedure and that the patient's questions were answered. If there is any concern that the patient does not understand the procedure or that the patient still has questions pertinent to the patient's decision to proceed with the procedure, the RN or LPN should **NOT** obtain the patient's signature and should promptly advise the healthcare provider who is able to perform the procedure that he or she needs to have further discussion with the patient before the informed consent document can be obtained.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**17. Can a registered nurse (RN) remove an intra-aortic balloon catheter?**

No, according to the [Advisory Opinion: Intra-Aortic Balloon Removal \(https://www.azbn.gov/sites/default/files/AO-3-19-19/AOIntraAorticBalloonCatheterRemovalrev.01.2019.pdf\)](https://www.azbn.gov/sites/default/files/AO-3-19-19/AOIntraAorticBalloonCatheterRemovalrev.01.2019.pdf), it is NOT within the Scope of Practice for an RN to remove an intra-aortic balloon catheter.

18. Can a registered nurse (RN) administer certain local anesthetic agents intradermal, subcutaneous, and submucosal for the purposes of analgesia and/or anesthesia prior to potentially painful procedures?

Yes, according to [Advisory Opinion: Local Anesthetics Agents Infiltration: Role of the Nurse \(https://www.azbn.gov/sites/default/files/2019-04/AO%20Local%20Anesthetic%20Agents%20Infiltration%20Role%20of%20the%20Nurse%2007.2018.pdf\)](https://www.azbn.gov/sites/default/files/2019-04/AO%20Local%20Anesthetic%20Agents%20Infiltration%20Role%20of%20the%20Nurse%2007.2018.pdf), it is within the scope of practice for an RN or an LPN to administer certain local anesthetic agents intradermal, subcutaneous, and submucosal for the purposes of analgesia and/or anesthesia prior to potentially painful procedures.

Tumescent lidocaine infiltration for ambulatory procedures, such as but not limited to, the treatment of hyperhidrosis, ambulatory phlebectomy and laser facial resurfacings would be within the RN scope under the direction of an licensed independent practitioner (LIP) and when certain criteria is met within the advisory opinion.

The licensed nurse must meet the general requirements and course of instruction listed in parts I and II of the advisory opinion.

**As a licensed professional you are HELD ACCOUNTABLE for the information in the linked document.**

19. Can a registered nurse (RN) administer intranasal midazolam (Versed) for the treatment of acute seizure outside the clinical setting?

Yes, according to the [Advisory Opinion: Intranasal Administration of Midazolam \(Versed\) for the Treatment of Acute Seizure Outside the Clinical Setting \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-intranasal-administration-of-versed-midazolam-for-treatment-of-signs-symptoms-of-acute-seizure-outside-the-clinical-setting-rev012017.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-intranasal-administration-of-versed-midazolam-for-treatment-of-signs-symptoms-of-acute-seizure-outside-the-clinical-setting-rev012017.pdf), it is within the scope of practice for an RN or an LPN to administer intranasal midazolam (Versed) prescribed for the purpose of treating signs and symptoms of seizure outside the clinical setting. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

20. Can a registered nurse (RN) insert Intrauterine Pressure Catheters (IUPC)?

Yes, according to the [Advisory Opinion: Intrauterine Pressure Catheters \(IUPC\) \(https://www.azbn.gov/sites/default/files/advisory-](https://www.azbn.gov/sites/default/files/advisory-)

[opinions/new/AO%20Intrauterine%20Pressure%20Catheters%20rev.07.2019.pdf](#)), it is within the scope of practice for an RN to insert an intrauterine pressure catheter (IUPC) if the agency's instructional program has been completed and competency documented. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**21. Can a registered nurse (RN) perform intrauterine or intracervical insemination?**

Yes, according to the [Advisory Opinion: Intrauterine/Intracervical Insemination \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-intrauterine-intracervical-insemination-rev-7-2017.pdf\)](#), it is within the scope of practice for an RN to perform intrauterine/intracervical inseminations. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed professional you are HELD ACCOUNTABLE for the information in the linked document.**

