

NH Board of Nursing RN Scope of Practice Advisories Updated March 9, 2020

This document reflects NH Board of Nursing advisory responses to individual questions, or categories of questions indicated by links, regarding RN scope of practice and designated clinical activities. Health care is constantly changing, and thus the practice of nurses and nursing assistants is also changing. It would be impossible to develop a list of all procedures and interventions that are included in the scope of practice of nurses. Licensees are encouraged to utilize the Decision Tree_algorithm in determining scope of practice for activities not included in this list. If scope of practice remains unclear following use of the algorithm, licensees may submit a question to the board using the Clinical Practice Inquiry Process and Form.

Licensees should be mindful of the professional responsibility to maintain competency as specified in NUR 405.01, which states, “All licensees shall, through education and experience, maintain the ability to competently practice nursing or nursing related activities.”

When adding nursing interventions and nursing related activities to role responsibilities, in addition to those interventions taught during the initial educational process, it is the recommendation of the Board that facilities consider implementation using the following guidelines as applicable:

- (1) Describe the educational preparation and practice history of the nurses or nursing assistants authorized to perform the intervention(s) or activity(s)
- (2) Define the intervention(s) or activity(s) and the procedures for implementing the intervention(s) or activity(s)
- (3) Include a written plan for attaining and maintaining competency of the licensee
- (4) Identify the names of those nurses or nursing assistants authorized to perform the interventions or activity(s), and (5) Be reviewed and updated as needed, but at least yearly.

Activity/Question	Within RN Scope of Practice?	Comments
Administration of OTC meds without provider order	No	Facility policies should address self-administration. RN may not diagnose and prescribe medications for administration of OTC meds without provider order.
Administration of OTC meds in a school setting	See narrative	A school nurse may give over-the counter medications without a provider’s order when 1. The school nurse does so in accordance with nursing knowledge, judgment and skill; and 2. The school nurse in public schools must follow the NH DOE administrative rule, Ed 311.02 which state “non-prescription medication shall be given only with the written request and permission of the parent and/or guardian” and must follow local policy and procedures.
Airway, insertion of advanced (LMA or ET tube)	See advisory	https://www.oplc.nh.gov/nursing/documents/advanced-airway.pdf
Allergy Serum: Can a nurse mix allergy serum for the purpose of allergy injections?	Yes	With competencies, education and policies in place as outlined in NH RSA 318:14. Additional information under <u>RSA 318:14</u> can be accessed under Allergen Extracts as CSPs.
Can an RN who is trained by an allergy physician and certified in competency place and interpret	Yes	Yes, a RN who is trained by an allergy physician, and demonstrates competency, can place and

penicillin allergy skin testing?		interpret penicillin allergy skin testing.
Arterial Line Placement – ultrasound assisted radial arterial line placement	Yes	Ultrasound assisted radial arterial line placement is within RN scope of practice with facility competency, procedures, education, and limited to radial arteries in adults.
Baclofen Pump: accessing, interrogating and refilling an intrathecal Baclofen pump, or any one of the individual steps of this process, would fall within the RN scope of practice? This procedure would take place in an outpatient office setting with a supervising provider on the premises.	Yes	<p>The BON voted to adopt the advisory provided by the NY State Board of Nursing as follows:</p> <p>the following conditions must be met:</p> <ul style="list-style-type: none"> •The RN must be deemed competent in the procedure, which in addition to the technical aspects of filling/refilling pumps, also requires the RN to accurately assess pain, conduct a physical examination and assess subtle changes in condition. <p>Such competency is attained initially through successful completion of didactic coursework and a series of demonstrations in the procedure under supervision.</p> <ul style="list-style-type: none"> •The RN must demonstrate annual updates of appropriate education, skill training and clinical competence. Competency assessment must be documented in the personnel file of each RN. •The RN must be designated by the facility/practice to carry out the procedure. Because there is considerable evidence across a wide range of procedures and functions that demonstrate improved outcomes in situations with high case volumes, the number of RNs trained in this procedure should be limited to assure a caseload sufficient to attain expertise. During annual competency updates, only the names of RNs with high case volumes should continue to be designated by the facility/practice to carry out this procedure. •Written policies and procedures must be developed that clearly define the RN’s role. •Errors should be anticipated. It is recommended that a failure mode and effects analysis (FMEA) be implemented to identify errors and actions to reduce patient harm. <p>Additionally, standardization of orders, use of pumps with a reservoir port only, separation of kits, and verification of kits</p>

