

Oregon State Board of Nursing

Nursing Practice in Oregon

What You Need to Know



*Welcome to the State of Oregon!
This booklet will assist you in the lawful practice
of nursing in our state. It also explains why the
Oregon State Board of Nursing exists, how it
functions, and its importance to each
nurse in the state.*

*Each state regulates its own practice of
nursing; therefore, the scope of nursing practice
varies from state to state. It is your legal and
professional responsibility to understand
your scope of practice. It also is your
responsibility to be familiar with the
Oregon Nurse Practice Act.*

*Again, we welcome you to the nursing
profession in Oregon and invite you to
attend OSBN board meetings. Please visit
our website at www.oregon.gov/OSBN,
or call or write the OSBN office if
we can be of assistance to you.*

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About The Board of Nursing

The mission of the Oregon State Board of Nursing (OSBN) is to safeguard the public's health and wellbeing by providing guidance for, and regulation of, entry into the profession, nursing education and continuing safe practice.

The nine OSBN members are appointed by the Governor and include: four Registered Nurses, two Licensed Practical Nurses, one nurse practitioner and two public members. They represent a variety of geographic locations and areas of nursing practice, and may serve a maximum of two three-year terms. The OSBN is an agency within Oregon state government that licenses and regulates Licensed Practical Nurses, Registered Nurses, Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, Certified Nursing Assistants and Certified Medication Aides.

The law that regulates nurses and nursing assistants is known as the Oregon Nurse Practice Act (Oregon Revised Statutes, Chapter 678.010-678.445). Any changes in the law must be made by the legislature. This law grants the OSBN authority to write administrative rules that further define the law (Oregon Administrative Rules, Chapter 851). These rules have the effect of law and help define safe and competent practice. There is an opportunity for public comment and input during the rulemaking process, in accordance with the Oregon Administrative Procedures Act.

The OSBN meets five times a year and may hold special meetings if necessary. Board meetings are open to the public. A schedule of meetings is available from the OSBN office or on its website at www.oregon.gov/OSBN. The OSBN employs a staff of more than 40 who assist Board members and provide customer service.

The OSBN, with the help of its staff:

- determines licensure and certification requirements;
- interprets the Oregon Nurse Practice Act, including scope-of-practice;
- evaluates and approves nursing education programs and nursing assistant training programs;
- issues licenses and renewals;
- investigates complaints and takes disciplinary action against licensees who violate the Oregon Nurse Practice Act;
- maintains the nursing assistant registry, administers competency evaluations and imposes disciplinary sanctions for nursing assistants;
- provides testimony to the legislature and other organizations as needed.

You become subject to the authority of the Oregon State Board of Nursing upon application for licensure. You remain subject to that authority while you are licensed in this state.

Responsibilities of a Licensed Nurse

Holding a professional license gives you the right to engage in your profession lawfully. However, with that right comes a responsibility to the public. These basic tips will help you comply with the Oregon Nurse Practice Act:

Obtain an Oregon License Before Practicing Nursing

According to Oregon’s mandatory licensure law, all nurses are required to have a current Oregon license before employment as a nurse. It is unlawful for a person to use any sign, card or device indicating they are a nurse, or to use the letters “LPN,” “RN,” “CNS,” “CRNA,” or “NP” unless they hold a current license issued by the OSBN. The OSBN does not issue temporary licenses.

Notify the OSBN When You Change Your Name or Address

According to Oregon Administrative Rule, licensees must keep their current name and home address on file with the OSBN at all times. When a change of name occurs, you must complete a duplicate license application and send that, along with legal proof of your name change and appropriate fees, to the OSBN office. For address changes, send your old and new addresses to the OSBN office via fax, e-mail, US mail or telephone (you must speak directly with a representative—no voicemail messages are accepted for address changes). Or, you can change your address through our internet renewal system (www.oregon.gov/OSBN and click on “License Renewal”). By keeping us informed, we can ensure you receive license renewal notifications, newsletters and information about new nursing-related laws and regulations in a timely manner.

Remember to Renew your License on Time

Your nursing license must be renewed every two years according to your birthdate. For instance, if you were born in an even-numbered year, you will need to renew your license in even-numbered years.

Approximately six to eight weeks before your license expires, you should receive a renewal notice from the OSBN. Failure to receive this courtesy notice in the mail, however, does not relieve you of your responsibility to maintain a current license.

To renew your license, you may use the OSBN internet renewal system. Navigate your web browser to: www.oregon.gov/OSBN and click on “License Renewal.” Simply follow the on-screen directions that will lead you through the secure renewal application process. If you do not want to use the internet renewal system, you can print an application from our website (click on “Forms”) or call the OSBN office and request that a paper application form be mailed to you.

If you allow your license to expire, you may have it reinstated by submitting a renewal form to the OSBN office with the appropriate fees. If you practice nursing without a current license, you could be subject to a civil penalty of up to \$5,000. If you do not renew your license within 60 days of its expiration date it will need to be reactivated (with additional fees).

Report Lost or Stolen Licenses

If your license is stolen or lost, report it to the OSBN office at 971-673-0685 immediately. We can help you obtain a duplicate license.

Nursing Practice Requirements

To receive your initial RN or LPN license or to renew, you must meet the practice requirements in one of these ways:

- practice nursing for a minimum of 960 hours (at the level of license you are seeking) during the five years preceding your application; or,
- graduate from an approved nursing program within the five years preceding your application; or,
- successfully complete an approved re-entry program within the two years preceding your application.

If you are unable to meet the practice requirement, you will be required to complete an approved re-entry program before licensure. Contact the OSBN office at 971-673-0685 for more information on eligibility and a list of re-entry programs.

Although the OSBN encourages nurses to participate in continuing education programs as a professional responsibility, it does not require continuing education credits/hours for RN or LPN licensure. However, the state of Oregon does require that all healthcare practitioners, including nurses, receive seven hours of pain management-related continuing education. This is a one-time only requirement and does not affect future renewal cycles. Visit the OSBN website (www.oregon.gov/OSBN) for more information.

