

OKLAHOMA BOARD OF NURSING (“Board”)
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FREQUENTLY ASKED PRACTICE QUESTIONS

These “Frequently Asked Questions” and answers are included for illustration use ONLY and cannot be relied upon as correct under ALL circumstances. Each situation may present unique facts and must be considered on a case-by-case basis.

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REGISTERED NURSE:

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20. [Can a licensed practical nurse function as a school nurse?](#)

REGISTERED NURSE AND LICENSED PRACTICAL NURSE PRACTICE:

The following questions cover a variety of issues related to the general practice of a registered nurse (“R.N.”) and a licensed practical nurse (“L.P.N.”):

1. Is it within the scope of practice for a licensed nurse to pronounce a patient death?

In accordance with the Declaration of Death Act [63 O.S. § 61-3122], “...**A determination of death must be made in accordance with accepted medical standards....**” Licensed nurses **do not have the authority** to pronounce death under the Oklahoma Nursing Practice Act (“ONPA”) since the pronouncement of death requires an act of **medical diagnosis** which nurses are expressly prohibited from performing and which essentially constitutes the practice of medicine or osteopathy. Under the ONPA, nurses may properly observe, assess and record the status of a patient in order to allow a **qualified medical practitioner** to draw conclusions or to make a diagnosis.

2. How many consecutive hours and shifts can a nurse work? Can an employer force a nurse to work longer than scheduled or to work overtime?

The Oklahoma Board of Nursing (“Board”) has no jurisdiction over work-place issues, such as scheduling or number of hours worked (consecutively or in a given time period). The Board’s jurisdiction is over Oklahoma licensed nurses. Some facilities may have policies requiring nurses to work overtime or other staffing and scheduling requirements. Each licensed nurse should inquire about facility policies regarding these issues prior to employment.

If a nurse exhibits conduct which jeopardizes a patient’s life, health or safety by failure to utilize appropriate judgment in administering safe nursing practice or patient care assignment based upon the level of nursing for which the individual is licensed or recognized, the nurse may be in

violation of the Rules of the Board, specifically OAC 485:10-11-1(B.)(4.)(D.) and the Oklahoma Nursing Practice Act (“ONPA”). Nurses working too many hours may exhibit impaired judgment and inappropriate decision making. Exhibiting impaired judgment and inappropriate decision making is a violation of the ONPA.

The Board has approved an *Abandonment Statement* addressing the responsibilities of licensed nurses regarding patient care assignments and leaving the employment site during an assigned patient care shift. You may access the statement through this hyperlink: <http://www.ok.gov/nursing/prac-aband.pdf>.

3. Where can I find a list of nursing activities or tasks that can be performed by a registered nurse (R.N.) and a licensed practical nurse (L.P.N.)?

The Oklahoma Nursing Practice Act (“ONPA”) and Rules of the Oklahoma Board of Nursing (“Board”) address the **Scope of Practice** of the R.N. and L.P.N. and identify actions that would be a violation of the ONPA. Nursing activities and tasks vary by practice settings; thus, the ONPA and Rules do not identify specific nursing tasks and activities. The Board does issue advisory opinions, declaratory rulings and guidelines (hereinafter called “Board documents”) to provide clarity and direction for nursing practice.

When there is no approved Board document addressing a specific nursing activity or task, nurses are directed to the Board’s *Decision-Making Model for Scope of Nursing Practice Decisions: Determining RN/LPN Scope of Practice Guidelines* to assist in making decisions about practice matters. The referenced Model may be accessed through the Board’s website at: <http://www.ok.gov/nursing/prac-decmak.pdf>. **Please review Step #4 on the Model carefully.** If the nursing activity or task is not considered basic nursing preparation, any nurse performing a nursing activity or task would be required to complete additional training with competency validation prior to performing the procedure, in compliance with the ONPA, specifically 59 O.S. § 567.3a.3.m. In addition, the health care facility would need policies and procedures addressing this specific nursing activity, in compliance with any applicable federal and state regulations and facility licensure/accreditation requirements. Regardless of mandated facility policies, procedures and training, licensed nurses are directed to evaluate their **personal ability** to competently administer/perform any nursing activities/tasks.