**22. Can a registered nurse (RN) inject contrast media into coronary arteries?**

No, according to the [Advisory Opinion: Contrast Media Injection into Coronary Arteries \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-contrast-media-injec-into-coronary-arteries-09132018.pdf\)](#), it is **NOT** within the scope of practice for an RN to **independently** inject contrast media into coronary arteries. It is within the scope of practice of an RN to inject contrast media into coronary arteries, in the presence of a physician. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed professional you are HELD ACCOUNTABLE for the information in the linked document.**

**23. What is the registered nurse's (RN) scope of practice regarding intraventricular implanted devices and/or temporary intracranial catheters?**

According to the [Advisory Opinion: Intraventricular Implanted Devices Temporary Intracranial Catheters \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-intraventricular-implanted-devices-temporary-intracranial-catheters-rev32015.pdf\)](#), it is NOT within the scope of practice for an RN to administer therapeutic agents via temporary intracranial devices (e.g. External Ventricular Drains, Cisternal Drains) or insert, remove, or verify correct placement. It is within the Scope of Practice for a RN to administer therapeutic agents via intraventricular implanted devices (e.g. Ommaya Reservoir). Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed professional you are HELD ACCOUNTABLE for the information in the linked document.**

**24. Can a registered nurse (RN) perform endotracheal intubation?**

Yes, according to the [Advisory Opinion: Intubation: Endotracheal, and the Use of Advanced Airway Devices: The Role of the Registered Nurse](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-intubation-endotracheal-the-use-of-advanced-airway-devices-the-role-of-the-registered-nurse-rev-january-2018.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-intubation-endotracheal-the-use-of-advanced-airway-devices-the-role-of-the-rn-rev-january-2018.pdf>), it is within the scope of practice of an RN who has received specific education, demonstrated competency, and maintains national certification to insert an endotracheal tube. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed professional you are HELD ACCOUNTABLE for the information in the linked document.**

**25. Can a registered nurse (RN) perform laparoscopic adjustable gastric band adjustments?**

Yes, according to the [Advisory Opinion: Laparoscopic Adjustable Gastric Band \(LAGB\) Fill](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-laparoscopic-adjustable-gastric-band-lagb-fill-rev-1-2017.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-laparoscopic-adjustable-gastric-band-lagb-fill-rev-1-2017.pdf>), it is within the scope of practice of an RN to perform laparoscopic gastric band adjustments following assessment and fill determination by a physician/Licensed Independent Practitioner (LIP) that is credentialed to conduct gastric band adjustments. It is **NOT** within the scope of practice of an RN to provide the adjustment if radiological assistance is required to locate the port, unless under direct supervision of a physician/LIP. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed professional you are HELD ACCOUNTABLE for the information in the linked document.**

**26. Can a registered nurse (RN) administer low-dose continuous IV Ketamine for treatment of intractable or chronic pain or depression?**

According to the [Advisory Opinion: Ketamine Administration](https://www.azbn.gov/sites/default/files/2020-07/AO%20Ketamine%20Administration%20%282%29.pdf) (<https://www.azbn.gov/sites/default/files/2020-07/AO%20Ketamine%20Administration%20%282%29.pdf>), it is NOT within the Scope of Practice of an RN (non-CRNA) to administer IV Ketamine for the purposes of anesthesia or to administer IV or intranasal Ketamine via bolus dose for analgesia, except in areas capable of monitoring and managing complications of unintended sedation. It is within the scope of practice of an RN to administer low-dose (sub-anesthetic) IV or intranasal Ketamine for the purposes of pain control (analgesia), depression, and sedation.

Several requirements must be met including following the written policies and procedures by the facility and employer and obtaining an order from a licensed independent practitioner.

**As a licensed professional you are HELD ACCOUNTABLE for the information in the linked document.**

27. What is the registered nurse's (RN) scope of practice regarding lumbar puncture?

According to [Advisory Opinion: Lumbar Puncture \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-lumbar-puncture-rev-3-2017.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-lumbar-puncture-rev-3-2017.pdf), it is within the scope of practice for an RN to perform lumbar punctures (LP) on adults only, for diagnostic purposes only (i.e. to obtain a cerebrospinal fluid sample for laboratory testing to assist in determining a diagnosis) if additional requirements are met, including but not limited to additional educational and supervised experiences, and organizational policies and procedures.