Moving To or From Another State?

If you are moving and want to be licensed in another state, request an Endorsement Application from your new state and follow its procedures. Usually, that packet includes a NURSYS Verification Form to be sent to the National Council of State Boards of Nursing for completion.

If you recently moved to Oregon and hold a current license in your previous state, request an endorsement package from the OSBN office. You can receive an Oregon license without retaking the National Council Licensing Examination. Remember, you cannot work as a nurse in this state without a current Oregon license.

Call the OSBN office at 971-673-0685 for details. If you need information on another state's board of nursing, check the National Council of State Boards of Nursing website at www.ncsbn.org.

Know the Oregon Nurse Practice Act, Administrative Rules and Standards of Practice

As a licensed nurse, you are responsible for knowing the Oregon Revised Statutes and Oregon Administrative Rules that comprise the Nurse Practice Act (ORS 678,010–678.445 and OAR Chapter 851). Ignorance of the law cannot be used as an excuse for violations of the Oregon Nurse Practice Act. You should have working knowledge of these documents to practice nursing within the legal scope and provide the public with safe nursing care. Each division in the Nurse Practice Act undergoes periodic review and is subject to the public rulemaking process. If you have any questions, please contact the OSBN office at 971-673-0685.

The Oregon Nurse Practice Act is available on the OSBN website (www.oregon.gov/OSBN). Hard copies are available for a fee and can be obtained by calling the OSBN office at 971-673-0685. Several of the rules that may apply to your practice are:

- Standards and scope of practice for the Registered Nurse and Licensed Practical Nurse (*see pages 14–21*);
- Delegation of nursing care tasks to unlicensed persons;
- Nurse practitioner, CNS or CRNA rules and scope of practice;
- Nursing assistants;
- Licensure requirements;
- Standards for nursing education programs; and,
- Conduct derogatory to the standards of nursing defined (*see page 21*).

Understand the Complaint Investigation Process & Disciplinary Options

According to Oregon state law, all information obtained during a specific investigation is confidential, including who makes a complaint. This encourages consumers and licensees to make valid complaints because they need not fear reprisal or other negative acts based on their complaint.

Approximately 70 percent of all complaints received by the Board are closed without disciplinary action. Upon investigation, the Board may determine that no violations of statute or administrative rule occurred. Complainants may request a written explanation for cases that are closed without disciplinary action. Any disciplinary action taken by the Board during a Board Meeting is public information, however details of the investigations leading up to such actions are not.

1. **Complaints:** Complaints may be filed in writing, over the phone or in person. Anonymous complaints are accepted. Approximately 50–60 percent of complaints come from nursing employers. The remainder come from state agencies, other professionals, coworkers or patients/families.
2. **Investigations:** Investigations into complaints are performed by OSBN staff investigators. Investigators first validate whether there is concern about the nurse's practice or conduct. The investigation may include:
 - a review of pertinent documents, such as a summary of the incident;
 - interviews with the complainant(s), coworkers or employer; and,
 - a review of patient records, the nurse's personnel record, police reports or court records.

If there is evidence of a practice or conduct problem, an investigator will meet with the licensee or applicant in person or by phone. If there are grounds for disciplinary action, the investigator makes a recommendation to the Board based on the OSBN discipline theory model, OSBN disciplinary policies and past Board decisions.

3. **Resolution:** Disciplinary cases may be resolved by:
 - **Stipulated agreement**—The nurse signs a document acknowledging the facts of the incident, violations of law and OSBN rules, the proposed disciplinary action and any terms and conditions to be imposed. The agreement goes to the Board for consideration and potential adoption and a Final Order is issued. Most disciplinary cases (98 percent) are resolved by stipulated agreement.

- **Notice**—If agreement is not reached, a “Notice” document is sent to the nurse. The Notice is a public document and may be requested by the complainant. It is essentially a statement of charges against the nurse. The Notice contains a timeframe within which a hearing can be requested, and specifies the level of sanction that has been proposed. The nurse is entitled to a hearing and is granted every opportunity to exercise that right. If the nurse does not request a hearing within the allotted timeframe, the case goes to the Board for a decision by default. If the nurse has a hearing and does not agree with the Board’s final decision, she/he can appeal to the Oregon Court of Appeals. If there is disagreement with the Court’s decision, the nurse can appeal further to the Oregon Supreme Court.

4. Disciplinary Sanctions: The Board can impose a range of disciplinary sanctions:

- **Reprimand**—A formal notice to the nurse that OSBN standards have been violated. The nursing license is not “encumbered.”
- **Civil Penalty**—A fine of up to \$5,000.
- **Probation**—An imposition of restrictions or conditions under which a nurse must practice, including the type of employment setting or job role.
- **Suspension**—A period of time during which a nurse may not practice nursing.
- **Revocation**—A removal of a license or certification for an unspecified period of time, perhaps permanently.
- **Voluntary Surrender**—An action on the part of the nurse to give up her/his license or certificate instead of facing potential suspension or revocation.
- **Denial of Licensure**—An action by the Board not to issue a license or certificate.

If you have any questions, please call the OSBN office at 971-673-0685.

The Oregon Mandatory Reporting Law

Oregon law mandates that licensed nurses report suspected violations of the Oregon Nurse Practice Act to the OSBN. You may report violations in writing or by phone. The rules governing reporting are on page 12 of this booklet, and reportable violations are listed on pages 21–26.

Provide Accurate Information

Providing complete and accurate information helps us expedite your licensure process. Please be aware that all licensure and renewal requests are run through the Oregon Law Enforcement Data System (LEDS) and may be run through the National Council of State Boards of Nursing Information Systems and Disciplinary Data Bank. Including false or misleading information on your application may result in denial of licensure, disciplinary action, and/or a civil penalty up to \$5,000.

