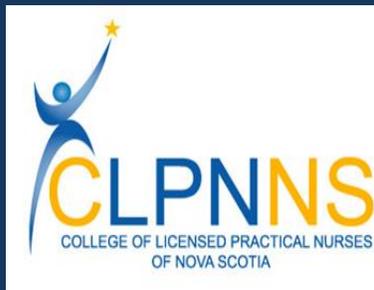


**Guidelines for
Licensed Practical Nurses
in Nova Scotia**

**The
Professional
Practice Series
The Nursing Care Plan**

2013



Licensed Practical Nurses have core nursing knowledge to independantly care for clients with an established plan of care. Licensed practical nurses are an intregral part of the health care team; accountable to provide safe, competent, ethical and compassionate care to individuals, families and communities.

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Introduction

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS), or the College, is the regulatory body for Licensed Practical Nurses (LPNs) in Nova Scotia. The College's mandate is to protect the public by promoting the provision of safe, competent, ethical, and compassionate nursing care. The College sets, monitors and enforces standards for entry into the profession, practical nurse education, registration and professional conduct. The College creates Standards of Practice, establishes a Code of Ethics, develops and implements a Continuing Competence Program, and publishes policies and interpretive documents to support the practice of licensed practical nurses in Nova Scotia.

Using this document

Guidelines are documents that outline the licensed practical nurse's accountability in specific practice contexts. They reflect relevant legislation and are designed to help licensed practical nurses understand their responsibilities and legal obligations so they make safe and ethical nursing decisions.

This document is part of *The Professional Practice Series*. It is one document, in a group of documents that have been created to help LPNs and others better understand the scope of practice of the LPN in Nova Scotia. ***Guidelines for Licensed Practical Nurses: The Nursing Care Plan*** was developed to assist licensed practical nurses understand their role in the nursing care planning process. This, as with all College documents, can be used with CLPNNS Standards of Practice, Code of Ethics and all applicable practice guidelines found on the College website at www.clpnns.ca.

Context of Care

It is important that LPNs recognize the independence of their practice varies in relation to the context of care, or the sum total of needs of the client, their own individual competence and the supports in the practice environment (CLPNNS, 2012). This means that even though the LPN may have the necessary knowledge and skill to perform an intervention, the overall context of care may be such that the judgments relating to the intervention (including education, surveillance, monitoring, follow-up assessment or support) are better suited for another care provider with a broader knowledge base, (i.e., RN, NP or MD). As with all aspects of their practice, licensed practical nurses are accountable to recognize when they are required to work in collaboration with, or under the guidance or direction of an appropriate care provider.

NOTE: Licensed practical nurses can consult or collaborate with any care provider who has an established relationship with the client (the nature and intensity of the established relationship is defined by the context e.g. on-call, supervisor or remote), and has the capacity to provide consultation or direction. For the purposes of this document, the assumption is that the LPN's first collaborative partner is the RN.

What is a Nursing Care Plan?

The nursing care plan may be stand-alone and discipline-specific or it may be represented as one component of a broader interprofessional plan of care. The terms nursing care plan, plan of care, care plan or plan will be interchangeably throughout this document.

Simply put, a nursing care plan is a framework for organizing important client information.

The care plan identifies the:

- client's priority problems;
- course(s) of action(s) to address the priority problem(s); and
- expected or **optimal health** outcomes.

Purpose of a Nursing Care Plan

The purpose of a nursing care plan is to maximize client's health outcomes through the use of a framework that promotes a consistent approach to care delivery (Leach, 2008).

The plan may take on a variety of "styles" or formats, in any given organization (Potter & Perry, 2010). They may be hand-written, electronic or pre-printed pathways. The employer is accountable to ensure that policies and processes are in place to support the development and utilization of a plan, whether it is nursing specific or interprofessional in nature.

Whatever their physical form, the College recognizes that the most effective plans:

- promote organization of care (Leach, 2008);
- support accurate client assessment (Nazarko, 2007);
- include the identification of goals, outcomes and interventions (Jansson, Pilhammar-Andersson & Forsberg, 2009; Holliday, Ballinger & Playford, 2007);
- promote continuity and evaluation of care (Jansson et al., 2009) and communication among care providers (Van Houdt & De Lepelier, 2010); and
- are individualized, negotiated with and representative of the input of the client (Caldwell, Corkin, McCartan, McCulloch, & Mullan, 2011).