**As a licensed professional you are HELD ACCOUNTABLE for the information in the linked document.**

28. Can a registered nurse (RN) perform medical esthetic procedures?

Yes, according to the [Advisory Opinion: Medical Aesthetic Procedures Performed by Licensed Nurses, Licensed Cosmetologist, Licensed Aestheticians and Certified Laser Technologists \(https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Medical%20Esthetic%20Procedures%20Performed%20by%20Licensed%20Nurses%20rev%202003.19.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Medical%20Esthetic%20Procedures%20Performed%20by%20Licensed%20Nurses%20rev%202003.19.pdf), it is within the scope of practice of an RN or LPN who can demonstrate the necessary education, knowledge, judgement, skills and licensure/certification, where applicable, to perform medical aesthetic procedures on the appropriate client population. Medical Esthetic procedures shall be performed under the supervision of a licensed independent practitioner (LIP) who has medical/surgical training and possesses specific knowledge, skills and abilities in medical esthetics/cosmetic procedures.

It is **NOT** within the scope of practice of the RN to perform therapeutic medical procedures.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

29. Can a registered nurse (RN) administer nitrous oxide?

Yes, according to the [Advisory Opinion: Nitrous Oxide Administration \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-nitrous-oxide-administration-rev32015.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-nitrous-oxide-administration-rev32015.pdf), it is within the scope of practice of an RN to administer nitrous oxide as a single sedative agent for anxiolysis/analgesia for patients over 12 months of age, and NOT to be administered concurrently with any other sedative, anesthetic agent or narcotic analgesic. If the patient is less than 12 months of age, a Licensed Independent Practitioner (LIP) must be present at the bedside. It is also within the scope of practice of an RN to monitor maternal self-administration of nitrous oxide during labor for purposes of anxiolysis/analgesia. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed professional you are HELD ACCOUNTABLE for the information in the linked document.**

**30. Can a registered nurse (RN) accept orders from a healthcare provider?**

Yes, according to the [Advisory Opinion: Orders: Accepting, Transcribing, Reviewing Orders \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-orders-accepting-transcribing-reviewing-orders.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-orders-accepting-transcribing-reviewing-orders.pdf), it is within the scope of practice of an RN or LPN to accept orders from an appropriate healthcare provider who prescribes diagnostic tests, medications and treatments. The RN may accept written, verbal or computerized provider order entry (CPOE) orders.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**31. Can a registered nurse (RN) remove temporary pacemaker wires?**

According to the [Advisory Opinion: Pacemaker Wires, Removal of Temporary \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-pacemaker-wires-removal-of-temporary-rev92016.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-pacemaker-wires-removal-of-temporary-rev92016.pdf), it is within the scope of practice for a Registered Nurse (RN) to remove transvenous and epicardial temporary pacemaker wires if additional education and training requirements are met and documented. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed professional you are HELD ACCOUNTABLE for the information in the linked document.**

**32. Can a registered nurse (RN) terminate an established nurse-patient relationship?**

Yes, according to the [Advisory Opinion: Abandonment of patients \(https://www.azbn.gov/sites/default/files/2019-04/AO%20Abandonment%20of%20Patients%20Advisory%20Opinion%202018.pdf\)](https://www.azbn.gov/sites/default/files/2019-04/AO%20Abandonment%20of%20Patients%20Advisory%20Opinion%202018.pdf), RN's and LPN's are required to provide reasonable notice to the supervisor before severing the established nurse-patient relationship, so that arrangements can be made for continuation of nursing care by others. Terminating the nurse- patient relationship without adequate and reasonable notice constitutes patient abandonment. Transfer of patient care requires directly reporting the condition, circumstances and needs of all patients under the nurses' care, in oral or written form, to another nurse who acknowledges receipt and understanding of the report. The term "patient abandonment" should be differentiated from the term "employment abandonment", which is related to the employer- employee relationship and is not within the jurisdiction of the Board of Nursing.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above**

**33. Can a nurse working as a licensed practical nurse (LPN) hold a dual licensure as both a registered nurse (RN) and LPN or as an RN and another profession?**