Stay Informed

As stated before, you are ultimately accountable for providing safe, competent nursing care. There are several ways to keep informed of changes in the Oregon Nurse Practice Act:

- Attend OSBN board meetings and committee meetings. These meetings are open to the public and their locations, dates and times are available on the OSBN website, or by calling the OSBN office at 971-673-0685.
- Attend public hearings when proposed changes in the rules are presented for discussion. Notice of these hearings is published on the OSBN website at www.oregon.gov/OSBN and in the *Oregon Bulletin*, which is available from the Oregon Secretary of State's office.
- Read the OSBN *Sentinel*, mailed to every currently licensed nurse twice a year. Please contact the OSBN Public Information Officer with suggestions for or questions concerning newsletter articles.
- Consider seeking appointment to the Oregon State Board of Nursing. Refer to the Oregon Nurse Practice Act, ORS 678.140, for information on Board member qualifications and the appointment process. Contact the Governor's office or the OSBN for more information.
- Receive notices of upcoming rule changes at home. Call the OSBN office to be added to the interested parties' mailing list.
- Review the Oregon Nurse Practice Act and Board policies on the OSBN website or purchase a personal copy by calling the OSBN office.

Get to Know Your Board of Nursing

Do you have questions about whether a certain nursing task falls within your scope of practice? Do you need assistance with license renewal? Or perhaps you simply need to update your address? Contact the OSBN staff at 971-673-0685—we are an important resource for you and are available if you have any questions.

OSBN Programs

Licensing and Customer Service

The Licensing Program approves applications for licensure and issues licenses or certifications to: Registered Nurses; Licensed Practical Nurses; Nurse Practitioners; Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, Certified Nursing Assistants and Certified Medication Aides. The program also approves applications by new graduates or others to take the National Council Licensing Examination (NCLEX), and all applications for the CNA competency exam. They also maintain a registry of all CNAs and CMAs in Oregon.

In addition, the program compiles statistical data on Oregon nurses, such as practice area, specialty, and the location of practice, to help provide workforce and demographic data on nurses to public and private entities.

Nursing Investigations & Compliance

The Nursing Investigation and Compliance Program helps nurses, their employers and the public to understand the legal scope of nursing practice according to state law. Program advisors help nurses and nursing assistants determine if violations of the Nurse Practice Act have occurred, and explain when and how problems should be reported. They also investigate violations of the act, recommend appropriate disciplinary actions to the OSBN



and monitor licensees or certificate-holders who have had disciplinary action taken against their license.

The Nurse Monitoring Program is a nondisciplinary program that monitors the practice of nurses with chemical dependency, psychiatric disorders or physical disabilities that prevent them from safely practicing nursing.

The program gives nurses the chance to seek treatment and continue, or return to, the practice of nursing in a way that protects the public's health, safety and welfare, while supporting the nurse's recovery.

Education & Practice Consultant Team

The Education Program Consultant approves nursing education and re-entry programs, ensuring they meet OSBN standards, and visits schools of nursing to discuss licensing requirements, the Nurse Practice Act, and NCLEX with students. In addition, the program consultant is available to confer with nurse educators on a variety of issues.

The RN/LPN Practice Consultant helps RNs and LPNs, their employers and the public to understand the scope of nursing practice in Oregon. The consultant also develops practice policies and is available to provide in-service presentations to nursing employers and other interested groups.

The Advanced Practice Consultant helps Nurse Practitioners, Clinical Nurse Specialists and Certified Registered Nurse Anesthetists understand their scopes of practice, and answers questions concerning prescriptive and dispensing privileges. The consultant is available to discuss advanced practice issues with employers, educators and other interested groups.

The CNA Program Consultant approves all nursing assistant and medication aide training programs and examination sites. In addition, the program consultant is available to confer with instructors and CNA/CMA programs on a variety of educational and examination issues.

Nursing Education Programs Accredited by the OSBN

Oregon has six baccalaureate degree programs, and 15 associate degree programs. Seven of the 15 associate degree programs have a Practical Nurse (PN) curriculum during the first year, which allows students to take the NCLEX-PN exam upon completion. Plus, there are six stand-alone PN programs. Oregon also has two masters programs and one doctoral program. Four universities offer RN to BSN completion programs.

Baccalaureate Degree Programs

1. **Concordia University**
2811 NE Holman Street
Portland, OR 97211-6099
503-288-9371
2. **George Fox University**
414 N. Meridian St., #6238
Newberg, OR 97132-2697
503-554-8383
3. **Linfield Good Samaritan School of Nursing***
2255 NW Northrup, Rm. 304
Portland, OR 97210
503-413-7161
4. **University of Portland School of Nursing***
5000 N. Willamette Blvd.
Portland, OR 97203
503-943-7211
- 5a. **Oregon Health Sciences University School of Nursing*+**
3181 SW Sam Jackson Pk. Rd.
Portland, OR 97201
503-494-7100
- 5b. **OHSU School of Nursing at Eastern Oregon University**
1 University Blvd.
La Grande, OR 97850
541-962-3646
- 5c. **OHSU School of Nursing at Oregon Institute of Technology**
3201 Campus Dr.
Klamath Falls, OR 97601
541-885-1370 or 800-422-2017
- 5d. **OHSU School of Nursing at Southern Oregon University*+**
1250 Siskiyou Blvd.
Ashland, OR 97520
541-552-6226
6. **Walla Walla College School of Nursing***
10345 SE Market St.
Portland, OR 97216
503-251-6115

+ *Offers a master's level nurse practitioner program.*

* *Offers a RN-to-BSN program.*

Stand-Alone Practical Nurse Programs

1. **Apollo College**
2004 Lloyd Center, 3rd Floor
Portland, OR 97232
503-761-6100
2. **Concorde Career Institute**
1425 NE Irving St., Building 300
Portland, OR 97232
503-281-6141
3. **Mt. Hood Community College**
26000 SE Stark St.
Gresham, OR 97128
503-491-6727
4. **Pioneer Pacific College**
27375 SW Parkway Ave.
Wilsonville, OR 97070
503-682-1862
5. **Rogue Community College**
202 S. Riverside
Medford, OR 97501
541-245-7504
6. **Valley Medical College**
4707 Silverton Rd. NE
Salem, OR 97305
503-393-9001

