

OREGON HEALTH & SCIENCE UNIVERSITY SCOPE OF PRACTICE

Task	Clinical Dietician	RN	LPN	MA/Tech Esthetician	CNA	Research Assist./Assoc.¹
Minimum Qualifications	National registration as a RD required. Current Oregon licensure required in some areas, renewed every 5 years. Certified Diabetes Educator (CDE): must meet qualifications and achieve certification through the American Diabetes Education Certification.	Current RN licensure with Oregon State Board of Nursing, renewed every 2 years.	Current LPN licensure with Oregon State Board of Nursing, renewed every 2 years.	Completion of an approved Medical Assistant or Technician training program.* *Medical Assistants hired prior to 7/07 may have possessed equivalent experience, validated with prior employers. Estheticians must be licensed by the Oregon Health Licensing Agency.	Current CNA certification with Oregon State Board of Nursing, renewed every 2 years.	Per Research Assist./Assoc. Ranks: http://ozone.ohsu.edu/hr/docs/newcompplan.pdf
BLS Certification	Required. Must be renewed every 2 years.	Required. Must be renewed every 2 years.	Required. Must be renewed every 2 years.	Required. Must be renewed every 2 years.	Required. Must be renewed every 2 years.	Required if role involves the provision of “hands-on” patient care. Must be renewed every 2 years.
Oversight	Practices under the American Dietetic Association Commission on Dietetic Registration.	Practices under the Oregon State Board of Nursing.	Practices under the Oregon State Board of Nursing.	Tasks are performed under the direction and supervision of a physician.	Tasks are performed under the direction and supervision of a Registered Nurse.	If licensed or certified then practices under applicable certifying board. Tasks are performed under the supervision of the principal investigator.
Health Screening Requirements	Must complete Employee Health Data Base Form to determine immunization needs.	Must complete Employee Health Data Base Form to determine immunization needs.	Must complete Employee Health Data Base Form to determine immunization needs.	Must complete Employee Health Data Base Form to determine immunization needs.	Must complete Employee Health Data Base Form to determine immunization needs.	Must complete Employee Health Data Base Form to determine immunization needs.

¹ Note that for research staff who are also RNs, the scope of practice in both the RN column and the Research Asst./Assoc. column apply

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Data Collection	Screens nutritional needs of patients and monitors performance of patients' established priorities and goals.	Scope of data collection requires substantial scientific knowledge and technical skill.	Collects and records subjective and objective data via direct observation of the patient (auscultate, percuss, and palpate). Recognizes abnormal values and pt. condition. Contributes, but does not formulate nursing diagnoses.	Observation (seeing). Data collection (basic measurements). Reports to MD/RN/PA/NP. No interpretation.	Observation (seeing). Data collection (basic measurements). Reports to MD/RN/PA/NP. No interpretation.	Collects data based on approved protocol.
Medication Reconciliation	Collects, records and verifies the patient's Medication List at every visit.	Ambulatory setting only: Collects, records and verifies the patient's Medication List at every visit. Not applicable for the inpatient setting.	Collects, records and verifies the patient's Medication List at every visit.	MA/Tech: Collects, records and verifies the patient's Medication List at every visit. Esthetician: Collects, records and verifies the patient's Medication List if he/she will be administering a medication.	No role in Medication Reconciliation.	Collects, records and verifies the patient's Medication List if he/she is providing the only screening prior to a procedure involving administration of a medication.
Assessment of the Patient	Assesses the nutritional needs of patients. CDE: Assesses suitability for insulin pump therapy.	Screening and interpretation of data and formulation of nursing needs assessment.	No role in assessment.	No role in assessment	No role in assessment	If RA is an LIP or RN, may assess patient. Otherwise, only collects and reports data.
Planning & Coordination of Care	Develops, documents and implements nutrition care priorities, goals and objectives. Coordinates care with other members of the interdisciplinary team to meet the established goals.	Comprehensive care planning and coordination of pt. care. Delegation, assignment, and clinical guide for other care givers.	Participates in development of care by providing data. Contributes to the identification of priorities. Contributes to setting realistic and measurable goals. Assists in the identification of nursing intervention. Collaborates with MD/RN/PA/NP.	Communication with MD/RN/PA/NP in order to enhance coordination of care.	Communication with MD/RN/PA/NP in order to enhance coordination of care.	If LIP, RN, or LPN then can perform care-planning and coordination. Otherwise, must communicate with provider.