It is worth noting that in certain circumstances a plan may be verbal and/or represented by ongoing chronological notations in a client record and not organized into a "traditional or formal" nursing care plan framework. This is considered appropriate in emergent or rapidly changing client situations whereby the client's priority needs outweigh ability to construct a formal plan in a suitable framework. A verbal plan is considered a *situation-specific* and *short-term tool*, acceptable only until such time when the client's needs become stabilized. Licensed practical nurses should **not** rely on verbal or anecdotal nursing care plans for clients as a primary process or over long periods of time.

Functions of Nursing Care Plan

It is important to recognize that the plan is more than mere "paper work." The plan represents nursing knowledge, expertise, and actions required to ensure that the client receives safe, competent,

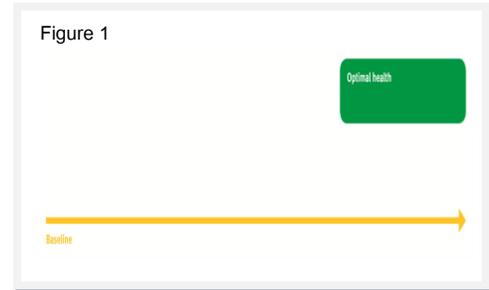
compassionate, and ethical care.

Where the purpose of a plan is to maximize health outcomes by ensuring the client's needs are presented in a manner that promotes the consistent application of care, the plan's functions are threefold:

1. to establish the client's baseline presentation;
2. to establish the client's general level of predictability or complexity; and
3. to support and guide the **practice** of the licensed practical nurse and others.

Establishes baseline

The plan is an overall picture of a client's priority needs, nursing actions and intended outcomes for optimal health. It represents the starting point (baseline) of care. An established baseline is the reference point to which the licensed practical nurse compares a client's day-to-day progress. In Figure 1 the line at the bottom represents the client's baseline and the box represents the client's optimal health.



Establishes the client's level of predictability or complexity

It is generally accepted that the client's level of complexity is made evident through the plan of care (College of Registered Nurses of Nova Scotia & CLPNNS, 2012; CLPNNS 2013a). Typically, the more information that is known or can be readily anticipated about a client (e.g., priority issues and/or their response to the interventions to manage the issues), the more *predictable* they become. Alternatively, the less information that is known or cannot be readily anticipated, the more *complex* and less predictable a client becomes. Nurses use the plan to make clinical judgments as to the client's general level of predictability or complexity. It is very important to recognize that a client's level of predictability or complexity is dynamic and will change as clients, their issues, and their responses to interventions change.

Guides the practice of the licensed practical nurse and others

The plan is strategically designed to identify and address the client's priority issues. Licensed practical nurses use the plan as a reference document to guide their decision making and support their overall practice.

Guiding Principles for Collaborative Practice

In health care, all health professionals are expected to work collaboratively with each other and in partnership with the person receiving care. Effective interprofessional collaborative practice is centered on the needs of clients as they partner with the most appropriate health professionals in order to meet their health care needs (Regulatory Health Network of Nova Scotia, 2008). Within the discipline of nursing, the following principles of collaborative practice underpin the intraprofessional collaboration between registered nurses (RNs) and LPNs.

Focus On and Engagement of Clients

Clients are integral members of a collaborative practice healthcare team and, when actively engaged in managing their own health, become part of the decision-making team rather than passive recipients of health care. Effective communication between team members and clients leads to improved client satisfaction and better client outcomes.

Population Health

A population health approach uses the determinants of health to address client needs. Clients and health professionals work together in determining how clients can effectively promote their health and/or manage their illnesses.

Trust and Respect

Members of a collaborative practice healthcare team must have a basic understanding and respect for each other's roles and trust that all team members will consult and collaborate appropriately when clients' needs are beyond their scope of practice.

Effective Communication

Effective communication is an essential component of collaborative practice and central to a common philosophy of care and knowledge exchange. Consultation (seeking another professional's advice or opinion with the intent of informing a mutually decided upon outcome) is an important component of communication and collaboration.

Nursing Knowledge

Nursing legislation defines the scopes of practice of the LPN and RN, (Licensed Practical Nurses Act, 2006; Registered Nurses Act, 2006) and nursing education programs are informed by the scopes of practice. The relationship between nursing legislation, education, and practice, sets the *context* of nursing knowledge. Figure 2 represents the relationship between LPN and RN scopes of practice. The inner box represents core nursing knowledge and reflects the scope of practice of LPNs. The outer box represents in-depth nursing knowledge reflecting the broader scope of practice of RNs.