Associate Degree Programs

- 1. Blue Mountain Community College****
2411 NE Cardin
PO Box 100
Pendleton, OR 97801
541-278-5879
- 2. Central Oregon Community College****
2600 NW College Way
Bend, OR 97701
541-383-7540
- 3. Chemeketa Community College****
4000 Lancaster Dr. NE
Salem, OR 97309
503-399-5058
- 4. Clackamas Community College*****
19600 S. Mollala Ave.
Oregon City, OR 97045
503-657-6958
- 5. Clatsop Community College****
1653 Jerome
Astoria, OR 97103
503-338-2496
- 6. Columbia Gorge Community College****
400 East Scenic Drive
The Dalles, OR 97058
541-298-3112
- 7. Lane Community College*****
4000 E. 30th Avenue
Eugene, OR 97405
541-747-4501
- 8. Linn-Benton Community College**
6500 SW. Pacific Blvd.
Albany, OR 97321
541-917-4511
- 9. Mt. Hood Community College *****
26000 SE Stark
Gresham, OR 97030
503-491-7113
- 10. Oregon Coast Community College****
332 SW Coast Highway
Newport, OR 97365-4928
(541) 574-7106
- 11. Portland Community College**
12000 SW 49th
PO Box 19000
Portland, OR 97280
(503) 977-4205
- 12. Rogue Community College*****
3345 Redwood Highway
Grants Pass, OR 97527
541-956-7308
- 13. Southwestern Oregon Community College*****
1988 Newmark Ave.
Coos Bay, OR 97420
1-800-962-2838 or 541-888-7340
- 14. Treasure Valley Community College****
650 College Blvd.
Ontario, OR 97914
(541) 889-6493 Ext. 345
- 15. Umpqua Community College*****
1140 College Rd.
PO Box 967
Roseburg, OR 97470
541-440-4613

** *Has PN curriculum the first year.*

*** *Adopted Oregon Consortium for Nursing Education (OCNE) curriculum.*

Excerpts from the Oregon Nurse Practice Act

As mentioned earlier, the Oregon Nurse Practice Act is comprised of Oregon Revised Statutes (ORS), which can only be altered by the state legislature, and Oregon Administrative Rules (OAR). Administrative rules are created by the OSBN and further define the statutes. For each change in administrative rules, there is an opportunity for public comment.

Mandatory Reporting Defined (OAR 851-045-0090)

Note: Oregon Revised Statutes (ORS), contained within the Oregon Nurse Practice Act, provide protection for those who find themselves in the position of having to report a licensee.

1. It is not the intent of the Board of Nursing that each and every nursing error be reported.
2. It is not the intent of the Board of Nursing that mandatory reporting take away the disciplinary ability and responsibility from the employer of the nurse.
3. Anyone knowing of a licensed nurse whose behavior or nursing practice fails to meet accepted standards for the level at which the nurse is licensed, shall report the nurse to the person in the work setting who has authority to institute corrective action. Anyone who has knowledge or concern that the nurse's behavior or practice presents a potential for, or actual danger to the public health, safety and welfare, shall report or cause a report to be made to the Board of Nursing. Failure of any licensed nurse to comply with this reporting requirement may in itself constitute a violation of nursing standards.
4. Any organization representing licensed nurses shall report a suspected violation of ORS Chapter 678, or the rules adopted within, in the manner prescribed by sections (5) and (6) of this rule.
5. The decision to report a suspected violation of ORS Chapter 678, or the rules adopted within, shall be based on, but not limited to, the following:
 - a. The past history of the licensee's performance;
 - b. A demonstrated pattern of substandard practice, errors in practice or conduct derogatory to the standards of nursing, despite efforts to assist the licensee to improve practice or conduct through a plan of correction; and

- c. The magnitude of any single occurrence for actual or potential harm to the public health, safety and welfare.
6. The following shall always be reported to the Board of Nursing:
 - a. A nurse imposter. As used here “nurse imposter” means an individual who has not attended or completed a nursing education program or who is ineligible for nursing licensure as a LPN or RN and who practices or offers to practice nursing or uses any title, abbreviation, card, or device to indicate that the individual is licensed to practice nursing in Oregon;
 - b. Practicing nursing when the license has become void due to nonpayment of fees;
 - c. Practicing nursing as defined in ORS 678.010 unless licensed as a Registered Nurse or Licensed Practical Nurse or certified as a Nurse Practitioner;
 - d. Arrest for or conviction of a crime which relates adversely to the practice of nursing or the ability to safely practice nursing;
 - e. Dismissal from employment due to unsafe practice or conduct derogatory to the standards of nursing;
 - f. Client abuse;
 - g. A pattern of conduct derogatory to the standards of nursing as defined by the rules of the Board or a single serious occurrence;
 - h. Any violation of a disciplinary sanction imposed on the licensee by the Board of Nursing;
 - i. Failure of a nurse not licensed in Oregon and hired to meet a temporary staffing shortage to apply for Oregon licensure by the day the nurse is placed on staff;
 - j. Substance abuse as defined in ORS 678.111(e); and
 - k. Any other cause for discipline as defined in ORS 678.111.

Confidentiality of Information Supplied to the OSBN (ORS 678.126)

1. Any information provided to the OSBN pursuant to ORS 678.021, 678.111, 678.113 or 678.135 is confidential and shall not be subject to public disclosure.
2. Any person, facility, licensee or association that reports or provides information to the OSBN under ORS 678.021, 678.111, 678.113 or 678.135 in good faith shall not be subject to an action for civil damages as a result thereof.

