

CALIFORNIA BOARD OF REGISTERED NURSING
Understanding the Role of the Registered Nurse and Interim Permittee
According to the Nursing Practice Act, the California Code of Regulations, and Selected Sections of Title XXII

<p style="text-align: center;">Nursing Practice Act Business & Professions Code Chapter 6 Nursing Section 2725</p>	<p style="text-align: center;">Standards Of Competent Performance California Code Of Regulations Title 16 Section 1443.5</p>	<p style="text-align: center;">California Code of Regulations Title 22 Section 70215.</p>
<p>(a) In amending this section at the 1973-74 session, the Legislature recognizes that nursing is a dynamic field, the practice of which is continually evolving to include more sophisticated patient care activities. It is the intent of the Legislature in amending this section at the 1973-74 session to provide clear legal authority for functions and procedures that have common acceptance and usage. It is the legislative intent also to recognize the existence of overlapping functions between physicians and registered nurses and to permit additional sharing of functions within organized health care systems that provide for collaboration between physicians and registered nurses. These organized health care systems include, but are not limited to, health facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, clinics, home health agencies, physicians' offices, and public or community health services.</p>	<p>Section 1443.5 (1) A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:</p> <ul style="list-style-type: none"> ➤ formulates a nursing diagnosis through observation of the client's physical condition and behavior and ➤ through interpretation of information obtained from the client and others, including the health team 	<p>70215. (a) (1) A registered nurse shall directly provide:</p> <p>Ongoing patient assessments as defined in the Business and Professions Code, Section 2725(d). Such assessments shall be performed, and the findings documented in the patient's medical record, for each shift and upon receipt of the patient when he/she is transferred to another patient care area.</p>
	<p>Comments/Notes:</p> <ul style="list-style-type: none"> → RN must assess every patient every shift to direct patient care (Title 22). → RN performs nursing process functions independently, dependently, and interdependently and knows when each type of function should be used. → RN independently initiates and performs complex thinking strategies in all phases of the nursing process. This includes the ability to formulate a patient specific set of diagnoses when there is uncertain, inconsistent, unique and conflicting patient information. 	<p>Comments/Notes:</p> <p>See 2725 (b) (2) comments related to the assessment component of this section.</p>

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<p>(b) The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following:</p>	<p>Section 1443.5 (2) A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:</p> <ul style="list-style-type: none"> ➤ formulates a care plan in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for the disease prevention and restorative measures. 	<p>70215. (a) (2) A registered nurse shall directly provide:</p> <p>The planning, supervision, implementation, and evaluation of the nursing care provided to each patient. The implementation of nursing care may be delegated by the registered nurse responsible for the patient to other licensed staff, or may be assigned to unlicensed staff, subject to any limitation of their licensure.</p>
<p>Comments/Notes: RN is accountable for an ongoing comprehensive assessment that includes data collection, analysis, and drawing conclusions/making judgments in order to:</p> <ul style="list-style-type: none"> → formulate diagnoses and update diagnoses → formulate or change the plan of care → decide on specific activities to implement the plan of care (immediate and long-term) → prioritize and coordinate delivery of care → delegate to nursing care competent staff to deliver required care → anticipate discharge planning/teaching needs → advocate for the patient as needed <p>RN uses scientific knowledge and experience to make clinical judgments about observed abnormalities and changes based on a series of complex, independent and collaborative decision making activities.</p>	<p>Comments/Notes: RN role necessitates rapid information processing and application of scientific knowledge to coordinate, delegate and supervise the delivery of safe, timely care. This includes knowledge, skill, and ability to:</p> <ul style="list-style-type: none"> → Check accuracy/reliability of information; → Identify patterns by case type, standards of treatment, familiar circumstances, and relevance of data; → Recognize inconsistencies and missing information; → Search for additional information; → Cluster clues; → Generate a hypothesis about disease conditions, health problems, patient needs; → Make predictions about findings, needs, use of interventions, outcomes; → Set priorities for implementation of nursing care, priorities regarding urgency of patient concerns; → Evaluate and revise based on review of new information; <p>LVN is not prepared by formal education to make RN level nursing judgments that include independent analysis, synthesis, and decision-making. RN is responsible for collecting, analyzing, and collaborating with all information sources to ensure a comprehensive written plan of care that is based on current standards of safe practice.</p>	<p>Comments/Notes: Refer to BPC 2725 and CCR 1443.5(4)</p>

