



Illinois Hospital Association

March 13, 2008

Michelle Bromberg, State Nursing Coordinator
Illinois Department of Financial and Professional Regulation
James R. Thompson Center
100 W. Randolph Street, Suite, 9-100
Chicago, IL 60601
(225 ILCS 65/55-10(d), 225 ILCS 65/60-10(d))

Re: Intravenous Therapy (IV) by licensed practical nurses (LPNs) in Illinois

Dear Ms. Bromberg:

This letter follows our prior discussions regarding the administration of intravenous therapy (IV) by licensed practical nurses (LPNs) in Illinois. On behalf of the Illinois Hospital Association (IHA), I would like to express a major concern regarding recent direction from the Illinois Department of Financial and Professional Regulation's (the Department's) stating that LPNs may not be involved in administering any intravenous piggy back medication. For many practice venues, especially small and rural hospitals, this position represents a complete reversal of the Department's prior position and written guidance. This policy change seems not only at odds with an agency committed to supporting professional growth and practice, but underscores how regulatory matters impact and inadvertently exacerbate the nursing shortage. We now seek the Department's guidance as to how best to successfully resolve this matter in order to minimize any unforeseen consequences to patient care services.

Under our state's Nurse Practice Act, all of an LPN's work is delegated work. The care given by LPNs must be selected by and performed under the direction of a registered nurse, physician, dentist or podiatrist. A registered professional nurse (RN) may delegate select activities to appropriately competent LPNs. The delegation is based on the RN's professional judgment, the competence of the LPN, policy and procedures of the employing institution, and evidence-based standards of nursing practice. Regardless of the level of delegation, however, the RN retains the ultimate responsibility for the patient's nursing care.

It is assumed that upon entry into practice, LPNs are capable of assisting in any areas which are included in a state-approved LPN educational curriculum. However, graduation and licensure establish only the minimal qualification standards for practice. Learning and professional competencies are not considered complete upon either graduation or achieving initial licensure from the state. Indeed, the rules mandate "that it is up to the LPN individual to assume responsibility for continued growth and education to reflect knowledge and understanding of current nursing care practice" (Section 1300.43(i)). The rules also recognize that LPNs will assume expanded professional responsibilities in their individual career paths requiring that the LPNs must "seek instruction and supervision from qualified individuals when implementing new or unfamiliar nursing activities" (Section 1300.43 (g)).

The only reference in the administrative rules to LPNs and intravenous therapy administration is found in the section addressing approved education program and curricula (Section 1300.44 (e) (f) (g)). Apparently it is this section and the listed educational curricula constraints that the Department is basing its determination that an LPN's scope of practice involves never administering any medications through an intravenous line. This narrow interpretation ignores the reality that professionals should and do broaden their knowledge and expertise. That expectation is further reinforced by the updated Nurse Practice Act that mandates for the first time in Illinois continuing education requirements for both LPNs and RNs. Furthermore, the Department's read also overlooks that the remainder of the rules and the updated Act that do not contain any explicit language that prohibits an LPN with additional instruction from administering intravenous medications. It

also dismisses that the rules allow “that the delegation of tasks can be given to persons who are qualified by education or experience to give them” (Section 1300.42 (g)).

Under the Department’s prior direction, many LPNs across the state received additional training, supervised clinical experience and ongoing employer evaluations assessing their professional competencies to safely administer intravenous therapy. The Department’s recent policy reversal now has those qualified and competent veteran licensed practical nurses unable to provide this important patient care service during an era of a well-documented and severe nursing shortage. Unfortunately, the practical impact is that the registered nurse’s workload is now substantially increased. IHA is particularly concerned for those small and rural hospitals providing patient services in geographical regions where staff shortages tend to be the most acute.

IHA is looking to address this concern in a manner that is amenable to all parties involved so that qualified practitioners can practice and be assured that their nursing responsibilities are in compliance with Illinois law. Our suggestion is for the Department to issue official guidance allowing qualified and competent LPNs, who have demonstrated competency in intravenous therapy administration, and under appropriate supervision, to provide intravenous therapy.

Naturally, we are also open to any other suggestions that the Department may offer to realize an effective and efficient solution to this problem. Thank you for your time and attention regarding this important matter concerning patient care. I look forward to hearing from you in the near future.

Sincerely,

Cathy Grossi
Assistant Vice President, Health Policy and Regulation

cc: Daniel E. Bluthardt, Director of Professional Regulation
Heather M. Ast, Staff Attorney, Office of the General Counsel