		<p>based on manufacturers' written recommendations, should be considered as ways to further reduce errors.</p> <ul style="list-style-type: none"> •A physician or nurse practitioner must be immediately available for emergencies, including diagnosing and responding to overdoses including removing cerebrospinal fluid by lumbar puncture or through the catheter access port, if indicated.
Blood pressure obtained at health clinic in NH by nurse not licensed in NH	Yes	This procedure can be done by licensed and non-licensed persons.
Biofeedback: RN with certification perform Biofeedback as a non- invasive therapy	Yes	
Can a nurse set up and monitoring of BiPap therapy	Yes	See c-pap and bi-pap separate position statement Pdf.
Blister with serous drainage	Yes	Similar to the advisory on Sharp Conservation Debridement done by a competent certified wound care nurse.
Bone marrow biopsy procedure	No	<p>Board affirmed that bone marrow biopsy is NOT within RN scope of practice.</p> <p>Bone marrow biopsy is medical procedure and falls under auspices of Board of Medicine.</p>
Bone marrow biopsy slide preparation	No	
Botox and Bone Fillers question – Does a physician or APRN need to be on site when an RN administers Botox/Fillers or can they just be available via phone call?	See Narrative	Unable to opine on physician requirements, contact Board of Medicine for physician need to be on site when RN administers Botox/fillers. For APRNs refer to delegation rules and statute.
Bowen Therapy	Yes	In congruence with the Board of Massage Therapy pursuant to Section 328-b:10 "Exemptions." Bowen therapy, after completion of approved certification, is within the scope of practice for RN and LPN.
Bravo capsule placement: independent deployment and placement	No	June 17, 2010: The board revisited the Dec 17, 2009 decision that it is not within RN scope of practice to independently deploy and place Bravo capsules. The decision was made to uphold the previous decision. It is within the

		scope <i>only to assist</i> the provider in this procedure
Bubble Studies (echocardiogram) at the bedside: administration of agitated saline and contrast	Yes	4/16/2015 Facility policy
Calculate Screening Exam Scores: Is it within nurse's scope of practice to calculate a CMADVASC Score?	Yes	It is within the scope of practice of registered nurses to calculate screening exam scores.
Care of relatives	Not advised	Refer to facility policy and consider potential boundary issues
Carotid massage for SVT	No	This is referenced in the ACLS manual as one of many therapies that address arrhythmias; however, it is not taught to nurses in NH.
Cardiac pacemaker reprogramming	Yes	
Cast application	Yes	
Cast removal	Yes	Provider order required
Cell saver operation	Yes	Ensure that assignment maintains patient safety
Cerebrospinal fluid, hourly extraction from indwelling catheter	No	Not within scope
Cerumen removal via instrumentation	No	
Cerumen removal via irrigation and suction	Yes	
Chelation therapy as conventional therapy for heavy metal poisoning or alternative therapy for heart disease, cancer, other conditions	Yes	
Chest tube flush using normal saline	Yes	An RN can instill normal saline into and irrigate a chest tube for open drainage only provided there is no danger of spontaneous pneumothorax with atmospheric pressure entering the pleural space. The RN should have specialized training and a hospital policy that speaks to this task. The task should be performed in an area where there is