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<p>(1) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures.</p>	<p>Section 1443.5 (3) A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:</p> <ul style="list-style-type: none"> ➤ performs skills essential to the kind of nursing action to be taken ➤ explains the health treatment to the client and family ➤ teaches the client and family how to care for the client’s health needs 	<p>70215. (a) (3) A registered nurse shall directly provide:</p> <p>The assessment, planning, implementation, and evaluation of patient education, including ongoing discharge teaching of a patient. Any assignment of specific patient education tasks to patient care personnel shall be made by the registered nurse responsible for the patient.</p>
<p>Comments/Notes: This section of the NPA authorizes many of the independent nursing functions the RN performs based on pre-licensure educational preparation and RN licensure in California.</p>	<p>Comments/Notes: Also, see pg. 2, 1443.5(2), comments for detailed strategies used by the RN.</p> <p>RN develops, implements and evaluates teaching plan in collaboration with patient and health care team through:</p> <ul style="list-style-type: none"> → Delegation of teaching activities based on education, skills, experience, and competence of the staff → Coordination and review of complete patient/family teaching activities including documentation → Validation of patient/family understanding of teaching provided → Identification of additional teaching needs 	<p>Comments/Notes: Refer to BPC Section 2725(6) and CCR 1443.5(3)</p>

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<p>(2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.</p>	<p>Section 1443.5 (4) A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:</p> <ul style="list-style-type: none"> ➤ delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the task to be delegated ➤ effectively supervises nursing care given by subordinates 	<p>70215. (b) The planning and delivery of patient care shall reflect all elements of nursing process: assessment, nursing diagnosis, planning, intervention, evaluation, and, as circumstances require, patient advocacy, and shall be initiated by a registered nurse at the time of admission. Note: Assessment Nursing Diagnosis Planning Intervention Evaluation Advocacy</p>
<p>Comments/Notes: In many situations, RNs administer meds and implement treatment regimens based on patient specific physicians’ orders. When the RN performs these services based on patient specific orders, this is a dependent nursing function.</p> <p>RNs performing medication administration using approved standardized procedures are performing an interdependent function authorized by BPC 2725(6)(4). These functions are interdependent because the RN collaborates with the supervising MD to develop the approved standardized procedures and implements these functions based on the RN’s knowledge, skill, and competence to perform the service.</p>	<p>Comments/Notes: <u>Delegation to the LVN:</u> RN can’t delegate scope of practice and direction for care to the LVN. RN can’t delegate functions in BPC 2725 or CCR 1443.5 except as allowed by LVN scope of practice. Delegation must occur within LVN scope of practice. RN ensures delegatee has appropriate education, skills, and experience to perform the delegated task or assignment. RN ensures there is documented evidence of current competence before assigning tasks. RN delegates tasks using the “Five Rights of Delegation”</p> <ul style="list-style-type: none"> → Right task → Right circumstances → Right person → Right direction/communication → Right supervision provided <p>RN intervenes as necessary if task is being performed improperly. Ensures appropriate documentation of delegated tasks. <u>Supervision of the LVN:</u> Provides direction and clear expectations of how a task is to be performed. Monitors performance to assure compliance with established practice standards, policies, and procedures.</p>	<p>Comments/Notes: Refer to BPC 2725 and CCR 1443.5</p>

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<p>(3) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.</p>	<p>Section 1443.5 (5) A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:</p> <ul style="list-style-type: none"> ➤ evaluate the effectiveness of the care plan through observation of the clients physical condition and behavior ➤ signs and symptoms of illness ➤ reaction to treatment through communication with the client and the health team members ➤ modify the plan as needed 	<p>70215. (c) The nursing plan for the patient’s care shall be discussed with and developed as a result of the coordination with the patient, the patient’s family, or other representatives, when appropriate, and staff of other disciplines involved in the care of the patient.</p>
<p>Comments/Notes:</p> <p>It is within the RN scope of practice to perform these functions without a physician’s order provided the RN is knowledgeable and competent.</p> <p>In some practice settings, facility-specific requirements dictate a physician’s order for the RN to perform these functions.</p>	<p>Comments/Notes:</p> <p>RN is continually making collaborative and independent judgments related to the appropriateness/effectiveness of the plan of care and makes modifications based on changes in patient condition, responses to treatment, and changes in treatment orders/plans.</p> <p>If revisions are needed in any phase of the nursing process, the RN is expected to ensure interventions are timely, appropriate/effective for the patient.</p> <p>RN plays the predominate role in the timely communication of the patient’s response or lack of response to treatment to others, i.e. collaborating,</p> <ul style="list-style-type: none"> → informing the physician. → RN is accountable to oversee the appropriate timely movement through all phases of the nursing process in the delivery of care for assigned group(s) of patients. 	