Scope of Practice Standards for All Licensed Nurses (OAR 851-045-0040)

1. Standards related to the licensed nurse's responsibilities for client advocacy. The licensed nurse:
 - a. Advocates for the client's right to receive appropriate care, including person-centered care and end-of-life care, considerate of the client's needs, choices and dignity;
 - b. Intervenes on behalf of the client to identify changes in health status, to protect, promote and optimize health, and to alleviate suffering;
 - c. Advocates for the client's right to receive appropriate and accurate information;
 - d. Communicates client's choices, concerns and special needs to other members of the healthcare team; and
 - e. Protects clients' rights to engage in or refuse to engage in research.
2. Standards related to the licensed nurse's responsibilities for the environment of care. The licensed nurse:
 - a. Promotes an environment conducive to safety and comfort for all levels of care, including self-care and end-of-life care; and
 - b. Identifies client safety and environment concerns; takes action to correct those concerns and report as needed.
3. Standards related to the licensed nurse's responsibilities for ethics, including professional accountability and competence. The licensed nurse:



- a. Has knowledge of the statutes and regulations governing nursing, and practices within the legal boundaries of licensed nursing practice;
 - b. Accepts responsibility for individual nursing actions and maintains competence in one's area of practice;
 - c. Obtains instruction and supervision as necessary when implementing nursing practices;
 - d. Accepts only nursing assignments for which one is educationally prepared and has the current knowledge, skills and ability to safely perform;
 - e. Accepts responsibility for notifying the employer of an ethical objection to the provision of specific nursing care or treatment;
 - f. Maintains documentation of the method by which competency was gained, and evidence that it has been maintained;
 - g. Ensures unsafe nursing practices are reported to the Board of Nursing and unsafe practice conditions to the appropriate regulatory agency(s);
 - h. Retains professional accountability when accepting, assigning, or supervising nursing care and interventions;
 - i. Demonstrates honesty and integrity in nursing practice;
 - j. Promotes and preserves clients' autonomy, dignity and rights in a nonjudgmental, nondiscriminatory manner that recognizes client diversity;
 - k. Maintains appropriate professional boundaries; and
 - l. Protects confidential client information, and uses judgment in sharing this information in a manner that is consistent with current law.
4. Standards related to the licensed nurse's responsibilities toward nursing technology. The licensed nurse:
- a. Acquires and maintains knowledge, skills and abilities for informatics and technologies used in nursing practice settings; and
 - b. Promotes the selection and use of informatics and technologies that are compatible with the safety, dignity, and rights of the client.
5. Standards related to the licensed nurse's responsibility to assign and supervise care. The licensed nurse:
- a. Assigns to another person, tasks of nursing that fall within the nursing scope of practice and/or the work that each staff member is already authorized to perform;

- b. Supervises others to whom nursing activities are assigned by monitoring performance, progress, and outcomes;
 - c. Ensures documentation of the activity;
 - d. Matches client needs with available, qualified personnel, resources and supervision;
 - e. Provides follow-up on problems and intervenes when needed;
 - f. Evaluates the effectiveness of the assignment and the outcomes of the interventions; and
 - g. Revises or recommends changes to the plan of care as needed.
6. Standards related to the licensed nurse's responsibility to accept and implement orders for client care and treatment. The licensed nurse:
- a. May accept and implement orders for client care from licensed health care professionals who are authorized by Oregon statute to independently diagnose and treat;
 - b. May accept and implement recommendations for care in collaboration with other health care professionals;
 - c. May accept and implement orders for client care and treatment from Certified Registered Nurse Anesthetists licensed under ORS 678. These orders may be accepted in ambulatory surgical centers, and in hospital settings, as long as independent Certified Registered Nurse Anesthetists practice is consistent with hospital bylaws;
 - d. May accept and implement orders for client care and treatment from Physician Assistants licensed under ORS 677, provided that the name of the supervising or agent physician is recorded with the order, in the narrative notes, or by a method specified by the health care facility. At all times the supervising or agent physician must be available to the licensed nurse for direct communication;
 - e. Prior to implementation of the order or recommendation, must have knowledge that the order or recommendation is within the health care professional's scope of practice and determine that the order or recommendation is consistent with the overall plan for the client's care; and
 - f. Has the authority and responsibility to question any order or recommendation which is not clear, perceived as unsafe, contraindicated for the client or inconsistent with the plan of care.

Scope of Practice Standards for Licensed Practical Nurses (OAR 851-045-0050)

1. The Board recognizes that the scope of practice for the licensed practical nurse encompasses a variety of roles, including but not limited to:
 - a. Provision of client care;
 - b. Supervision of others in the provision of care;
 - c. Participation in the development and implementation of health care policy;
 - d. Participation in nursing research; and
 - e. Teaching health care providers and prospective health care providers.
2. Standards related to the Licensed Practical Nurse's responsibility for nursing practice implementation. Under the clinical direction of the RN or other licensed provider who has the authority to make changes in the plan of care, and applying practical nursing knowledge drawn from the biological, psychological, social, sexual, economic, cultural and spiritual aspects of the client's condition or needs, the Licensed Practical Nurse shall:
 - a. Conduct and document initial and ongoing focused nursing assessments of the health status of clients by:
 - A. Collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner as appropriate to the client's health care needs and context of care;
 - B. Distinguishing abnormal from normal data, sorting, selecting, recording, and reporting the data;



