



FAQ

MINNESOTA Board of Nursing

Committed to Protecting the Public's Health and Safety

NURSING ASSESSMENT AND CARE PLANNING

1. What does the Nurse Practice Act (NPA) say about nursing assessment?

The NPA indicates the RN provides a nursing assessment of the actual or potential health needs of individuals, families, or communities. (Minn. Stat. § 148.171, subd. 15) This statement implies a level of assessment which is comprehensive of the physical, medical, social, and emotional aspects of the client's condition. The legal definition of the practice of practical nursing does not include assessment. It does indicate the LPN observes the client. (Minn. Stat. § 148.171, subd. 14)

2. When an LPN observes a client's condition and determines an intervention is needed, is the LPN doing an assessment?

There is a difference in the levels of decision making for the RN and the LPN:

- The LPN recognizes alterations in the client's condition and compares them to the previous condition. The LPN draws preliminary conclusions, matches findings to already identified problems and interventions outlined in the care plan and knows when, to whom, and where to report the findings.
- The RN recognizes alterations, compares them to the client's previous condition, analyzes all available data, makes nursing judgments, determines the problems and nursing interventions, and develops the comprehensive care plan for the client. The RN makes independent nursing decisions regarding the care, consults with other health team members, develops the nursing diagnoses, and directs other personnel in providing care. The RN nursing assessment provides the scientific basis for a complete nursing care plan.

3. How is an LPN involved in planning care for the client, including assessing the condition of the client?

A nursing care plan is developed and individualized using the nursing process:

assessment; analysis; planning; intervention; and evaluation.

- a) The **assessment** phase begins with the collection of data using such actions as observing; interviewing; and exploring secondary sources, for example, diagnostic tests and laboratory results.
The LPN may assist the RN and perform these activities. The LPN uses observation to collect data and provides the data to the RN who completes the "large picture" assessment. The RN role involves taking an observation one step further to interpret and analyze data, attaching nursing significance to the observation. These activities serve as a basis for the nursing care plan.
- b) The **planning** phase is RN level practice and involves setting priorities; forming realistic goals; identifying outcomes; writing nursing actions; and developing nursing care plans.
- c) **Intervention** involves utilizing the care plan to coordinate and provide care for the client.
- d) The final phase is to **evaluate** the effectiveness of the interventions and the appropriateness of the care plan. This leads to further assessment.

The assessment, care planning, and evaluating functions lie within the RN definition and scope of practice. Therefore, it is the RN who is responsible for writing and updating the care plan. The LPN contributes to the development of the care plan by reporting pertinent observations and suggesting nursing intervention modifications based on client responses. Because the evaluation phase includes ongoing reassessment of the client, with appropriate revisions in the plan of care, the LPN participates by observing and reporting the client's response to nursing actions to the RN. The RN revises the plan as is appropriate to meet the changing needs of the client.