Figure 2



It is important to understand that LPNs and RNs are different nurses within the same discipline of nursing. There are many similarities between the practice of the LPN and RN; however, there are also key differences. One key difference is independence of practice. Core nursing knowledge is shared by the LPN and RN regardless of their length of program and is required to independently manage stable clients with predictable outcomes. In-depth nursing knowledge is unique to the RN regardless of the length of their program and is required to practice independently for all clients, but especially for clients whose health needs are unknown, acute, complex or rapidly changing.

Autonomy

Autonomy in nursing is defined as the professional ability to make nursing decisions and independently enact, assign or delegate nursing actions that results from nursing decisions.

LPNs practice autonomously within the collaborative relationship with the RN based on their core nursing knowledge and their scope of practice. The LPN's level of autonomous practice is contextual to the needs of the client. The greater the level of predictability of the client care, the greater the level of autonomy within the LPN's practice. Conversely, the more complex the care, the more collaborative the practice.

RNs have the broadest autonomous practice because they have the broadest scope of practice based on their in-depth knowledge base. Autonomous practice for the RN is constant without respect to the clinical setting or complexity of the client.

Independent Practice or Practicing Independently

It is important that LPNs can distinguish between these concepts. Independent practice is when the LPN can make the nursing decision and enact the intervention. Independent practice is the highest level of autonomous practice for the LPN. Practicing independently refers to being self-directed and having initiative within the care delivery model.

Critical Thinking and Interpretation

Critical Thinking (CT) is an active and purposeful problem-solving process. It involves identifying and prioritizing risks and problems, clarifying and challenging assumptions, checking for accuracy and reliability of information, weighing evidence, recognizing inconsistencies, evaluating conclusions and adapting thinking. CT requires the nurse to advance beyond the performance of skills and interventions and provide care based on evidence-informed practice, (Assessment Strategies Incorporated, 2012) not on emotion or anecdote (Wade & Tavis, 2008).

Interpretation is a cognitive component of critical thinking (Finn, 2012). The goal of interpretation, in the clinical context, is to understand as much as possible about a client, **client data**, and/or their presenting situation.

Critical Thinking and Interpretation in the Nursing Care Plan Process

Nurses think critically and use an interpretative process to develop, maintain and evaluate the client's responses to interventions/plan of care and make nursing care decisions (Boblin, Baxter, Alvarado, Baumann & Akhtar-Danesh, 2008). Every nurse applies the CT process in a manner that is unique to them. Although every nurse has the capacity to think critically, differences in the underlying knowledge bases (i.e., core knowledge of the LPN and in-depth knowledge of the RN) results in different interpretative capacities in the two professional scopes of practice.

Licensed practical nurses think critically using core nursing knowledge to interpret client data by comparing the findings of ongoing client assessments to the **known** assessment data identified in the established plan of care (baseline). Known client data may have a higher degree of predictability or consistency. LPNs engage in an interpretative process to make sure clients are responding to nursing interventions as expected and achieving optimal health outcomes. The level of independence of the LPN's practice is based on the findings of their interpretative process.

Registered nurses think critically using an in-depth nursing knowledge to interpret client data by assessing **unknown** data whose significance has yet to be determined. RNs accomplish this by evaluating the findings of client assessments in the context of their unique knowledge base, the overall care requirements of the client, and available supports in the practice environment. The purpose of the RN's interpretative process is to develop the nursing care plan (set the baseline) by identifying priority client issues and optimal health outcomes, coordinate resources for the client and determine the overall level of complexity of the client care.

Understanding Nursing Legislation

To fully understand the LPN's role in care planning, it is first necessary to recognize the differences in LPN and RN practices specific to the planning process. The differences are grounded in respective nursing legislation, nursing knowledge bases and level of independent practice.

The LPN collaborates in the development of the initial nursing plan of care (LPN Act, 2006). In this context, the College interprets collaborates as the joint process whereby the LPN and RN share their respective knowledge bases and perspectives about the client, and work together to create the plan of care. Collaboration is required as LPNs are not authorized to develop initial nursing care plans in any practice setting.

The RN develops the nursing component of the client's plan of care (RN Act, 2006). In this context, the College interprets development as an autonomous function of the RN in all practice settings. Where the LPN is responsible to work in collaboration with the RN to create a plan of care, the RN is accountable to make sure an in-depth and appropriate plan is created for every client in every setting. Development, as a process concept, is based on in-depth nursing knowledge and applies to all nursing care plans but most importantly to clients who have undeveloped plans or those with plans but whose needs are new or changing.