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Staff and provider Education and Community Outreach	Educates or counsels individuals or groups on appropriate nutritional intake and expenditure. CDE: educates patients and families about diabetes management, including insulin pump therapy.	Ambulatory setting only: Comprehensive assessment of patient & family readiness to learn, needs, and barriers. Formulates patient & family education plan and delegates implementation of plan as appropriate. Advice based on independent scope of RN and/or standard procedures.	Provides patient & family education under the direction and orders of MD/RN/PA/NP and using established protocols.	Provides patient & family education under the direction and orders of MD/RN/PA/NP and using established protocols.	Basic knowledge of resources available for patient & family education. Notifies licensed staff if patient needs additional education.	May provide protocol-specific education. Unlicensed personnel may not provide medical advice.
Evaluation	Monitors patient's response to nutrition and progress in meeting goals. Collaborates with other members of the team when other aspects of treatment plan such as, medication, are not effective.	Responsible for evaluation of overall patient condition & response to treatment. Achieved by RN direct observation and assessment.	Contributes to the evaluation of the patient's response to nursing intervention by documenting and communicating with the MD/RN/PA/NP. Communicates data for the purpose of modifying the plan of care. May evaluate patient's demonstration of self-care and report to MD/RN/PA/NP.	Observes, collects basic measurements, and reports data MD/RN/PA/NP for evaluation.	Observes, collects basic measurements and reports data to MD/RN/PA/NP for evaluation.	If RA is a LIP or RN then may assess patient. Otherwise, collects and reports data.
Procedures	CDE: may place blood glucose sensor after demonstration of competency. CDE: may place subcutaneous needle sets for insulin pump after demonstration of competency.	Sterile and non-sterile nursing procedures requiring advanced scientific knowledge. Invasive medical surgical procedures as approved by standardized procedures and upon documentation of training and demonstrated competency.	Performs/assists with general and specialized procedures and treatments according to approved standardized procedures. May assist MD/RN/PA/NP in more advanced procedures.	May perform approved procedures based on competency and under direction of MD/RN/PA/NP.	May perform OHSU approved nursing assistant procedures based on competency and under direction of MD/RN/PA/NP.	May perform OHSU-approved procedures within their scope of practice. Non-licensed personnel may perform authorized procedures under supervision of PI after demonstrating competency.

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Pont Of Care Testing	Upon completion of training, initial and annual competency.	Upon completion of training, initial and annual competency.	Upon completion of training, initial and annual competency.	Upon completion of training, initial and annual competency.	Upon completion of training, initial and annual competency.	Upon completion of training, initial and annual competency.
Phlebotomy	No role in phlebotomy.	May perform phlebotomy.	May perform phlebotomy.	MA/Tech: May perform phlebotomy with documentation of training and demonstrated competency. Esthetician: No role in phlebotomy.	No role in phlebotomy.	May perform phlebotomy with documentation of training and demonstrated competency.
IV Therapy	No role. If patient complains about IV, reports to MD/RN/PA/NP	Initiates IV's. Manages IV therapy, blood products, peripheral and central lines. Troubleshooting of lines that require advanced skills and knowledge (ports, PICC's).	Administration and management of IV and IV solutions on a stable patient – requires basic knowledge and skills acquired through an established IV program that meets the Oregon State Board of Nursing guidelines.	No role. If patient complains about IV, reports to MD/RN/PA/NP.	No role. If patient complains about IV, reports to MD/RN/PA/NP.	Current licensure/credentialing if an RN, LIP or PA. Demonstrates IV competency on OHSU equipment that will be used.
Medications and other Therapies	Screens, evaluates and provides education on medications and food-drug interactions. Evaluates and formulates appropriate parenteral nutrition plan based on provider order/approval and/or protocol. CDE: evaluates and formulates appropriate insulin regimen based on protocol.	Administers medications through all routes, including epidural under standardized procedures. Evaluates drug effects, education on medications, & screening for contraindications.	Administers medications via the following routes: oral, subcutaneous, IM, rectal, vaginal, & topical as ordered by provider. May not give IV push medication, epidurals or chemo. May instruct pt/family in medications given under direction of MD/RN/PA/NP or by approved protocol.	May only administer approved medications and therapies as ordered by provider and based on competency. MA/Tech: administers meds via oral, topical, otic, ophthalmic, intradermal, IM, subcutaneous, rectal, and vaginal routes. Esthetician: performs chemical peels, dermabrasion and laser treatments – must pass laser competency. Administer meds via	May only apply topical creams and ointments under supervision of LIP or RN. May administer phototherapy under supervision of LIP or RN.	All licensed or credentialed personnel may administer medications or other therapies based on their scope of practice Non-licensed coordinators (on a case by case basis) may administer topical creams and ointment after demonstrating competency.

