

Massachusetts Board of Registration in Nursing
Advisory Ruling on Nursing Practice

Title: The Licensed Practical Nurse in the Charge or Supervisor Nurse Role

Advisory Ruling Number: 98-02

Authority: The Massachusetts Board of Registration in Nursing (Board) is created and authorized by Massachusetts General Laws (M.G.L.) c. 13, §§ 13, 14, 14A, 15 and 15D, and G.L. c. 112, §§ 74 through 81C to protect the health, safety, and welfare of the citizens of the Commonwealth through the regulation of nursing practice and education. In addition, M.G.L. c.30A, § 8 authorizes the Board to make advisory rulings with respect to the applicability to any person, property, or state of facts of any statute or regulation enforced or administered by the Board. Each nurse is required to practice in accordance with accepted standards of practice and is responsible and accountable for his or her nursing judgments, actions, and competency. The Board's regulation at 244 CMR 9.03(6) requires all nurses to comply with any other law and regulation related to licensure and practice.

Date Issued: November 12, 1997

Date Revised: July 10, 2002, November 14, 2012, March 9, 2016, May 11, 2022

Scope of Practice:

Licensed Practical Nurse

Purpose:

To guide the practice of Licensed Practical Nurses (LPN) employed or assigned to function as charge nurse, supervisor, or other similar role regardless of title.

For the purposes of this Advisory Ruling, the role of charge nurse or supervisor is administrative, designed to accomplish nursing care delivery to a designated group of patients for a designated period of work time.

Advisory:

It is within LPN scope of practice to function in the charge or supervisor nurse role. This role may include but is not limited to making patient care assignments; creating schedules; contributing to personnel evaluations; budgetary management; and educating others to organizational policy and procedure. To "make a patient care assignment" means to appoint or designate a Registered Nurse (RN), LPN or unlicensed assistive person (UAP) the responsibility to implement an established nursing care plan for a designated group of patients for a designated period of work time. The patient care assignment must be consistent with the assignee's scope of practice and competency, the assignee's job description, and the employing agency's policies. The charge nurse or supervisor directs nursing service personnel to comply with the organization's policies and procedures.

The non-clinical, administrative functions of the supervisor or charge nurse roles, such as making a patient care assignment, differs from the clinical function of delegation (see Table 1).

Table 1

	Making a Patient Care Assignment	Delegation
Definition	Distribution of work that each RN, LPN or UP is responsible for during a given period of work time ¹	The authorization by a licensed nurse to a UP to provide selected nursing services ²
Who may initiate	RN or LPN	RN or LPN
Who is recipient	RN, LPN or UP	UP
Functional area	Administrative	Clinical

Delegation is the authorization by a licensed nurse to an UP to provide selected nursing activities. The licensed nurse retains responsibility and accountability for these delegated activities. Neither LPNs nor RNs delegate nursing activities to other licensed nurses.

All nurses are responsible and accountable for their individual clinical assessments (determining care needs based on data), nursing judgments (reaching a clinical decision based upon analysis of the evidence or data), performance of nursing activities, and competency³. Respectful collaboration is encouraged to coordinate nursing services, ensuring that the patient's total plan of care is maintained.

The job description of charge nurse or supervisor must include the duties and responsibilities of its administrative role.

Concurrent with administrative duties and responsibilities, the LPN in the charge or supervisor role may also provide nursing care to a designated group of patients for a designated period of work time.

Determining supervision for purposes of administrative oversight is an employer prerogative and not within the authority of the Board.

¹ Adapted from the American Nurses Association and the National Council of State Boards of Nursing Joint Statement on Delegation

² 244 CMR 3.05(1)

³ the application of knowledge and the use of affective, cognitive, and psychomotor skills required for the role of a nurse licensed by the Board and for the delivery of safe nursing care in accordance with accepted standards of practice – 244 CMR 9.02 Competency