		<p>sufficient staff in possession of specialized knowledge and skills as well as emergency equipment and monitoring equipment to provide for immediate intervention if faced with a client adverse event.</p> <p>References from Louisiana BON 1996 opinion and Saskatoon Health Region</p>
Chest tube removal	Yes	Board reviewed previous decision, reviewed literature supporting this procedure and reversed previous advisory.
<p>Chiropractic Medicine: Can an RN work under a Doctor of Chiropractic Medicine performing the following procedures?</p> <p>Health assessment paperwork, Hand held cold laser, Foot ionization for detoxification and Oscillation that stimulates the action of walking.</p>	Yes	Referencing the position on the role of nurses in the practice of complementary and alternative therapies, the RN can perform tasks/skills that are within RN scope and the tasks in question are within scope. Training and competency should be verified
Complementary/alternative therapy	Yes	See Complementary and Alternative Therapy position statement
Computer Assisted Personalized Sedation System (CAPS) for delivery of minimal to moderate sedation in the Endoscopy area	Yes	See Anesthesia-Analgesia Position Statement Pdf
Contact casting, total, for treatment of foot ulcers	Yes	
Contrast dye, IV push for diagnostic exam	Yes	
Coudé catheter insertion/replacement	Yes	
C-PAP therapy, equipment set-up	Yes	See C-Pap and Bi-Pap Position Statement Pdf.
Cystometrics and independent performance of	Yes	
Death pronouncement and reporting of infectious disease following	Yes	See NH statute regarding Pronouncement of Death by Registered Nurses
Deep brain stimulator-	Yes	With appropriate training and competency

increase/decrease voltage settings		2/2015
Defibrillation	Yes	
Definity: Obtaining informed consent for	No	The board determined that this procedure is provider driven and the responsibility for obtaining for providing required education to patient about procedure is the providers. The nurse can witness a patient's signature on a form that states the patient understands what the provider has explained
Delegation to non- licensed staff using electronic means i.e. skype to view and interact with personnel completing the task	Yes	This method of delegation is acceptable.
Dental Block (Inferior mental nerve block) administration	Yes	With appropriate education, competency and provider order.
Derma Glue- use for closing superficial wounds	Yes	The performance of simple stapling or suturing for anchoring catheter devices or superficial wound closure is within the scope of the licensed registered nurse. The RN performing simple stapling or suturing should be properly trained and possesses the required knowledge, skill and competence. The wound must be evaluated by a licensed practitioner and should consist of subcutaneous tissue only. No muscle, nerve, tendon, or blood vessels should be sutured by the RN unless the RN meets the definition and competency of a Registered Nurse First Assist (RNFA). (BON
Dialysis catheter, removal of temporary	Yes	
Drain removal, J-P and hemovac	Yes	
Dry Needling	No	This task is not within scope of an RN to perform in a facility or the community and cannot be delegated as a task via provider. Training for this skill is directed at MD, DO and DPT professionals.
Ear Piercing by nurses in an office setting	Yes	

Emergency medical screening evaluation (MSE) in the ED relative to EMTALA	Yes	RN's may perform nursing assessments within scope and when following CMS guidelines for MSE
Endoscopy/colonoscopy	See Endoscopy and Colonoscopy Scope Pdf	
Epicardial pacing wire removal	Yes	
Face lift - PDO	No	PDO facelifts are not within the scope of RN and LPN practice
Fecal disimpaction, manual without MD order	Yes	Facility policy should dictate circumstances requiring an order
Feeding tube insertion	Yes	
Femoral/arterial sheath removal post cardiac catheterization	Yes	
Femoral dialysis catheter insertion	Yes	
Foot and Nail Care on patients with compromised circulation Nail cutting and use of a Dremel per provider assessment and order	Yes	Refer to nail and use of dremel scope of practice Pdf.
Gastric Restrictive Device adjustment	Yes	A supervised RN can perform this task as long as they are provided a band adjustment protocol by the covering physician (American Society for Metabolic and Bariatric Surgery
Hand Held Nebulizer administration	Yes	
Hernia Reduction	No	Review of literature defines this as a medical procedure requiring specialized assessment and training.
Histologic technician, practicing as, in Mohs lab	*No	*The Board advises that this activity is not under the RN scope of practice. If RN chooses to function as histologic technician, hours would not count as active-in- practice towards renewal. It is not within RN scope of practice to obtain specimen
Hyperbaric oxygen therapy	Yes	
Hyperhidrosis treatment: administer lidocaine through injections into the armpit	Yes	See position statement on injectable local anesthetics in the Anesthesia-Sedation-Analgesia Scope of Practice Pdf.
ICD deactivation using magnetic	Yes	