If a licensed nurse would like the Board to address a specific nursing activity or task, the Board has a procedure for making such request. The title of the document is *Requests for Board Opinions Procedure*, and it may be accessed at: <http://www.ok.gov/nursing/prac-bdopin.pdf>.

4. Are licensed nurses required to carry their license cards with them? Are licensed nurses required to allow employers to copy their license cards?

Neither the Oklahoma Nursing Practice Act (“ONPA”) or Rules of the Oklahoma Board of Nursing (“Board”) requires licensed nurses to carry their pocket license cards or to provide a copy of the license or certificate to the employer. However, it is a requirement in the ONPA, specifically 59 O.S. § 567.14, which states: “Any person licensed or certified by the Oklahoma Board of Nursing who provides direct care to patients shall, while on duty, wear an insignia or

badge identifying the license or certification issued to such person by the Board.” Any person practicing nursing and/or representing himself/herself as a registered nurse or licensed practice nurse is required to have **current licensure** to practice nursing.

The Board has approved guidelines to provide guidance to licensed nurses or certificate holders who may be requested or required to provide a copy of a license or certificate to an employer. The *Licensure Verification and Photocopying of Nursing Licenses* guidelines may be accessed online at: <http://www.ok.gov/nursing/photocopy.pdf>.

5. I will be doing telenursing by interacting with clients in Oklahoma at remote sites using telecommunication and electronic communication technology. Do I need an Oklahoma nursing license?

Yes. In accordance with the Oklahoma Nursing Practice Act (“ONPA”), specifically 59 O.S. § 567.14A, “no person shall practice or offer to practice registered nursing, practical nursing or advanced practice nursing in this state unless the person has complied with the provisions of the ONPA.” Accordingly, it is a violation of the ONPA for persons to assume the titles of registered nurse, licensed practical nurse or advanced practice nurse without licensure and/or advanced practice recognition by the Oklahoma Board of Nursing.

6. Who can initiate/develop the nursing care plan?

In accordance with the Oklahoma Nursing Practice Act (“ONPA”), the scope of practice for a registered nurse includes **analyzing** assessment data to determine nursing care needs, **establishing** goals to meet identified health care needs and **planning** a strategy of care (thus, the development of the nursing care plan). [ONPA, 59 O.S. § 567.3a.3b-d.]. The licensed practical nurse **participates** in the development and modification of the nursing plan of care. [ONPA, 59 O.S. § 567.3a.4b.].

REGISTERED NURSE PRACTICE:

The following questions cover a variety of issues related to the practice of a registered nurse (“R.N.”)

7. Can a registered nurse who is *not an advanced practice nurse* (“APN”) obtain and document a history and physical examination on a patient to make a medical diagnosis and prepare a list of the patient’s medical problems?

No. Registered nurses can interview patients to obtain general health history and gather data for a licensed practitioner to determine the medical regime for a patient, including the administration of medications and treatments as authorized by state law to so prescribe, in accordance with the Oklahoma Nursing Practice Act, 59 O.S § 567.3a.2.

8. Can a registered nurse start his/her own business or corporation?

Yes. In accordance with the O.S. 18 § 803 [Professional Entity Act – Definitions], registered nurse (“R.N.”) is one of the categories of health professionals that may render “professional service” as a business or corporation. The Professional Entity Act [Sections 801 – 819] defines the requirements for such business or corporation and provided for the following in Section 818:

“The regulating boards of the respective professions described in Section [803](#) of this title are hereby authorized and directed to issue the certificates required by Section [804](#) of this title upon receipt of an affidavit or other instrument reciting the names and addresses of the prospective owners and managers. The regulating boards may charge and collect a reasonable fee for such issuance. The fee shall be deposited and expended as provided by law for other fees collected by each respective regulating board.”