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				topical, intradermal, subcutaneous routes.		
Telephone Screening, Assessment and Triage	May perform assessment and triage, using clinical judgment and in consultation with approved protocols or provider.	Ambulatory setting only: May perform assessment and triage, using clinical judgment and in consultation with approved protocols or provider. Telephone encounters must be co-signed by a provider.	May perform screening. Collects and reports data to nurse or provider. Telephone encounters must be co-signed by a provider.	MA/Tech: May perform screening. Collects and reports data to nurse or provider. Telephone encounters must be co-signed by a provider. Esthetician: May collect and report data re: skin and cosmetic issues to provider. Telephone encounters must be co-signed by a provider.	No role.	Protocol-driven for eligibility and not related to direct care-planning. Screening and assessment based on scope of practice.
Telephone Advice	Provides nutrition care advice within scope of practice.	Ambulatory setting only: Per written protocols or after consultation with provider.	Per written protocols or after consultation with provider.	MA/Tech: Per written protocols or after consultation with provider. Esthetician: may provide advice regarding skin care and cosmetic products only. May not provide medical advice.	No role.	RN, LPN, MA/Tech per scope of practice. RA per communication protocol only.
Verbal and Telephone Orders	May accept verbal and telephone orders from a provider and act on these after performing a “read back.”	May accept verbal and telephone orders from a provider and act on these after performing a “read back.”	May accept verbal and telephone orders from a provider and act on these after performing a “read back.”	May accept verbal and telephone orders from a provider and act on these after performing a “read back.”	May <u>not</u> take verbal/telephone orders.	May accept verbal and telephone orders related to the protocol and act on these after performing a “read back.”
Placing Orders in Epic Care	May enter and Sign procedure orders in EpicCare. May enter and Sign orders for select medications only when acting on a verbal or telephone order or a protocol. Medication	May enter and Sign orders in EpicCare only when acting on a verbal or telephone order or when using an approved protocol. Orders are co-signed by an authorizing provider w/in 30 days.	May enter and Sign orders in EpicCare only when acting on a verbal or telephone order or when using an approved protocol. Orders are co-signed by an authorizing provider w/in 30 days.	May enter and Sign orders in EpicCare only when acting on a verbal or telephone order or when using an approved protocol. Orders are co-signed by an authorizing provider w/in 30 days.	May enter and Pend orders in EpicCare. All orders must be reviewed and signed by a provider or Registered Nurse.	Non-licensed, non-credentialed staff may enter and Pend orders in EpicCare. All orders must be reviewed and signed by a provider or Registered Nurse.

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	orders are co-signed by an authorizing provider.	All other orders are Pended.	All other orders are Pended.	All other orders are Pended.		
Medication and Supply Refills	<p>Records refill request in patient’s record. May independently authorize refills of nutritional supplements, formulas, and supplies without cosign.</p> <p>May only authorize (Sign) medication refills when acting upon a verbal or telephone order or when using the standardized “Practice-specific Refill Protocol.” Signed medication refill orders are co-signed by authorizing provider. All other medication refill requests must be Pended and routed to a provider for review.</p>	<p>Records refill request in patient’s record. May only authorize (Sign) refills when acting upon a verbal or telephone order or when using the standardized “Practice-specific Refill Protocol.” Signed refill orders are co-signed by authorizing provider. All other refill requests must be Pended and routed to a provider for review.</p>	<p>Records refill request in patient’s record. May only authorize (Sign) refills when acting upon a verbal or telephone order or when using the standardized “Practice-specific Refill Protocol.” Signed refill orders are co-signed by authorizing provider. All other refill requests must be Pended and routed to a provider for review.</p>	<p>MA/Tech: Records refill request in patient’s record. May only authorize (Sign) refills when acting upon a verbal or telephone order or when using the standardized “Practice-specific Refill Protocol.” Signed refill orders are co-signed by authorizing provider. All other refill requests must be Pended and routed to a provider for review.</p>	<p>May record refill request in patient’s record and route to provider, nurse, MA or tech for review.</p>	<p>Non-licensed or non-credentialed may record refill request in patient’s record and route to provider, nurse, MA or Tech for review. PA's may prescribe any medication if prescription privileges (plus additional medical service request for prescribing unapproved investigational drugs when applicable), are in in his/her OMB approved Practice Description. NP's with prescriptive authority may only prescribe medications listed in the Oregon State Board of Nursing formulary.</p>