It is important to understand the impact of the differences in nursing legislation. Beyond the performance of competencies, skills and interventions shared among nurses, legislation establishes a relationship between the LPN and RN. The necessity of this relationship is related to the different professional accountabilities with respect to the planning phase. The RN has the broadest autonomous practice because of their in-depth nursing knowledge base. This is supported by legislation.

Clinically Collaborative Relationship

In Nova Scotia, LPNs and RNs must be always **clinically collaborative**. This means, that in every practice context, there must always be an established relationship that links the LPN and RN.

The collaborative relationship must exist because:

- LPNs are obligated to consult and collaborate with the RN in the development of the initial nursing care plan and/or where clients are not achieving outcomes as expected;
- autonomous practice for the LPN is limited to contexts where clients have been deemed to have predictable problems and readily anticipated outcomes, and;
- even in contexts where LPN practice is autonomous, the RN plays an important role in the overall evaluation of clients' existing nursing care plans.

Individual LPNs and RNs within the collaborative relationship share the accountability to determine the level and intensity of clinical collaboration that is required based on: the needs of the client, the individual/professional capacity of the nurses involved and the available supports in the practice environment. The employer retains the accountability to have policies, resources and procedures in place to support ongoing clinical collaboration between the LPN and RN.

Nurses must realize that the work associated with care plan creation (e.g., client interviews and assessments, review of the client chart, consultation with other care providers, interpretation and transcription of medical orders, note writing and filling out documents) is equally important as the physical work of implementation of the plan.

Independent, Collaborative, or Guided/Directed Practice of the LPN

There are three (3) levels of practice of the LPN. Each is determined by the context of care and will change as the context of care changes.

Independent practice

The licensed practical nurse makes nursing decisions and/or performs all aspects of a procedure, activity or intervention as outlined in the plan of care.

The licensed practical nurse:

- determines the nursing procedure, activity, or intervention required;
- predicts and manages the outcomes; and
- holds sole accountability for the outcomes.

Practices in consultation

The LPN makes nursing decisions and/or performs a procedure, activity, or intervention following the advice of the RN who has an established relationship with the client. The nature and intensity of the established relationship is defined by the context (e.g. on-call, supervisor or remote). The licensed practical nurse is accountable to know from whom and when to seek consultation.

The registered nurse and licensed practical nurse share the accountability:

- for determining the level and intensity of collaboration and communication; and
- for the client outcomes.

Practices under guidance or direction

Nursing decisions are deferred to the RN. Guidance or direction may be given verbally or in writing. However, this guidance/direction still allows for independence of function, meaning the licensed practical nurse may perform any procedure, activity or intervention (as long as competent) that is needed as a result of the guidance or direction. The RN is accountable for providing appropriate direction. The licensed practical nurse is accountable to ensure the appropriateness of the direction and for competent performance of the intervention. The RN and LPN share accountability for client outcomes, however; each may retain individual accountability for care decisions and/or outcomes of interventions.

Decision Making

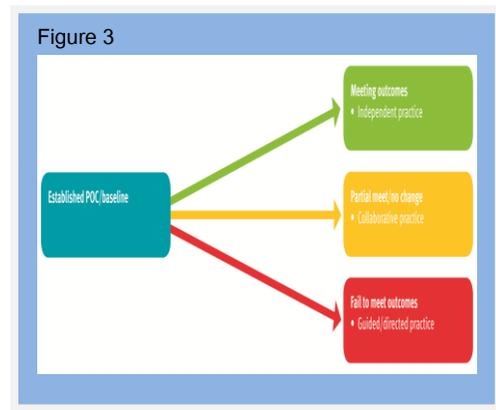
The level of independence in any LPN's practice is directly related to their client's needs (level of predictability or complexity). This is enforced by legislation.

Predictability is defined as the extent to which the client's responses to the interventions and/or the elements of the plan of care are known or can be readily anticipated. The more that is known, the greater the predictability. The more that is unknown, the greater the complexity.

The greater the predictability of the client's response to their care, the greater the independence of LPN practice. Conversely, the more that client outcomes are unknown, unpredictable or complex, the greater the need for the LPN to collaborate with the RN (or have less independence of practice).