The Oklahoma Board of Nursing does not provide legal advice to R.N.s who wish to engage in a nursing business and/or establish a corporation. The *Request for Certificate of Incorporation* may be accessed through the Board’s website at: <http://www.ok.gov/nursing/form2.pdf>.

9. Is it required for a registered nurse (R.N.) to sign behind or "co-sign" nursing actions performed by a licensed practical nurse (L.P.N.)?

The Oklahoma Board of Nursing has no requirement that chart entries made by L.P.N.s be co-signed. Each licensed nurse is responsible for accepting assignments in accordance with the knowledge and skills acquired during basic nursing preparation and through additional education and preparation for performing new nursing techniques, procedures or patient care activities [Oklahoma Nursing Practice Act (“ONPA”), 59 O.S. § 567.3a.3.m.]. Both L.P.N.s and R.N.s are required to document the nursing care they render; each is held accountable for doing it accurately and completely. In general, a licensed nurse may co-sign anything he/she has directly witnessed (such as narcotic wastage) and/or personally performed the same assessment with the same findings. As discussed above, each licensed nurse is responsible for accepting assignments that are within the educational preparation, experience and knowledge of the individual nurse.

Usually, the question of a R.N. co-signing after a L.P.N. arises in situations when an attempt is made to expand the L.P.N.’s scope of practice by holding the R.N. responsible for expanded tasks performed by the L.P.N. The R.N. co-signing for something that is beyond the L.P.N.’s scope of practice does not legitimize the L.P.N.’s actions nor the R.N.’s for making an improper delegation. Therefore, if a patient requires a comprehensive assessment performed by a R.N., the assignment may not be delegated to a L.P.N. A licensed nurse never functions “under the license” of another nurse. Licensed nurses have a duty to provide safe and effective nursing care rendered directly and indirectly, pursuant to their statutory limitations. [ONPA, 59 § 567.3a.3.h. and 4.e.].

LICENSED PRACTICAL NURSE PRACTICE:

The following questions cover a variety of issues related to the practice of a licensed practical nurse (“L.P.N.”):

10. Can a licensed practical nurse (L.P.N.) perform an “initial” assessment?

The Oklahoma Nursing Practice Act and Rules of the Board do not define “initial” assessment. However, the Board has approved *Patient Assessment Guidelines* to provide clarity and direction for nursing practice. In the guidelines, focused assessment is defined as:

“A focused assessment is conducted by a L.P.N. and is an appraisal of the client's status and situation at hand, which includes *initial* and ongoing data collection, and deciding who needs to be informed of the information and when to inform” appropriate health care providers.

However, other state and federal regulations and/or licensure/accreditation requirements may have applicable standards that address initial assessments of patients. If other regulations and facility policies require a registered nurse perform the initial patient assessment, then the L.P.N. may not be allowed to perform the initial assessment.

11. Describe what "supervision of practice" means in relation to a licensed practical nurse (L.P.N.) functioning with a directed scope of practice “under the supervision or direction of a registered nurse, licensed physician or dentist.”

The Oklahoma Nursing Practice Act (“ONPA”), specifically O.S. 59 §567.3a.4., requires a L.P.N. to practice under the supervision of a R.N. (which includes an advanced practice nurse), licensed physician or dentist, and that the L.P.N. has a directed scope of practice.

Although ONPA requirements for a “directed scope of practice” preclude a L.P.N. from practicing in a completely independent manner (that is, without supervision), there is nothing in the ONPA or Rules of the Board that requires direct (on site or on unit) supervision of a L.P.N. for **each** nursing function. In the Rules of the Board, “Supervising means providing guidance by a qualified nurse for the accomplishment of the nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing a task or activity.” [OAC 485:10-1-2]. For the L.P.N., guidance and direction may be given by a registered nurse, licensed physician or dentist. Factors to be considered in determining the level of supervision, that is direct or indirect supervision, may include: (1) the type of practice setting; (2) the stability of the patient’s condition; (3) the tasks to be performed; (4) the L.P.N.s experience; and, (5) any laws and regulations that apply to the specific practice setting.