Yes, according to [Advisory Opinion: Dual Profession & Dual Health Care Licensure/Certification \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-dual-](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-dual-licensure/certification)

[profession-dual-health-care-licensure\\_certification.pdf](#)), an LPN may be licensed or certified in another profession, e.g. attorney, license psychologist or registered nurse. The dual licensed RN and LPN must at all times adhere to the statutes and rules pertaining to nursing. An RN or LPN may not circumvent discipline for violating the nursing regulations by claiming to have been acting under authority of another license or certificate. The RN or LPN will be held to the standards of practice for their nursing license, regardless of other roles performed in the community.

A nurse who holds dual licensure/certification (i.e. RN & LPN licensure) is accountable to the educational standard of the highest nursing credential held. For example, an RN employed and paid as an LPN remains accountable for the standard of practice of an RN.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**34. Can a registered nurse (RN) serve as a preceptor for pre-Licensure Students?**

Yes, according to the [Advisory Opinion: Preceptorship for Students in Pre-Licensure Programs \(https://www.azbn.gov/sites/default/files/2019-06/AO%20Preceptorship%20for%20Students%20in%20Pre-Licensure%20Programs%204-12-18.Reference%20update6-2019.pdf\)](#), it is within the scope of practice for an experienced RN to assume the role of preceptor, once they have undergone specific education/training, to facilitate and guide the individualized clinical learning of the professional nursing student from an approved nursing program. The preceptor functions under the direction of the program faculty and provides direct supervision of the student clinical learning experience at the clinical agency where the preceptor is employed and the student is placed for the clinical experience.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked documents noted above.**

**35. Can a registered nurse (RN) provide nursing care within the pre-hospital environment?**

Yes, according to the [Advisory Opinion: Pre-Hospital Nursing \(https://www.azbn.gov/sites/default/files/AO-3-19-19/AOPrehospitalNursingrev.01.2019.pdf\)](#), the pre-hospital RN provides care under the authority of the emergency medical system and a base hospital/physician when participating in first responder and/or inter-facility transport situations. It is within the scope of practice of a registered nurse (RN) to provide nursing care within the pre-hospital environment. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked documents noted above.**

**36. Can a registered nurse (RN) renew prescription medications in an ambulatory setting if a nursing protocol exists?**

Yes, according to the [Advisory Opinion: Prescription Medication Renewals Using a Nursing Protocol in an Ambulatory setting](https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Prescription%20Medication%20Renewals%20Using%20A%20Nursing%20Protocol%20in%20an%20Ambulatory%20Setting%20rev%207-2018.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Prescription%20Medication%20Renewals%20Using%20A%20Nursing%20Protocol%20in%20an%20Ambulatory%20Setting%20rev%207-2018.pdf>), it is within the scope of practice for an RN and LPN to initiate a nursing protocol to renew prescription medications when there is a clear medication order from a Licensed Independent Provider who has an established relationship with the client and has the independent legal authority to prescribe medications.

RNs and LPNs who utilize prescription medication renewal protocols are expected to possess the knowledge of and demonstrate competency in applying the following in practice:

- The process for initiating the prescription medication renewal protocol
- The circumstances under which a prescription medication can be renewed through the use of a protocol
- The purpose and pharmacokinetics, dosing, expected therapeutic effects, side effects, and contraindications for each medication included in the protocol
- Documentation requirements

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

### 37. Can a registered nurse (RN) perform a punch or shave biopsy?

According to the [Advisory Opinion: Punch and Shave Biopsies Performed by Registered Nurses](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-punch-and-shave-biopsies-performed-by-rns-rev-7-2017.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-punch-and-shave-biopsies-performed-by-rns-rev-7-2017.pdf>), it is **NOT** within the scope of practice for an RN to perform a punch or shave biopsy if:

- (a) The skin lesion(s) is greater than 6 mm
- (b) the skin lesion(s) is located on the face or genitalia
- (c) the patient is considered to be a high risk patient as defined by the Licensed Independent Practitioner (LIP) and the employer.