Figure 3 represents the levels of LPN practice:

- Top line – When clients are achieving expected outcomes towards optimal health, LPN practice is independent.
- Middle line – When client progress is stalled, meaning they are neither progressing towards optimal health nor worsening, the LPN's practice is in consultation with the RN.
- Bottom line – When clients are failing to achieve outcomes or their needs are growing in intensity or worsening, LPN practice is guided or directed by the RN.



Mere competency in the performance of skill is not sufficient enough to support the independent enactment of that skill with *all* clients in *all* clinical situations. It is crucial to understand that independence of LPN practice *will* vary from day to day, shift to shift, and even moment to moment as the context of care (the sum total of needs of the client, the nurses' own individual competence and the supports in the practice environment) change. LPNs must be able to predict and manage the outcomes of their actions.

Core nursing knowledge supports them to do this independently when client outcomes are readily anticipated. However, when client outcomes are no longer predictable, the licensed practical nurse must manage the client outcomes in consultation or under the guidance/direction of the RN because the ongoing planning of care for these clients requires in-depth nursing knowledge. Nurses should become comfortable in the understanding and articulating these concepts.

The Context of a Nursing Care Plan: Initial vs. Established

To fully understand the role of the LPN in nursing care plan development, it is important to recognize the context of a care plan and differentiate between an initial and an established nursing care plan. An initial nursing care plan is the plan developed to address a set of new problems. This may be when a client first accesses the health care system **OR** a client with an existing nursing care plan develops newer, changed or worsening problems.

Once an initial plan has been developed, it becomes known as an established care plan. Clients who access the health care system regularly may have an ongoing established plan of care (if the care for the most recent episode is considered a continuation of the previous episode) or another initial plan of care (if the presenting problems for the most recent episode are new and different from the last).

The LPN's Role in the Development of the Initial Nursing Care Plan

The LPN collaborates in the development of the nursing care plan (LPN Act, 2006). The LPN collaborates with the RN to develop the initial nursing care plan because this is not an autonomous function in any context for the licensed practical nurse. In clinical settings where the client is cared for by an interprofessional team (such as mental health settings), or the licensed practical nurse works in a setting where there is no RN (such as a physician's office, pharmacy, or ambulatory clinic), the LPN collaborates with the most appropriate care provider to develop the initial interprofessional plan of care. Licensed practical nurses that are self-employed as independent practitioners collaborate with the client to develop the initial care plan.

The College defines collaboration in the context of nursing care plan development as:

- LPNs and RNs creating the initial nursing care plan together concurrently; or
- LPNs creating a draft initial nursing care plan, which is validated and approved by the RN.

Validation is a collaborative approval process between the LPN and RN. The LPN is responsible to present their draft nursing care plan* based on initial assessment findings, pertinent clinical data, interventions and outcomes. The RN, using their interpretive process, is responsible to review the plan, ask questions and/or suggest alternative assessments, interventions or outcomes. When the RN is satisfied that the draft plan is comprehensive to address the client's needs, the plan is said to be validated or approved. The approval of the nursing care plan is to be documented either on the plan itself or in the client's record. Employers retain the responsibility to develop the policies and processes to support concurrent nursing care plan development, plan approval/validation, and the documentation of each.

* In appropriate contexts, LPN may develop an initial draft nursing care plan. The greater the crisis circumstances (rapid, uncontrolled, and emergent situations) in which the client enters the health system for the first time, the less likely it is an appropriate context for the LPN to develop the draft initial nursing care plan.

The LPN's Role in the Implementation of the Established Nursing Care Plan

The licensed practical nurse uses the established plan of care to guide their decisions and is expected to:

- perform ongoing assessments of the client;
- evaluate the client's responses to interventions;
- interpret ongoing findings by comparing assessment and evaluation data to the *known* data of the baseline or established plan; and
- make the *appropriate adjustments* to the nursing care plan, based on their interpretations.

Adjusting the Plan

The level of independence in which the LPN can adjust* the nursing care plan is *directly related to the client's response to the interventions*. The more predictable the client's response (i.e., the client is meeting expected outcomes), the more independently the adjustments can be made. The more unknown or unpredictable the client's response (i.e., the client's progress is stalled or worsening), the greater the need to consult and collaborate with the RN *before* adjusting the plan.

*The words adjustment, revise, modify and change have similar meanings. In this document, they have been used intentionally to represent different situations or contexts when the action is to be taken. This is clarified below.

