

---

## PRACTICE MEMO

**TO: Stakeholders**

**FROM: Douglas Bungay RN MN, Director of Professional Practice, CLPNNS**

**RE: Initiation of Peripheral IVs and Administration of IV medications  
(Intermittent and in limited contexts, direct IV push)**

---

- In 2012, peripheral IV insertion and administration of IV medications (both intermittent bolus and in limited circumstances, direct IV push) becomes an **Entry Level Competency (ELC)** for LPNs. This means that PN graduates in May 2012 will be given the necessary theory and clinical practice in their basic program to enact these skills upon graduation.
- Currently, these activities are beyond entry level and are considered to be a formal **Beyond Entry Level Competency (BELC)**. If an employer wishes to have an LPN become competent in IV insertion and/or administration of IV medications now, the **nurse and employer** have a *shared* accountability to develop an educational plan, complete with theoretical background and clinical practice, in order for the LPN to become competent in this skill.
- Achieving competency is more than being proficient at a task. It involves the integration of knowledge, skill, behaviour and attitude required *before, during and after* a task. **Achieving competency in these activities requires additional education.** Minimally, the education around this BELC should include a review of the venous and arterial anatomy and physiology, the mechanics of IV systems, health assessment, medication administration and any other agency policy or information deemed necessary by the employer.
- CLPNNS recommends a consistent approach to developing the processes necessary to support the development of these particular BELCs. The employer has the accountability to ensure that the necessary supports are in place **before** moving forward with these practice changes. In the interest of patient safety and efficiency CLPNNS recommends\* building educational and clinical processes using best practice and a reference text(s) such as;

Potter, A., Perry, P. (2006). *Clinical Nursing Skills and Techniques*. (6<sup>th</sup> edition). St. Louis (MO): Elsevier Mosby

- Once competency has been achieved, LPNs can prime PIV lines, insert PIV cannulas, and connect tubing's to the PIV site and initiate the infusion. LPNs can also flush "locked" PIV sites per organizational policy, as well as administer PIV medications (both intermittent and bolus). LPNs are expected to complete the necessary patient assessments before, during and after the task as well ongoing surveillance of the client.
- It is critical for nurses and employers to remember that these particular BELCs are performed **within the role and scope of the LPN** and the nurse and skill **must** match the client need. Nurses and employers must understand that not every client requiring PIV insertion and initiation or administration of IV medications is appropriate for LPN practice. (SEE **LPNS and Administration of Intravenous (IV) Medication**, Practice Guideline)
- BELCs **do not** transfer from site to site or even unit to unit *unless* the employer has deemed the competency to be organization specific and/or achieving the BELC is expectation of every LPN.

### Elements to support achieving a BELC

1. **Learning Module:** A module with sufficient theory, anatomy physiology and technical components to meet the needs of the nurse. It is important to note that existing learning modules targeting RNs may need modification to ensure the necessary background information and content is appropriate and specific to LPN practice.
2. **Clinical Learning Opportunity:** A process to support the LPN to gain the necessary technical competency in performing the skill. The clinical learning opportunity provides the LPN a chance to apply the knowledge she/he has gained in the learning module. Clinical learning opportunities can be a variety of activities including preceptoring, mentorship, simulated demonstration or clinical shadowing.
3. **Policy:** An agency policy must be in place supporting the enactment of the BELC by the LPN. The policy or learning module should reference the process achieving and documenting competency.

### References

College of Licensed Practical Nurses of Nova Scotia, (2009). *Administrative Policy: Beyond Entry Level Competencies*. Halifax: Author.

College of Licensed Practical Nurses of Nova Scotia. (2011) *Practice Guidelines: LPNs and Administration of IV Medications*. Halifax: Author.

College of Licensed Practical Nurses of Nova Scotia. (2011) *Practice Update: Entry-Level and Beyond Entry Level Competencies*. Halifax: Author.

\* The recommended texts are for those without established policy or process. They are offered as a suggestion and are not meant to suggest that existing tools, programs or policies are to be replaced.