Remember that whether a task is a nursing act or a delegated medical act, the licensed nurse (L.P.N. or R.N.) is responsible for the tasks he/she performs. (See the Guidelines section on the Board’s website at www.ok.gov/nursing for additional guidance on how a nurse can determine what is within his/her scope of practice through the *Decision-Making Model for Scope of Nursing Practice Decisions: Determining RN/LPN Scope of Practice Guidelines* at:

<http://www.ok.gov/nursing/prac-decmak.pdf>). In addition, other practice-specific Guidelines, Position Statements and Board Rulings are available on this website to assist L.P.N.s in determining which nursing activities and tasks may and may not be performed by L.P.N.s and under what level of supervision.

12. What if a registered nurse (R.N.), licensed physician or dentist delegates a task to a licensed practical nurse (L.P.N.) for which the L.P.N. has no education and training, or the task is beyond the scope of practice for the L.P.N.?

If such an assignment is inadvertently given to a L.P.N. by a R.N., licensed physician or dentist, the L.P.N. is responsible for notifying the delegator who made the assignment that the L.P.N. has not been training on this specific task/procedure or that it is beyond the L.P.N.s scope of practice to perform the assigned task.

13. Can a licensed practical nurse (L.P.N.) supervise the practice of a registered nurse (R.N.) if the L.P.N. has more years of experience in nursing?

No. In accordance with the Oklahoma Nursing Practice Act (“ONPA”), specifically 59 O.S. § 567.3a.4., the L.P.N. practices under the supervision of a R.N. (which includes an advanced practice nurse), physician or dentist, and the L.P.N. has a directed scope of practice. The L.P.N. may not monitor or supervise the nursing practice of the R.N. The L.P.N. may monitor another L.P.N. and unlicensed persons and report to an R.N., physician or dentist. Registered nursing practice constitutes a higher level of education, knowledge and skill than does the practical nursing practice.

ADVANCED PRACTICE NURSE:

The following questions cover a variety of issues related to practice of an advanced practice nurse:

14. Can an advanced practice nurse diagnose and prescribe treatment for ALL persons?

An advanced practice nurses can diagnose illnesses **consistent with their specialty advanced practice recognition** with the Oklahoma Board of Nursing (“Board”) and, accordingly, may not be authorized to **diagnose and prescribe treatment for all persons**. For example, an advanced registered nurse practitioner with a specialty in pediatrics is not authorized to provide care to adults. They may prescribe medications and treatments within their specialty, if they have **prescriptive authority recognition** by the Board. The prescriptive authority recognition is an additional application process from advanced practice recognition.

15. Do advanced practice nurses need a DEA number and are there limitations on the medications an advanced practice nurse can prescribe under a DEA number?

Advanced practice nurses with recognition by the Oklahoma Board of Nursing (“Board”) as advanced registered nurse practitioners, clinical nurse specialists and certified nurse midwives are required to have a DEA number if they prescribe controlled dangerous substances (“CDS”). Schedules III – V may be prescribed for a thirty (30) day supply of CDS, and no refills may be ordered by the advanced practice nurse with prescriptive authority recognition. [(See the Rules of the Board, specifically OAC 485:10-16-5.(c), at: <http://www.ok.gov/nursing/rules07.pdf>)].

Certified registered nurse anesthetists (“CRNA”) with authority of the Board to select, order, obtain and administer Schedules II – V are required to have a DEA number. In accordance with the Oklahoma Nursing Practice Act (“ONPA”), specifically 59 O.S. § 567.3a.10.b, and [63 O.S. § 2-312.D. Prescription and Administration of Controlled Dangerous Substances](#), the CRNA can select, order, obtain and administer CDS during the perioperative and periparturient periods. Therefore, the CRNA is not authorized by law to prescribe any outpatient CDS. The ONPA may be accessed at: <http://www.ok.gov/nursing/actwp.pdf>.