Types of Adjustments

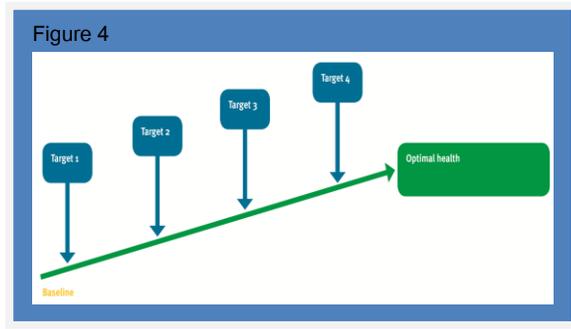
Plans may be adjusted by making revisions, modifications or changes. The type of adjustment is specific to a client's response to the plan or intervention and each carries a differing level of independence of action. Regardless of the level of independence, the LPN is expected to communicate any adjustments to the RN in a reasonable and timely fashion.

Revisions

A revision is an adjustment in the care plan designed to continue to support the client's return to optimal health. Revisions are required because the client has surpassed targets (Figure 4), which indicates they are achieving the outcomes in the established plan of care. In this clinical context, the LPN is expected to independently make revisions to the care plan.

Revisions include:

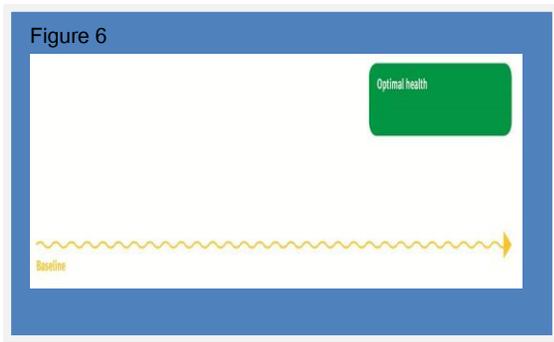
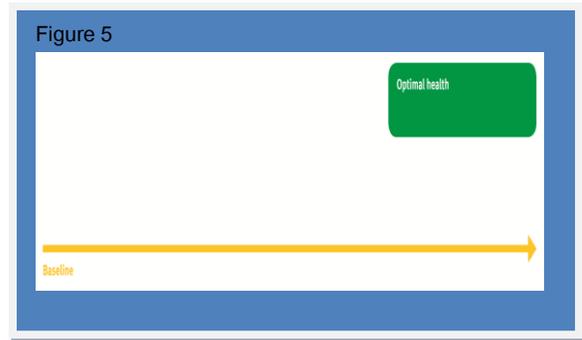
- re-setting broader targets or goals;



- reducing, minimizing and/or eliminating unnecessary interventions; and
- reducing, minimizing and/or eliminating unnecessary assessment parameters.

Modifications

A modification is an adjustment in the care plan intended to re-evaluate existing targets and outcomes. Typically, modifications are required because the client's progress has stalled or not moved towards optimal health outcomes as expected (Figure 5) or there is variability in the client's response(s) (Figure 6).



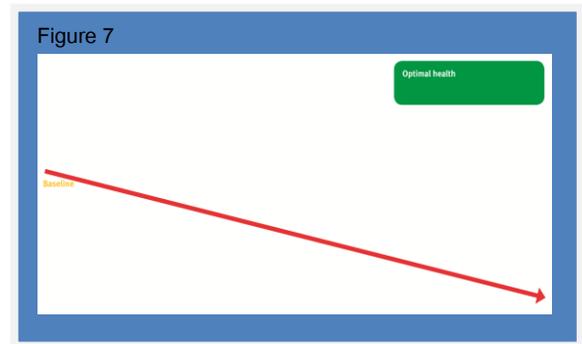
Stalled progress or new variability in client responses are circumstances that require consultation. The licensed practical nurse is accountable to recognize when consultation is necessary and is obligated to initiate the consultation. Consultation may take many forms and its purpose is for the LPN/RN pair to share their respective nursing knowledge and collaboratively make recommendations for modifications to the nursing care plan.

Modifications include:

- redefining current goals or outcomes;
- extending current interventions and/or assessment parameters beyond the expected time frame;
- or
- amending an existing intervention list or assessment parameters by:
 - applying additional interventions and/or parameters; or
 - increasing the frequency of intervention(s) or assessment parameter(s).