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<p>(4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.</p>	<p>Section 1443.5 (6) A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:</p> <ul style="list-style-type: none"> ➤ Acts as a client’s advocate, as circumstances require by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client, the opportunity to make informed decisions about health care before it is provided. 	<p>70215. (d) Information related to the patient’s initial assessment and reassessments, nursing diagnosis, plan, intervention, evaluation, and patient advocacy shall be permanently recorded in the patient’s medical record.</p>
<p>Comments/Notes: RN is responsible for independently: interpreting/making judgments about the appropriateness/effectiveness of care. initiating needed changes in treatment. Using a series of complex information processing critical thinking/decision making skills to plan, coordinate, implement, and evaluate each aspect of care and patient response to treatment as listed on pg. 2.</p>	<p>Comments/Notes: By virtue of education, skill, and experience, the RN is the designee accountable to oversee each phase of care delivery in collaboration with the physician. RN is responsible/accountable to see actual and potential patient needs/health problems are addressed and get recorded on the plan of care. The exhaustive monitoring and evaluation functions routinely performed by the RN for every aspect of care delivery enable her/him to act as an advocate. The RN is expected to demonstrate “big picture” knowledge of the care delivered and the patient’s needs and wishes. Evidence that the RN has advocated for the patient includes:</p> <ul style="list-style-type: none"> → Clarification of physician orders and comprehensive plan of care → Ensure informed consent for treatment/care → Appropriate/timely discharge planning → Ensure safe, timely delivery of all aspects of care → Recognize/record quality variance reporting of actual or “near misses” → Monitor and follow-up on patient response to treatment regimen → Ensure patient care assignments for self and others are appropriate and supervised properly 	<p>Comments/Notes: Refer to BPC 2725 and CCR 1443.5</p>

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<p>(c) "Standardized procedures," as used in this section, means either of the following:</p> <p>(1) Policies and protocols developed by a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code through collaboration among administrators and health professionals including physicians and nurses.</p>	<p>CCR Section 1474 Standardized Procedure Guidelines</p> <p>(a) Written description of the method used in developing and approving them.</p> <p>(b) Each standardized procedure shall:</p> <p>(1) Written, dated, and signed by the organized health care system personnel authorized to sign it.</p> <p>(2) Specify SP functions RNs may perform and under what circumstances.</p> <p>(3) State specific requirements which are to be followed by RNs performing particular SP functions.</p> <p>(4) Specify experience, training, and/or education requirements for performance of SP functions.</p> <p>(5) Establish a method for initial and continuing evaluation of the competence of the RNs competence to perform the SP functions.</p> <p>(6) Provide a method of maintaining written record of those authorized RN functions.</p> <p>(7) Specify the scope of supervision required for performance of the authorized function.</p> <p>(8) Set forth special circumstances which the RN is to immediately communicate with the patient's physician.</p> <p>(9) State the limitations on settings, if any, in where SP functions can be performed.</p> <p>(10) Specify patient record keeping.</p> <p>(11) Provide a method of periodic review of the SP(s).</p>	
<p>(2) Policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system which is not a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.</p>		
<p>Comments/Notes:</p> <p>Only RNs may perform medical functions using the standardized procedure (SP) mechanism.</p> <p>Approved SPs may only be used in an organized health care system.</p> <p>Refer to BRN website advisory section for a detailed explanation of SPs: www.rn.ca.gov.</p>		

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<p>Article 2 Section 2732.1 Interim Permittee's</p> <p>Approval of the RN application, the board issues interim permits authorizing the applicant to practice nursing pending the results of the first licensing examination following completion of his or her nursing courses or for a maximum period of six months, whatever occurs first.</p>	<p>Section 1414: Interim Permittee (c) A permittee shall practice under the direct supervision of a registered nurse who shall be present and available on the patient care unit during all the time the permittee is rendering professional services. The supervising registered nurse may delegate to the permittee any function taught in the permittee's basic nursing program which, in the judgment of the supervising registered nurse, the permittee is capable of performing.</p>	
	<p>Comments/Notes:</p> <ul style="list-style-type: none"> → The supervising RN <u>must be on the patient care unit</u> with the IP, not simply in the building. → Responsibility for meeting these conditions belongs to the director of nursing, supervising RN, and the permittee. <p>Interim permits are not renewable and are in effect from 6 months of the date issued or until the results of the NCLEX-RN exam are mailed, at which time the interim permit is null and void (CCR 1414(b)).</p>	