It is **within** the scope of practice of an RN to perform a punch or shave biopsy as ordered by a Licensed Independent Practitioner if the general requirement noted in the above advisory opinion are met.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked documents noted above.**

### 38. Is it within the scope of practice for a registered nurse (RN) to practice as a registered nurse first assist (RNFA)?

According to the [Advisory Opinion: Registered Nurse First Assistant – RNFA](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-registered-nurse-first-assistant-rnfa-9-2017.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-registered-nurse-first-assistant-rnfa-9-2017.pdf>), it is within the scope of practice of an RN who can demonstrate the necessary education, knowledge, judgment, certification, and skills, to practice as a RN first assist (RNFA),

assisting the surgeon during surgical procedures. The RNFA is not authorized to independently perform a surgical procedure, which is the primary purpose of the surgery. Minimum qualifications and general requirements must be met and are noted in the above advisory opinion.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked documents noted above.**

**39. Can a registered nurse (RN) serve as a clinical instructor for pre-licensure students?**

Yes, according to the [Advisory Opinion: The Role of the Clinical Instructor \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-role-of-clinical-instructor-092016.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-role-of-clinical-instructor-092016.pdf), it is within the scope of practice of an RN, who meets the qualifications specified in Arizona Administrative Code Title 4, Chapter 19, Article 2 to serve as clinical instructor for RN or LPN pre-licensure students in an approved nursing program. The above advisory opinion is intended to cover direct clinical instruction in clinical rotations and not intended to cover clinical preceptor supervision.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked documents noted above.**

**40. Can a registered nurse (RN) implement qualified prescriber decision support tools such as medication administration and other procedures?**

Yes, according to the [Advisory Opinion: Standing Orders, Protocols, Pre-printed orders, and Order Sets \(Also known as Decision Support Tools\) \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-standing-order-protocols-decision-support-tools-9-17.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-standing-order-protocols-decision-support-tools-9-17.pdf), it is within the scope of practice of an RN and LPN to implement qualified prescriber “decision support tools” to include administration of medication and other therapeutic procedures following nursing assessment. A prescriber is identified as a licensed independent practitioner.

**Note:** In some systems, “decision support tools” (DST) may be titled (but not limited to): “standing orders”, “protocols”, “order sets” and/or “pre-printed orders”, and must meet all the requirements of this statement.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**41. Can a registered nurse (RN) or licensed practical nurse (LPN) provide fluids and medications via subcutaneous infusion?**

Yes, according to the [Advisory Opinion: Subcutaneous Infusion \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-subcutaneous-infusion-rev-3-23-18.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-subcutaneous-infusion-rev-3-23-18.pdf), it is within the scope of practice of an RN and LPN to provide fluids and medications via subcutaneous infusion. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**42. Can a registered nurse (RN) supervise a licensed practical nurse (LPN)?**

Yes, according to the [Advisory Opinion: Supervision of Licensed Practical Nurse by Registered Nurses \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-surpervision-of-lpn-by-rn9132018.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-surpervision-of-lpn-by-rn9132018.pdf), it is within the scope of practice for an RN to supervise an LPN. The RN is responsible and accountable for the determination of the type of supervision required of the Licensed Practical Nurse (LPN) for those functions that can be legally performed by the LPN. The LPN is responsible to perform within the LPN scope of practice as defined by ARS 32-1601 (18). The RN may or may not be required to be present dependent on the patient's condition. The RN is responsible for monitoring the care of all clients.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked documents noted above**

**43. Can a registered nurse (RN) supervise unlicensed Nurse Externs?**

Yes, according to the Advisory Opinion: [Supervision of Unlicensed Nurse Externs by RN's \(https://www.azbn.gov/sites/default/files/2019-09/AO%20Supervision%20of%20Unlicensed%20Nurse%20Externs%20by%20RNs%209-19.pdf\)](https://www.azbn.gov/sites/default/files/2019-09/AO%20Supervision%20of%20Unlicensed%20Nurse%20Externs%20by%20RNs%209-19.pdf) it is within the scope of practice for an RN to supervise unlicensed Nurse Externs if the following requirements are met:

**GENERAL REQUIREMENTS**

- A. Unlicensed Nurse Extern is defined as a student nurse employed by a facility and currently enrolled in a board-approved or accredited nursing program recognized by U.S jurisdiction, in good standing, who has completed their first clinical rotation OR a graduate from a Board-approved or accredited nursing program waiting to take NCLEX. After graduation they are eligible to remain or become a nurse extern as long as they are qualified to take the Board exam or per individual facility policy. Nurse Externs become ineligible to work in this role after receiving licensure.
- B. Written policies and procedures are maintained by the facility/employer, including nursing responsibilities that are done under RN supervision or direct observation.
- C. The Nurse Extern has a duty to report a lapse in academic progression to the facility/employer, such as failure of a course, leave of absence, change of program, etc.
- D. An RN, who has been assigned to supervise an unlicensed Nurse Extern, shall be chosen by and meet the facility requirements. It is recommended the supervising RN demonstrate qualities of professional practice that lead to safe and effective patient care, and have the expertise to support Nurse Extern achievement of expected outcomes.
- E. An RN may directly supervise an unlicensed Nurse Extern employed by a facility only if the unlicensed Nurse Extern is currently enrolled in or a graduate of an accredited professional nursing program, or a program approved by the State Board of Nursing.

- F. An RN supervising an unlicensed Nurse Extern must be physically present on the same nursing unit and able to intervene in the care of the client.
- G. An RN assigned to an unlicensed Nurse Extern must provide direct supervision of the Nurse Extern when assessing a patient, accepting or signing off orders, administering medications, adjusting IV pump rates or devices, parenteral fluids, blood products or IV flushes. If competency has been demonstrated, while under the direct supervision of the RN, the Nurse Extern may initiate, titrate, and discontinue oxygen.
- H. If the Nurse Extern has other educational training or background such as, but not limited to, Licensed Practical Nurse (LPN), Paramedic, etc. They can only function within the role of Nurse Extern and cannot perform skills or duties specific to other background or training.
- I. The unlicensed Nurse Extern, under the direct supervision of an RN, may perform nursing skills for which they have received didactic and clinical instruction as demonstrated by their nursing program's skill checklist, which must show evidence that the Nurse Extern has demonstrated competency in individual skills. The skills checklist must be kept with the Nurse Extern or on file at the facility of which they are employed.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked documents noted above**

**44. Can a registered nurse (RN) perform hemostasis with suture-mediated closure devices?**

No, according to the [Advisory Opinion: Suture Mediated Closure Devices \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-suture-mediated-closure-devices.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-suture-mediated-closure-devices.pdf), it is **NOT** within the scope of practice for an RN to perform hemostasis with suture-mediated closure devices.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked documents noted above**

**45. Is it within the scope of practice for a registered nurse (RN) to perform and interpret limited obstetric, gynecologic, and reproductive ultrasound?**

According to the Advisory Opinion [Ultrasounds: Limited Obstetric, Gynecologic, and Reproductive \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-ultrasounds-limited-ob-gyn-and-reproductive-rev-january-2018.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-ultrasounds-limited-ob-gyn-and-reproductive-rev-january-2018.pdf) it is within the scope of practice of a RN to perform and interpret limited obstetric, gynecologic, and reproductive ultrasound if the following requirements are met:

- A. Written policy and procedure is maintained by the employer
- B. Only RNs who have satisfactorily completed an agency's requirements for an instructional program based on national standards and have had supervised clinical practice to demonstrate competency are allowed to perform limited obstetric/gynecologic (OB/GYN) diagnostic ultrasounds

C. Documentation of satisfactory completion of the instruction and supervised clinical practice and continued competency is on file with the employer

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked documents noted above.**

**46. Can a registered nurse (RN) deploy suture mediated, extravascular clip or invasive compression assist closure devices?**

No, according to the [Advisory Opinion: Vascular Closure Device Deployment by the RN \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-vascular-closure-device-deployment-by-the-rn-rev-7-2017.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-vascular-closure-device-deployment-by-the-rn-rev-7-2017.pdf), it is not within the scope of practice for an RN to deploy suture mediated, extravascular clip or invasive compression assist closure devices. It is within the scope of practice for an RN to remove intravascular (arterial or venous) sheaths and apply manual compression or mechanical compression devices and deploy a plug based vascular closure devices for hemostasis following the removal of a venous or arterial sheath. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked documents noted above.**