card		
Informed consent	No	RN may witness signature after provider explains procedure and obtains consent
Informed consent by the nurse performing a PICC line insertion	Yes	
Interdisciplinary plan of care, RN implementing plan developed by OT/PT	Yes	LPN and LNA's can be delegated specific tasks to perform under this plan
Interosseous needle insertion	Yes	Procedure taught in ACLS and PALS
Intraocular pressure measurement by aplanation using Schiottz tonometer or Tonopen	No	Non nursing task
Intravenous- Do RNs need a physician/practitioner order to insert a peripheral IV – Do they need an order if there is a medication order with an IV route?	See narrative	Refer to Protocol Orders
Can an RN administer saline nasal spray and saline eye drops per nursing scope of practice?	See narrative	Refer to Administration of Over the Counter Medications Without Provider Order decision.
Ketamine Titration: Can an RN, who can demonstrate competency, be able to administer Ketamine Infusion with titration parameters in the critical care setting? Ketamine titration would be based on established criteria and ordered by the Critical Care Intensivists to be used as adjunctive sedation in the mechanically ventilated patients. The Ketamine Drip order would have established criteria for titration, such as RASS (Richmond Agitation-Sedation Scale).	Yes	Ketamine can be administered via titration with a patient in critical care who has a secured airway.
Fixed dose of sub anesthetic infusion of Ketamine is within	Yes	Updated January 29, 2020

<p>the scope of practice of an RN when the following requirements are met:</p> <ol style="list-style-type: none"> 1. The Ketamine must be dosed at sub anesthetic doses. 2. Clearly defined facility policies and procedures are in place, to include the distinction between sub anesthetic and anesthetic dosing. 3. A Licensed Independent Practitioner (LIP) <ol style="list-style-type: none"> a. Evaluates the patient b. Places an order for the low dose/sub anesthetic Ketamine c. A LIP is readily available in the facility from the time of the medication is initiated until completion of the infusion. 4. The nurse involved in the administration is familiar with and adheres to the safety recommendations and standards for Ketamine administration. 		
<p>Ketamine infusion: Can the doctor initiating infusion be ED provider?</p>	<p>N/A</p>	<ol style="list-style-type: none"> 1. For questions regarding scope of practice of a physician, please query the Board of Medicine.
<p>Is it within the RN scope to administer Ketamine on IV push during RSI?</p>	<p>Refer to Ketamine fixed dose sub anesthetic infusion</p>	<p>*Note that the board pined on “sub anesthetic” infusion.</p>
<p>Ketamine IM for administration to children</p>	<p>Board is silent</p>	<p>Board followed recommendation to be silent on this question due to lack of literature/research on this method of administration in this population.</p>
<p>Low Energy</p>		<p>An RN can provide services involving LENS</p>

Neurofeedback System (LENS): Can an RN provide LENS therapy independently?		therapy as a form of neuro bio feedback.
Are the use of LEDs and lasers/(photobiomodulation) within the scope of a nurse	Yes	Low intensity laser therapy LED is in current use in community.
Medication Compounding	No	Medication compounding as defined by NH RSA 318:1; however, crushing a tablet or reconstitution of a medication is not considered compounding
Medical Examinations	No	RN cannot perform medical examinations but can obtain health history and do a comprehensive nursing assessment
Morgan Lens placement	Yes	With provider orders, training and competency, insertion and maintenance
Needle aspiration of seroma on post- surgical patient	No	
Needle decompression for tension pneumothorax	No	
Neonatal intubation	Yes, with specific requirements met	*Refer to position statement – Airway, Insertion of Advanced
Neuro/Biofeedback: RN with certification perform Biofeedback as a non-invasive therapy	Yes	This is considered non- invasive holistic therapy
Neurometrix nerve conduction studies under physician supervision	Yes	
Neuro-monitoring percutaneous needle application and equipment operation during procedure in the OR	No	The RN may push the rest button under the direction of the surgeon
Orders from out of state physicians, providing home care to patient in NH	Yes	
Oversite of LPN - How frequently does a RN need to provide supervision to a LPN?	N/A	The Board refers you to Nursing Statute 326 B:13 for the specific scope of practice requirements.