- C. Detecting potentially inaccurate, incomplete or missing client information and reporting as needed;
 - D. Anticipating and recognizing changes or potential changes in client status; identifying signs and symptoms of deviation from current health status; and
 - E. Validating data by utilizing available resources, including interactions with the client and health team members.
- b. Select nursing diagnostic statements and/or reasoned conclusions, from available resources, which serve as the basis for the plan or program of care.
 - c. Contributes to the development of a comprehensive plan of nursing care, and develops focused plans of nursing care. This includes:
 - A. Identifying priorities in the plan of care;
 - B. Setting realistic and measurable goals to implement the plan of care in collaboration with the client and the healthcare team; and
 - C. Selecting appropriate nursing interventions and strategies.
 - d. Implement the plan of care by:
 - A. Implementing treatments and therapy, appropriate to the context of care, including but not limited to, medication administration, nursing activities, nursing, medical and interdisciplinary orders; health teaching and health counseling; and
 - B. Documenting nursing interventions and responses to care in an accurate, timely, thorough, and clear manner.
 - e. Evaluating client responses to nursing interventions and progress toward desired outcomes.
 - A. Outcome data shall be used as a basis for reassessing the plan of care and modifying nursing interventions; and
 - B. Outcome data shall be collected, documented and communicated to appropriate members of the healthcare team.
3. Standards related to the Licensed Practical Nurse's responsibility for collaboration with an interdisciplinary team. The Licensed Practical Nurse:
 - a. Functions as a member of the healthcare team to collaborate in the development, implementation and evaluation of integrated client-centered plans of care;
 - b. Demonstrates knowledge of roles of members of the interdisciplinary team;

- c. Communicates with the registered nurse and/or other relevant personnel regarding integrated client-centered plans of care; and
 - d. Makes referrals as necessary.
4. Standards related to the Licensed Practical Nurse's responsibility for leadership. The Licensed Practical Nurse:
- a. Contributes to the formulation, interpretation, implementation and evaluation of the policies, protocols and operating guidelines related to nursing practice, and to the needs of the clients served;
 - b. Assists with the development and mentoring of other members of the healthcare team; and
 - c. Identifies changes in clients and changes in the practice environment that require change in policy and/or protocol.
5. Standards related to the Licensed Practical Nurse's responsibility for quality of care. The Licensed Practical Nurse:
- a. Identifies factors that affect the quality of client care and contributes to the development of quality improvement standards and processes.
 - b. Contributes to the collection of data related to the quality of nursing care; and
 - c. Participates in the measurement of outcomes of nursing care and overall care at the individual and aggregate level.
6. Standards related to the Licensed Practical Nurse's responsibility for health promotion. The Licensed Practical Nurse:
- a. Selects or implements evidence-based health education plans that address the client's context of care, culture, learning needs, readiness and ability to learn, in order to achieve optimal health; and
 - b. Evaluates the outcome of health education to determine effectiveness, adjusts teaching strategies, and refers client to another licensed healthcare professional as needed.
7. Standard related to the Licensed Practical Nurse's responsibility for cultural sensitivity. The Licensed Practical Nurse applies a basic knowledge of cultural differences to collaborate with clients to provide healthcare that recognizes cultural values, beliefs, and customs.

Scope of Practice Standards for Registered Nurses (OAR 851-045-0060)

1. The Board recognizes that the scope of practice for the registered nurse encompasses a variety of roles, including but not limited to:
 - a. Provision of client care;
 - b. Supervision of others in the provision of care;
 - c. Development and implementation of health care policy;
 - d. Consultation in the practice of nursing;
 - e. Nursing administration;
 - f. Nursing education;
 - g. Case management;
 - h. Nursing research;
 - i. Teaching health care providers and prospective health care providers;
 - j. Specialization in advanced practice; and
 - k. Nursing Informatics.

2. Standards related to the Registered Nurse's responsibility for nursing practice implementation. Applying nursing knowledge, critical thinking and clinical judgment effectively in the synthesis of biological, psychological, social, sexual, economic, cultural and spiritual aspects of the client's condition or needs, the Registered Nurse shall:
 - a. Conduct and document initial and ongoing comprehensive and focused nursing assessments of the health status of clients by:
 - A. Collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner as appropriate to the client's health care needs and context of care;
 - B. Distinguishing abnormal from normal data, sorting, selecting, recording, analyzing, synthesizing and reporting the data;
 - C. Detecting potentially inaccurate, incomplete or missing client information and reporting as needed;
 - D. Anticipating and recognizing changes or potential changes in client status; identifying signs and symptoms of deviation from current health status; and
 - E. Validating data by utilizing available resources, including interactions with the client and health team members.
 - b. Establish and document nursing diagnostic statements and/or reasoned conclusions which serve as the basis for the plan or program of care.

- c. Develop and coordinate a comprehensive and/or focused plan of nursing care. This includes:
 - A. Identifying priorities in the plan of care;
 - B. Setting realistic and measurable goals to implement the plan of care in collaboration with the client and the healthcare team; and
 - C. Developing nursing orders and identifying nursing strategies, interventions and actions.
- d. Implement the plan of care by:
 - A. Implementing treatments and therapy, appropriate to the context of care, including emergency measures, interpretation of medical orders, medication administration, independent nursing activities, nursing, medical and interdisciplinary orders, health teaching and health counseling; and
 - B. Documenting nursing interventions and responses to care in an accurate, timely, thorough, and clear manner.
- e. Evaluating client responses to nursing interventions and progress toward desired outcomes.
 - A. Outcome data shall be used as a basis for reassessing the plan of care and modifying nursing interventions; and
 - B. Outcome data shall be collected, documented and communicated to appropriate members of the healthcare team.



3. Standards related to the Registered Nurse's responsibility for collaboration with an interdisciplinary team. The Registered Nurse:
 - a. Functions as a member of the healthcare team to collaborate in the development, implementation and evaluation of integrated client-centered plans of care;
 - b. Demonstrates knowledge of roles of members of the interdisciplinary team;
 - c. Communicates with other relevant personnel regarding integrated client-centered plans of care; and
 - d. Makes referrals as necessary and ensures follow-up on those referrals.
4. Standards related to the Registered Nurse's responsibility for leadership. The Registered Nurse:
 - a. Formulates, interprets, implements and evaluates the policies, protocols and operating guidelines related to nursing practice, and the needs of the clients served;
 - b. Assumes responsibility for the development and mentoring of other members of the healthcare team; and
 - c. When available, uses evidence to identify needed changes in practice, standards for policy development, and clinical decision-making.
5. Standards related to the Registered Nurse's responsibility for quality of care. The Registered Nurse:
 - a. Identifies factors that affect the quality of client care and develops quality improvement standards and processes;
 - b. Applies the knowledge and tools of continuous improvement in practice to improve the delivery of healthcare; and
 - c. Measures outcomes of nursing care and overall care at the individual and aggregate level.
6. Standards related to the Registered Nurse's responsibility for health promotion. The Registered Nurse:
 - a. Develops and implements evidence-based health education plans that address the client's context of care, learning needs, readiness, ability to learn, and culture, to achieve optimal health; and
 - b. Evaluates the outcome of health education to determine effectiveness, adjusts teaching strategies, and refers client to another licensed healthcare professional as needed.