**47. Can a registered nurse (RN) provide wound care?**

Yes, according to the [Advisory Opinion: Wound Care: Role of the RN and LPN \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-wound-care-role-of-rn-and-lpn-rev-january-2018.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-wound-care-role-of-rn-and-lpn-rev-january-2018.pdf), it is within the scope of practice of an RN and LPN to provide wound care, which includes basic and advanced wound care and sharp wound debridement. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**48. Can a registered nurse (RN) perform vaginal speculum exam and specimen collection?**

Yes, according to the [Advisory Opinion: Vaginal Speculum Exam and Specimen Collection \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-vaginal-speculum-exam-and-specimen-collection-rev072016-3-1-2018-referece.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-vaginal-speculum-exam-and-specimen-collection-rev072016-3-1-2018-referece.pdf), it is within the scope of practice of an RN to perform vaginal speculum exams for the purpose of evaluating the vaginal canal and cervix and collecting specimens, excluding PAP smears. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

49. Can a registered nurse (RN) administer tissue plasminogen activator (tPA) and deoxyribonuclease (DNase) through either a pigtail or chest tube for the purpose of pleural effusion or empyema?

Yes, according to the [Advisory Opinion: Administration of tPA and DNase via Pigtail or Chest Tube \(<15Fr\) for Pleural Effusion/Emphyema](https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Administration%20of%20tPA%20and%20DNase%20via%20Pigtail%20or%20Chest%20Tube%207-2018.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Administration%20of%20tPA%20and%20DNase%20via%20Pigtail%20or%20Chest%20Tube%207-2018.pdf>), it is within the scope of practice of an RN to administer tissue plasminogen activator (tPA) and deoxyribonuclease (DNase) through either a pigtail or small chest tube (e.g. <15Fr) for the purpose of pleural effusion or empyema. Other medications (e.g. chemotherapy, talc) or other indications are **NOT** covered by this advisory opinion. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

50. Can a registered nurse (RN) perform an amniotomy?

No, according to the [Advisory Opinion: Amniotomy/Fetal Spiral Electrodes](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-amniotomy-fetal-spiral-electrodes-rev-january-2018.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-amniotomy-fetal-spiral-electrodes-rev-january-2018.pdf>), it is **NOT** within the scope of practice for a registered nurse (RN) to perform an amniotomy.

51. Can a registered nurse (RN) remove fetal spiral electrodes?

Yes, according to the [Advisory Opinion: Amniotomy/Fetal Spiral Electrodes](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-amniotomy-fetal-spiral-electrodes-rev-january-2018.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-amniotomy-fetal-spiral-electrodes-rev-january-2018.pdf>), it is within the scope of practice for an RN to apply and remove fetal spiral electrodes to a fetus if the membranes are ruptured and the advisory opinion general requirements listed are met. It is within the scope of practice for an RN who is educated, competent and when technology is not available, to apply fetal spiral electrode through intact membranes in urgent situations when fetal well-being is in question, or in the presence of an unreadable external fetal monitor tracing. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

52. Can a registered nurse (RN) administer catheter delivered medication for the purpose of analgesia and/or treatment of spasticity?

Yes, according to the [Advisory Opinion: Analgesia by Catheter Techniques: Role of the RN \(Epidural, Intrathecal, Interpleural, Perineural\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-analgesia-by-catheter-techniques-epidural-intrathecal-interpleural-perineural-rev92016.pdf) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-analgesia-by-catheter-techniques-epidural-intrathecal-interpleural-perineural-rev92016.pdf>), it is within the scope of practice of an

RN to administer catheter delivered medication for the purpose of analgesia and/or treatment of spasticity and depending on the patient population, access, refill, and reprogram implanted or external pumps if the following requirements, instructions and exceptions are met. Several requirements must be met including following the written policies and procedures by the facility and employer. Please note, the above advisory opinion cannot be construed as approval for the RN to administer an anesthetic as in A.R.S. §32-1661.