Paracentesis, completion of procedure initiated by physician by changing bottles until flow stops and discontinuing the needle	Yes	
Percutaneous tibial nerve stimulation	Yes	
Pleural Tube Access for purposes of administering TPA and Pulmozone	No	This action is not supported due to the lack of supportive references for this practice.
Prescriptions: New prescription written by a provider	Yes	The nurse may call in a new order prescription written by a provider as long as the nurse is a direct agent of the provider working under the direct auspice of the provider and there is a written order. (Clarified with the Board of Pharmacy 5/2017)
Prescriptions: Renew or refill	Yes	With provider order/standing order
Protocol orders	Yes	Nurses may implement physician/APRN issued protocols and standing/routine orders, including the administration of medications, following nursing assessment. Protocols/orders should be written to reflect treatment of signs and symptoms, and should include parameters for the nurse to consult the physician/APRN. In addition, protocols and standing/routine orders should be officially approved by the facility medical and/or nursing staff, or approved by the prescriber of the individual patient
Pressure ulcer staging	Yes	
Private duty nurses caring for clients when traveling across state lines	Yes	With active compact license in a compact state.
Prolapsed rectum, digital reinsertion	Yes	*Digital reinsertion of prolapsed rectum is within the RN scope of practice provided the patient has been previously diagnosed with rectal prolapse, and there is an appropriate physician order, institution policy to support the practice, and documented training and competency
Professional Boundaries: Is it crossing professional boundaries to see a former patient that has been discharged from VNA	See Narrative	This is not a clinical practice question, seek legal counsel.

services if the only reason patient know this LPN is from services he received while getting nursing services? (Also applies to LNA and RN)		
Pulmonary artery catheter, advancing for proper placement when obtaining pressure readings	Yes	Utilizing Decision Tree
Pulmonary artery catheter, withdraw for proper placement	Yes	Utilizing Decision Tree
Pulse Oximetry	Yes	
Rabies: Is it within the nurses scope of practice to administer the portion of rabies immunoglobulin that is infiltrated into the wound	Yes	
Radioisotope injection for nuclear exam	Yes	
Rectal dilatation in home setting	Yes	
Respiratory Equipment: assembly, delivery, maintenance, repair and testing	Not considered specific to nursing practice	Tasks can be performed by a competent member of the public and a nursing license is not required to perform these tasks
Respiratory skills: Can the following skills be taught to an RN under RN scope of practice by a Respiratory Therapist? ABG's, Chest PT, Incentive Spirometry, Acapella, Peak Flow Meters, Nebulizers, Trach Care with humidification, High Flow Oxygen and CPAP/BIPAP	Yes	
School nursing - If a nurse and nursing care is written into an emergency care plan, asthma action plan, etc., can a nurse be pulled from their school by administration to cover at a different school – leaving the school and students without a nurse?	See Narrative	This is not a clinical practice questions, it is an employment or legal counsel question.
School nursing - If a nurse believes that safe staffing is a liability issue (AEB, high acuity; no assistant; verbal knowledge from current nurse; letter from	See Narrative	This is not a clinical practice questions, it is an employment or legal counsel question.

substitute nurse that calls the assignment blatantly unsafe) can [school] administration make the nurse accept the assignment?		
School nursing- Can the nurse be pulled by [school] administration to cover at another school in the district when that nurse is absent, leaving their own school without a nurse?	See Narrative	This is not a clinical practice questions, it is an employment or legal counsel question.
School nursing – Can administration at the school (or anyone) tell a nurse who they must delegate tasks to?	See narrative	Nurses must follow current delegation statute and rules whether in school or another setting.
Simple stapling or suturing	Yes	The performance of simple stapling or suturing for anchoring catheter devices or superficial wound is within scope of the RN with appropriate training and competency. The wound must be evaluated by a licensed practitioner and should consist of subcutaneous tissue only. No muscle, nerve, tendon or blood vessels should be sutured by the RN unless the RN meets the definition and competency of a Registered Nurse First Assist (RNFA) as cited by the BON Nebraska.
Secretin stimulation test, Type 1 (blood test)	Yes	Procedure requires blood sampling via a peripheral catheter and administration of a medication
Secretin stimulation test, Type 2 (nasogastric)	No	
Sexual assault nurse examiner (SANE), board requirements for practice	Yes	Refer to national organization
Skin substitutes (e.g. REDDRESS material)- application	Yes	Skin substitutes, using biological wound dressing, are within the scope of practice for RN and LPN
Slit <i>catheter</i> readings	Yes	
Slit <i>lamp</i> exams including measuring intraocular pressure	No	Not within RN scope of practice; requires advanced practice licensure
Sphenopalatine Ganglion Block	Yes	RNs may apply topical anesthetic such as lidocaine commonly prior to IV insertion, suturing laceration, etc. Is applied intranasal via culturette or atomizer (such as nasal packing, NG tube insertion etc.)