16. Is physician supervision required for prescriptive authority of advanced practice nurses?

In accordance with the Oklahoma Nursing Practice Act and Rules of the Board, physician supervision is required. For **Advanced Registered Nurse Practitioners, Clinical Nurse Specialists and Certified Nurse Midwives**, an *Agreement for Physician Supervising Advanced Practice Prescriptive Authority* Application with an Affidavit signed by the supervising physician must be filed with the Oklahoma Board of Nursing prior to the advanced practice nurse prescribing medications, treatments or medical supplies. For the **Certified Registered Nurse Anesthetists (“CRNA”)**, an agreement with a specific supervising physician is not required, but all CRNAs practice under the supervision of a medical doctor, an osteopathic physician, podiatric physician or a dentist under conditions in which timely onsite consultation is available.

17. Is a national certification required for advanced practice recognition by the Oklahoma Board of Nursing?

Yes. In accordance with the Oklahoma Nursing Practice Act and Rules of the Board, specifically 59 O.S. § 567.3a.5.b. and OAC 485:10-15-4(a)(3) respectively, the advanced practice nurse must have a current **national certification** through an appropriate certifying body recognized by the Oklahoma Board of Nursing prior to receiving a certificate of recognition. Ongoing national certification/recertification **is required** for continued advanced practice recognition. (See the list of *National Certifying Bodies and APN Certification Examinations Approved by the Oklahoma Board of Nursing* at: <http://www.ok.gov/nursing/prac-natlcert.pdf>).

SCHOOL NURSE:

The following questions cover a variety of issues related to practice of a school nurse:

18. Are school nurses regulated by the Oklahoma Board of Nursing and/or the Oklahoma State Department of Education?

School nurses are regulated by both the Oklahoma Board of Nursing (“Board”) and the Oklahoma State Department of Education. The Oklahoma Nursing Practice Act applies to the practice of nursing in any setting. In addition, school nurses employed by a board of education must also adhere to laws applicable to and regulated by the Oklahoma State Department of Health. School nurse is defined in statute 70 § 1-116.7 [Positions in School System – Definitions], and may be accessed online through the following hyperlink:

<http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=89755>

The Board has approved the *School Nurse Position Statement* addressing the Board’s position on school nursing. (See <http://www.ok.gov/nursing/schlnurse.pdf>).

19. Can a school nurse train an unlicensed individual to administer medications/treatments?

Yes. On written permission of the parent or guardian of the student, the **school administrator** can appoint unlicensed school employees to administer **nonprescription** medicine and a **filled prescription** medicine as that term is defined by Section [353.1 of Title 59](#) of the Oklahoma Statutes pursuant to the directions for the administration of the medicine listed on the label or as otherwise authorized by a licensed physician in accordance with the school law, specifically 70 § 1-116.2A.1 and 2 - *Administration of Medicine - Liability of School Employees for Personal Injury*. You may access the Administration of Medicine law in education settings online through this hyperlink: <http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=89757>.

Although the training of unlicensed school employees is not mandated by the above statute, it is within the scope of practice of a registered nurse to teach the principles and practice of a nursing task to unlicensed persons and to evaluate competency in the performance of the taught task in the school setting. (See the Oklahoma Nursing Practice Act, specifically, 59 O.S. § 567.3a 3.j., which may be accessed at: <http://www.ok.gov/nursing/actwp.pdf>).

20. Can a licensed practical nurse function as a school nurse?

Licensed practical nurses (“L.P.N.s”) cannot practice independently as a school nurse since this field is limited by statute to persons holding a license as a registered nurse (“R.N.”) and certified as a teacher by the Oklahoma State Department of Education. (See 70 § 1-116.7). However, L.P.N.s may be employed in school settings under the supervision or direction of a R.N., physician or dentist. (See 59 O.S. § 567.3a.4.).

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