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53. Can a registered nurse (RN) assist a licensed provider by administering anesthetic agents in situations where the licensed provider is present but unable to personally inject the anesthetic agent because the provider is performing critical tasks for the patient?

According to the [Advisory Opinion: Anesthetic Agents Administered by Registered Nurses for Limited Purposes: Airway Management \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-anesthetic-agents-administered-by-rns-for-limited-purposes-airway-mngmnt-3-18.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-anesthetic-agents-administered-by-rns-for-limited-purposes-airway-mngmnt-3-18.pdf), RNs who do not meet the educational requirements of A.R.S. § 32-1661, completion of a nationally accredited program in the science of anesthesia, may assist a licensed provider by administering anesthetic agents in situations where the licensed provider is present but unable to personally inject the anesthetic agent because the provider is performing these critical tasks for the patient: airway management or placement of a peripheral nerve block requiring the use of both hands. Several requirements must be met including following the written policies and procedures by the facility and employer.

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54. Can a registered nurse (RN) assess a patient's condition?

Yes, according to the [Advisory Opinion: Assessing Patient/Client Conditions: The Role of the Registered Nurse \(https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Assessing%20Patient-Client%20Conditions-The%20Role%20of%20The%20RN%20rev.01.2011.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Assessing%20Patient-Client%20Conditions-The%20Role%20of%20The%20RN%20rev.01.2011.pdf), it is within the Scope of Practice for an RN to: (1) assess patients, recognize the potential for, or existence or absence of any condition or active labor; (2) initiate appropriate nursing intervention and care; (3) report findings to an appropriately licensed individual; and (4) pursuant to orders, when such orders are required, implement care, treatments, medication administration, and either discharge the patient or perform ongoing assessment for either stabilization and/or transfer of the patient. Several requirements must be met including following the written policies and procedures by the facility and employer.

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55. Can a registered nurse (RN) operate blood cell salvage devices?

Yes, according to the [Advisory Opinion: Blood Cell Salvage: The Role of the Registered Nurse \(https://www.azbn.gov/sites/default/files/advisory-opinions/ao-blood-cell-salvage-rev-january-2018.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/ao-blood-cell-salvage-rev-january-2018.pdf), it is within the Scope of Practice for an RN to operate blood cell salvage devices. Several requirements must be met including following the written policies and procedures by the facility and employer.

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**56. Can a registered nurse (RN) perform bone marrow aspiration and biopsy?**

Yes, according to the [Advisory Opinion: Bone Marrow Aspiration and Biopsy \(https://www.azbn.gov/sites/default/files/advisory-opinions/new/AO%20Bone%20Marrow%20Aspiration%20%26%20Biopsy%20rev.%207%202019.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/new/AO%20Bone%20Marrow%20Aspiration%20%26%20Biopsy%20rev.%207%202019.pdf), it is within the scope of practice for a RN to perform bone marrow aspiration and biopsy. Several requirements must be met including following the written policies and procedures by the facility and employer.

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**57. Can a registered nurse (RN) perform cardiac electrophysiology related procedures?**

According to the [Advisory Opinion: Registered Nurses Role in Cardiac Electrophysiology Related Procedures \(https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Cardiac%20ElectroPhys%20Related%20Procedures-Role%20of%20RN%207-2018.pdf\)](https://www.azbn.gov/sites/default/files/advisory-opinions/AO%20Cardiac%20ElectroPhys%20Related%20Procedures-Role%20of%20RN%207-2018.pdf), it is **not** within the scope of an RN to access, engage, or manipulate the catheter within the coronary artery. In no event should an RN be expected to replace or assume the responsibilities of the qualified licensed independent provider (LIP) performing the given procedure. It is within the scope of a RN, in the immediate presence of a qualified LIP, to assist with the following procedures: (a) the insertion of cardiac catheters including central arterial/venous access catheters, (b) cardiac catheter manipulation and services that support electrophysiology studies, and (c) ablation procedures. Assisting with these procedures can only be accomplished when the LIP is present but unable to perform those functions. Several requirements must be met including following the written policies and procedures by the facility and employer.

**As a licensed/certified professional you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**