Changes

A change is an adjustment in the care plan designed to establish or re-establish a new baseline care plan for a client. Changes are required because the client is experiencing new, different, or worsening problems or is deteriorating and failing to achieve intended outcomes (Figure 7). In these cases, the LPN is expected to collaborate quickly and intensely with the RN. The RN becomes the decision maker and initiates the changes in the care plans. Once the changes have been created, LPNs may enact any interventions that have resulted from the adjustment(s) in the care plan.



Changes include:

- establishing new goals and outcomes related to new, different, or worsening priority problems;
- constructing a new or transforming an existing intervention list or set of assessment parameters related to new, different or worsening priority problems; or
- increasing the frequency and intensity (level of surveillance and monitoring) of existing interventions or assessment parameters.

Summary of Types of Adjustments

Table 1 is a cross comparison of context, level of predictability and level of independence.

Table 1

Adjustment Type	Client Response/Context	Level of Predictability	LPN Level of Practice	Accountable for Decision Making
Revision	Achieving expected outcomes	Predictable	Independent practice	LPN
Modification	Slow to achieve expected outcomes OR status is becoming more variable	Variable	In consultation with the RN	LPN and RN
Change	Failing to achieve expected outcomes OR new problems have emerged OR existing problems have worsened	Complex	Under the guidance or direction of the RN	RN*

*Although the RN is accountable for the decision to enact an intervention, the LPN may perform it (if competent to do so). The RN and LPN share the accountability to determine if the LPN is the right care provider to enact the intervention given the clinical context. The LPN is accountable to perform the intervention appropriately and communicate with the RN as frequently as necessary.

Documentation and Documenting

It is an expectation of every licensed practical nurse to document in manner that is consistent with their employer policies (CLPNNS, 2013a, 2013b) as a means to maximize the visibility of nursing knowledge, promoting continuity of care and the delivery of safe, ethical and competent care (Jansson et al., 2009). Failing to document according to best practice can create gaps in the transfer of information and knowledge from nurse-to-nurse and may put the client at risk. Beyond that, failing to document is not consistent with the CLPNNS Standards of Practice and Code of Ethics.

The Licensed Practical Nurse as a Leader

Every LPN in Nova Scotia is expected to demonstrate leadership in their everyday practice as part of meeting their commitment to their Standards of Practice and Code of Ethics (CLPNNS, 2013a, 2013b).

Clinical leadership is the demonstration of leadership behaviour (e.g., clinical expertise, effective communication, collaboration and empathy) while providing care (Patrick, Laschinger, Wong & Finegan, 2011). LPNs act as leaders through their advocacy for and contribution to the development and maintenance of a quality practice environments. Quality practice settings are required to support safe and effective nursing practice (CNO, 2006).

As leaders, licensed practical nurses are expected to be confident in their knowledge to assess clinical circumstances and articulate client needs to the team. Leadership requires the LPN to step into situations and do their best to make things better for the client. Starting a difficult conversation, taking action and following up for the sake of improvement of the client, the system, and the profession are leadership actions that require initiative and courage. Everyday leadership is critical to professional growth and confidence.

Licensed practical nurses are expected to reflect on their practice. Reflection is a method of learning and gaining insight through the critical analysis of one's experiences (Durgahee, 1997). LPNs look back at their actions and at the outcomes that were, or were not achieved. They make decisions about their future practice, based on the reflection or lessons learned from previous practice. Reflection is an important component of leadership and consistent with principles of the Colleges' Continuing Competence Program (CCP).

Conclusion

The care plan is a valuable and necessary tool to ensure clients receive safe, competent, ethical and compassionate care. It is vital that licensed practical nurses fully understand their practice and their role in the care planning process.

Glossary

Autonomous: the ability to independently make decisions and/or carry out nursing actions.

Client Data: any piece of information relevant to the care of the client.

Clinically Collaborative: concept whereby the LPN and RN are clinically connected through collaboration, consultation and communication as they care for clients.

Known client data: client information that has been identified; its significance has been interpreted and incorporated into the client's plan.

Optimal Health: highest qualities of the physical, environmental, mental, emotional, spiritual, and social aspects of a client's experience.

Practice: combination of knowledge, skill, judgment, and decision making.

Unknown client data: client information that is new information or previously known information that has changed, grown in intensity, or worsened. The significance of the unknown data to the client has not been established nor incorporated into the plan and is therefore considered to be complex.

Validation: This is a required process where the LPN and RN communicate with each other about the client's needs. The draft plan is to be validated or approved in a reasonable timeframe once it has been created.

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