7. Standard related to the Registered Nurse's responsibility for cultural sensitivity: The Registered Nurse applies a broad knowledge of cultural differences to collaborate with clients to provide healthcare that recognizes cultural values, beliefs, and customs.
8. Standards Related to Registered Nurse's responsibility to delegate and supervise the practice of nursing. The Registered Nurse:
 - a. Delegates to other Oregon licensed nurses and Certified Nursing Assistants or Medication Aides tasks of nursing that may not be within the licensee's or certificate-holder's normal duties but always fall within the licensee's scope of practice or certificate-holder's authorized duties;
 - b. Delegates to Unlicensed Assistive Personnel;
 - c. Delegates only within the scope of Registered Nursing practice;
 - d. May delegate tasks of nursing, but may not delegate the nursing process. The core nursing functions of assessment, planning, evaluation, and nursing judgment cannot be delegated;
 - e. Maintains responsibility, accountability and authority for teaching and delegation of tasks of nursing;
 - f. Maintains sole responsibility, based on professional judgment, whether or not to delegate a task of nursing or to rescind that delegation;
 - g. Maintains the right to refuse to delegate tasks of nursing if the Registered Nurse believes it would be unsafe to delegate or is unable to provide adequate supervision;
 - h. Considers the training, experience and cultural competence of the delegated individual, as well as facility and agency policies and procedures before delegating;
 - i. Delegates tasks of nursing to another individual only if that individual has the necessary skills and competence to accomplish those tasks of nursing safely;
 - j. Matches client needs with available, qualified personnel, resources and supervision;
 - k. Communicates directions and expectations for completion of the delegated tasks of nursing;
 - l. Supervises others to whom nursing activities are delegated and monitors performance, progress, and outcomes. Ensures documentation of the activity;

- m. Evaluates the effectiveness of the delegation and the outcomes of the interventions;
- n. Revises the plan of care as needed;
- o. Follows OAR 851-047-0000 through 851-047-0040 when delegating tasks of nursing in practice settings identified in those rules;
- p. May not delegate the insertion or removal of devices intended for intravenous infusion; and
- q. May not delegate administration of medications by the intravenous route, except as provided in OAR 851-047-0030.

Conduct Derogatory to the Standards of Nursing (OAR 851-045-0070)

Nurses, regardless of role, whose behavior fails to conform to the legal standard and accepted standards of the nursing profession, or who may adversely affect the health, safety, and welfare of the public, may be found guilty of conduct derogatory to the standards of nursing. Such conduct shall include, but is not limited to, the following:

1. Conduct related to the client’s safety and integrity:
 - a. Developing, modifying, or implementing standards of nursing practice/care which jeopardize patient safety.
 - b. Failing to take action to preserve or promote the client’s safety based on nursing assessment and judgment.
 - c. Failing to develop, implement and/or follow through with the plan of care.
 - d. Failing to modify, or failing to attempt to modify the plan of care as needed based on nursing assessment and judgment, either directly or through proper channels.
 - e. Assigning persons to perform functions for which they are not prepared or which are beyond their scope of practice/ scope of duties.



- f. Improperly delegating tasks of nursing care to unlicensed persons in settings where a registered nurse is not regularly scheduled.
 - g. Failing to supervise persons to whom nursing tasks have been assigned.
 - h. Failing to teach and supervise unlicensed persons to whom nursing tasks have been delegated.
 - i. Leaving a client care assignment during the previously agreed upon work time period without notifying the appropriate supervisory personnel and confirming that nursing care for the client(s) will be continued.
 - j. Leaving or failing to complete any nursing assignment, including a supervisory assignment, without notifying the appropriate personnel and confirming that nursing assignment responsibilities will be met.
 - k. Failing to report through proper channels facts known regarding the incompetent, unethical, unsafe or illegal practice of any health care provider.
 - l. Failing to respect the dignity and rights of clients, regardless of social or economic status, age, race, religion, sex, sexual orientation, national origin, nature of health needs, or disability.
 - m. Engaging in or attempting to engage in sexual contact with a client; and
 - n. Failing to maintain professional boundaries with a client.
2. Conduct related to other federal or state statute/rule violations:
- a. Abusing a client. The definition of abuse includes, but is not limited to, intentionally causing physical or emotional harm or discomfort, striking a client, intimidating, threatening or harassing a client, wrongfully taking or appropriating money or property, or knowingly subjecting a client to distress by conveying a threat to wrongfully take or appropriate money or property in a manner that causes the client to believe the threat will be carried out.
 - b. Neglecting a client. The definition of neglect includes, but is not limited to, carelessly allowing a client to be in physical discomfort or be injured.
 - c. Engaging in other unacceptable behavior towards or in the presence of a client such as using derogatory names or gestures or profane language.