Can an RN remove a spinal catheter?	Yes*	*Yes RNs can remove spinal catheters under the direct order of a Physician or APRN, after training and demonstration of competency.
Stress Testing with nuclear imaging supervision	Yes	<p>Within scope for a nurse educated in the procedure to include:</p> <ul style="list-style-type: none"> --EKG interpretation, must be ACLS certified and capable to respond to adverse events. This education and competence must be documented initially and on an ongoing basis; -- Physician or APRN must be immediately available in facility; --Facility and staff must possess ability to run full code; --Patient must be previously evaluated and cleared for physician or APRN; There must be medical order for procedure; --Facility must have policies and procedures in place to address all aspects of issue. --RN may not administer agent or medications for purpose of pharmacologic or nuclear stress testing unless the physician or APRN are immediately
Suprapubic catheter replacement	Yes	<p>The following conditions must be met:</p> <ul style="list-style-type: none"> • Healed, well established, open pathway • Replacement catheter may only be a balloon-type indwelling catheter • Size of replacement catheter and balloon specified in
Is it within the scope of practice for nurses to do top stitches and cautery of skin?		It is not within the scope of practice of the RN to do top stitches or cautery of skin except within the auspices of a Certified First Assist RN role.
Surgical site marking	No	Responsibility of surgical provider
Suturing <i>arteries</i>	No	Additional education is required – RNFA program
Suturing – use of <i>non-physician FDA approved arterial suturing device</i>	Yes	Refer to RNFA guidelines

following diagnostic or interventional Cath lab procedure		
Telehealth nursing practice advisory (link)	Telehealth nursing Link FAQ	
Telephone order from pharmacist, transcription of	Yes	
Thera bath treatments with paraffin wax	Yes	
Therapeutic phlebotomy	*Yes	*Guided by provider order, policy, procedure, and proof of specialized training and certification by institution
Therapy – contractual, individual,	Yes	With appropriate education and/ or family, and/or group certification
Therapies applied to the body for relieve of pain, swelling or discomfort (for example, ice or heat)	Yes, Provider order not needed	RN can delegate these tasks to an LNA
Thermography	No	Diagnostic procedure
Tooth removal- loose teeth in school children	Board is silent on this	3/19/2015
Trans-cranial magnetic stimulation, application of	Yes	Under training and supervision of MD with annual competency demonstration
Ultrasound bladder scan to assess fluid volume	Yes	
Ultrasound for PICC insertion	Yes	
Ultrasound for therapeutic purposes	Yes	
Ventilator Settings: Can RN decrease or increase settings per order?	No	(2014)There is lack of evidence and documentation to support this action
Vagal Nerve Stimulator: external activation and delegation of procedure	Yes	In the case of a stable client, with a treatment plan in place, the RN may utilize external activation of the vagal nerve stimulator and may delegate the external activation of the vagal nerve stimulator to the LPN, LNA or UAP.
Vascular closure devices, deployment of	Yes	Mechanical devices only
Wound debridement,	Yes	Requires specialized training

conservative sharp		
Wound care, acute therapy-whole blood product with kaolin and cellular matrices. (E.g. REDDRESS Clot). Is it within the scope of practice for nursing?	Yes	Elements of this procedure such as phlebotomy, wound care, wound assessment, and dressing application are within the scope of practice for RNs and LPNs in NH.
X-rays: Can an RN depress the foot pedal to take an x-ray under direction of a provider?	No 11/14 This represents a reversal of advisory provided January 2013 that allowed this practice.	Guidelines from Arizona BON state that licensed by the MRTBE: MD, DO's. Med Radiological Technicians may administer ionizing radiation for diagnostic or therapeutic purposes, positioning x-ray beam, anatomical positioning to the beam, selecting exposure factors and initiating exposure.