- d. Failing to report actual or suspected incidents of client abuse through the proper channels in the work place and to the appropriate state agencies.
 - e. Failing to report actual or suspected incidents of child abuse or elder abuse to the appropriate state agencies.
 - f. Unauthorized removal or attempted removal of narcotics, other drugs, supplies, property, or money from clients, the work place, or any person.
 - g. Soliciting or borrowing money, materials, or property from clients.
 - h. Using the nurse client relationship to exploit the client by gaining property or other items of value from the client either for personal gain or sale, beyond the compensation for nursing services.
 - i. Possessing, obtaining, attempting to obtain, furnishing, or administering prescription or controlled drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs.
 - j. Aiding, abetting, or assisting an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of nurses or other health care providers.
 - k. Failing to conduct practice without discrimination on the basis of age, race, religion, sex, sexual orientation, national origin, nature of health needs, or disability.
 - l. Violating the rights of privacy, confidentiality of information, or knowledge concerning the client, unless required by law to disclose such information or unless there is a “need to know.”
 - m. Violating the rights of privacy, confidentiality of information, or knowledge concerning the client by obtaining the information without proper authorization or when there is no “need to know.”
 - n. Unauthorized removal of client records, client information, facility property, policies or written standards from the work place; and
 - o. Failing to dispense or administer medications, including Methadone, in a manner consistent with state and federal law.
3. Conduct related to communication:
- a. Inaccurate recordkeeping in client or agency records.
 - b. Incomplete recordkeeping regarding client care; including, but not limited, to failure to document care given or other information important to the client’s care or documentation which is inconsistent with the care given.

- c. Falsifying a client or agency record or records prepared for an accrediting or credentialing entity; including, but not limited to, filling in someone else's omissions, signing someone else's name, record care not given, and fabricating data/values.
 - d. Altering a client or agency record or records prepared for an accrediting or credentialing entity; including, but not limited to, changing words/letters/numbers from the original document to mislead the reader of the record, adding to the record after the original time/date without indicating a late entry.
 - e. Destroying a client or agency record or records prepared for an accrediting or credentialing entity.
 - f. Directing another person to falsify, alter or destroy client or agency records or records prepared for an accrediting or credentialing entity.
 - g. Failing to maintain client records in a timely manner which accurately reflects management of client care, including failure to make a late entry within a reasonable time period.
 - h. Failing to communicate information regarding the client's status to members of the health care team (physician, nurse practitioner, nursing supervisor, nurse co-worker) in an ongoing and timely manner; and
 - i. Failing to communicate information regarding the client's status to other individuals who need to know; for example, family, and facility administrator.
4. Conduct related to achieving and maintaining clinical competency:
- a. Performing acts beyond the authorized scope or the level of nursing for which the individual is licensed.
 - b. Failing to conform to the essential standards of acceptable and prevailing nursing practice. Actual injury need not be established.
 - c. Assuming duties and responsibilities within the practice of nursing for direct client care, supervisory, managerial or consulting roles without documented preparation for the duties and responsibilities and when competency has not been established and maintained; and
 - d. Performing new nursing techniques or procedures without documented education specific to the technique or procedure and clinical preceptored experience to establish competency.

5. Conduct related to impaired function:
 - a. Practicing nursing when unable/unfit to perform procedures and/or make decisions due to physical impairment as evidenced by documented deterioration of functioning in the practice setting and/or by the assessment of a health care provider qualified to diagnose physical condition/status.
 - b. Practicing nursing when unable/unfit to perform procedures and/or make decisions due to psychological or mental impairment as evidenced by documented deterioration of functioning in the practice setting and/or by the assessment of a health care provider qualified to diagnose mental condition/status; and
 - c. Practicing nursing when physical or mental ability to practice is impaired by use of drugs, alcohol or mind-altering substances.
6. Conduct related to licensure or certification violations:
 - a. Practicing nursing without a current Oregon license or certificate.
 - b. Practicing as a nurse practitioner or clinical nurse specialist without a current Oregon certificate.
 - c. Allowing another person to use one's nursing license or certificate for any purpose.
 - d. Using another's nursing license or certificate for any purpose.
 - e. Resorting to fraud, misrepresentation, or deceit during the application process for licensure or certification, while taking the examination for licensure or certification, while obtaining initial licensure or certification or renewal of licensure or certification.
 - f. Impersonating any applicant or acting as a proxy for the applicant in any nurse licensure or certification examination; and
 - g. Disclosing the contents of the examination or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration.
7. Conduct related to the licensee's relationship with the Board:
 - a. Failing to provide the Board with any documents requested by the Board.
 - b. Failing to answer truthfully and completely any question asked by the Board on an application for licensure or during the course of an investigation or any other question asked by the Board.

- c. Failing to fully cooperate with the Board during the course of an investigation, including but not limited to, waiver of confidentiality privileges, except client-attorney privilege.
 - d. Violating the terms and conditions of a Board order; and
 - e. Failing to comply with the terms and conditions of Nurse Monitoring Program agreements.
8. Conduct related to the client's family:
- a. Failing to respect the rights of the client's family regardless of social or economic status, race, religion or national origin.
 - b. Using the nurse client relationship to exploit the family for the nurse's personal gain or for any other reason.
 - c. Theft of money, property, services or supplies from the family; and
 - d. Soliciting or borrowing money, materials or property from the family.
9. Conduct related to co-workers: Violent, abusive or threatening behavior towards a co-worker which either occurs in the presence of clients or otherwise relates to the delivery of safe care to clients.
10. Conduct related to advanced practice nursing:
- a. Ordering laboratory or other diagnostic tests or treatments or therapies for one's self.
 - b. Prescribing for or dispensing medications to one's self.
 - c. Using self-assessment and diagnosis as the basis for the provision of care which would otherwise be provided by a client's professional caregiver.
 - d. Billing fraudulently.
 - e. Failing to release patient records upon receipt of request or release of information, including after closure of practice, and within a reasonable time, not to exceed 60 days from receipt of written notification from patient.
 - f. Ordering unnecessary laboratory or other diagnostic test or treatments for the purpose of personal gain; and
 - g. Failing to properly maintain patient records after closure of practice or practice setting.

For More Information

Please call us at 971-673-0685 between 8 a.m.–4:30 p.m.,
Monday–Friday, or write us at:

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17938 SW Upper Boones Ferry Rd.
Portland, OR 97224-7012

FAX: 971-673-0684

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