



Lao People's Democratic Republic
Peace Independence Democracy Unity Prosperity

Ministry of Health

No. /MoH
Vientiane, Date

Guidelines for the Scope of the Nursing Practice

* Conformance with the Nursing and Midwifery Regulations approved by the Minister of Health No. 656, June 20, 2007

The Minister of Health issues the following guidelines:

1. Objective

These guidelines explain the provisions of Article 25 of the Nursing and Midwifery Regulations, and aim to make awareness on the duties and scope of nursing practice universal among the people involved.

2. Premise

The duties and scope of nursing practice shall be modified according to the changes in the situation at hand, in order to ensure that care is provided to patients. For example, prompt modifications are required in cases where the Law on Health Care, the Nursing and Midwifery Regulations and other government ordinances are amended, improvements and innovation in medical technology are achieved, or changes occur in the social fabric.

3. Nursing Practice Criteria

The Nursing Practice Criteria outlines nurses' duties in a form that should serve as

the basis for implementing nursing practices, based on Articles 23 and 25 of the Nursing and Midwifery Regulations. All nurses must fully understand the Nursing Practice Criteria and shall always carry out their duties in accordance with it.

3.1. Implementation of nursing activities and responsibility for the results thereof

The term “nurse” hereby means a nurse certified by the Minister of Health as medical care professionals in health sector. A nurse is someone who implements activities related to people’s lives, who is capable of making independent judgments, and who is responsible for activities implemented and results thereof. Nurses are held responsible in conjunction with doctors for actions taken, even if such actions are implemented in accordance with the prescriptions of the doctor.

3.2. Provision of equitable nursing care

As outlined in Article 35 of Law on Health Care, nurses, in their capacity as medical care professionals, are required to protect the lives and dignity of patients regardless of gender, age, ethnic group, race, religion or social/economic status, and to provide nursing care without discrimination.

3.3. Provision of nursing services to the society

In order to gain public trust and to ensure that citizens can easily access to medical care services, nurses must communicate with- and attend to patients and their families in a highly conscientious fashion. Nurses must also respond to consultations with patients and their families in a courteous manner. Nurses shall allow patients to receive medical treatment easily by way of respecting the dignity of patients, giving advice on information related to medical facilities and medical care, and helping patients.

3.4. Evidence-based nursing

Nursing is a chain of support processes based on the scientific theories and the art of nursing. (Article 3-1 of the Nursing and Midwifery Regulations). Upon implementing nursing practices, assessment, diagnosis, planning, implementation and evaluation should be conducted based on evidence.

3.5. Continuous and careful observation

The information of patient is the most important element in all contexts of medical care. In particular, changes in patients' symptoms and reactions and effects of medical treatment and nursing care must be observed continuously and carefully.

3.6. Recording

The information of patient obtained shall be recorded without delay, together with records on assessments, nursing diagnosis, nursing plans, implementation of nursing care and evaluation. It is also necessary to manage records so that other nurses and medical staffs can share information and the confidentiality of patient information is ensured. (Article 26 of the Nursing and Midwifery Regulations)

3.7. Reporting

If there are any problems which nurses judge to be outside the scope of their responsibilities or situations wherein an independent judgment is difficult to make, the nurse must immediately report the problem to the head nurse, the director of the nursing organization or the doctor, and ensure that there is no delay in coping with the problem.

3.8. Continuation of nursing care

Patients have the right to continuously receive the same level of medical care even after there has been a change in the personnel or location pertaining to the care in question. To this end, the necessary information on patients must be exchanged promptly upon the replacement of care providers or patient transfers to different wards or hospitals.

3.9. Safety measures

The risk of threatening people's lives is inherent to the provision of medical care. Nurses shall never harm patients, not only intentionally but also negligently. Nurses are required to always foresee the occurrence of danger and take countermeasures.

3.10. Self-improvement

Nurses have a personal responsibility to consistently improve their own ability through continuous learning in order to fulfill their duties.

3.11. Educating students and those with less experience

The ability to implement nursing care can be obtained only through the combination of theoretical and empirical learning. To educate nursing students and nurses with less experience is one of the important roles of nurses for the purpose of improving the quality of nursing care.

3.12. Making active contribution in improving the population's health as medical care professionals

Nurses should always maintain an interest in the population's health, and devote themselves faithfully to improving population's health, preventing and nursing care and alleviating population's pain as medical care professionals.

4. Scopes of nursing practice

In accordance with Article 25 of the Nursing and Midwifery Regulations, the scope of the practices carried out by nurses shall be as stated below. Nursing practices shall always be implemented in accordance with the nursing practice criteria. Also, nurses must not implement nursing care, even when within the scope of practices outlined herein, when instructed by doctors to assist with medical procedures such as medical examination, diagnosis and treatment, when the procedures in question surpass the level of ability of the nurse in question. In such cases, it is necessary to consult the doctor to discuss how to cope with the situation.

4.1. Duties that the nurse and midwife can judge and practice on their own

Supporting the recuperation patients' lives and acts aimed at obtaining patient information in a noninvasive fashion, through such methods as observation, constitute necessary nursing practices and should be actively carried out within the scope of nurses' responsibilities.

e.g. Improving patients' living environment, maintaining personal hygiene, providing health education, preventing infection, preventing accidents such as

misidentification, tripping or exposure of patients to radiation, observing patients and carrying out Urine dipstick tests

(Refer to the Attached Table Annex 1)

4.2. Duties that the nurse and midwife practice in accordance with the physician's prescription

Nurses may implement practices with low levels of invasiveness based on written prescriptions from a doctor.

Certain types of care which involve moving severely ill patients whose activities are restricted require written prescriptions from a doctor.

e.g. Patients suffering from heart failure, stroke or spinal cord injury

(Refer to the Attached Table Annex 2)

4.3. Duties that the nurse and midwife practice in the presence of the physician

Practices with high levels of invasiveness may be implemented by nurses, provided that a doctor is at present so that he/she may cope with acute changes in the patient's condition.

e.g. First blood transfusion, injection of medicinal agents with strong side effects (anticancer agents, agents with strong effects on circulation dynamics), treatment of large and infected wounds

4.4. Duties under the WHO and MOH approved guideline for the designated diseases, and the treatment of injury and bleeding, etc. in the case of emergency

The special diseases recognized by the World Health Organization (hereinafter referred to as WHO) and the Ministry of Health (hereinafter referred to as MOH) shall follow these guidelines. In the case of emergencies wherein the life of the patient is endangered, such as severe accidents, outbreaks of infectious diseases or the occurrence of disasters, nurses may make judgments and take actions on their own.

e.g. Basic life support (Refer to the Attached Table 1 such as airway management, artificial respiration, cardiac massage, arresting of bleeding, etc.)

However, details of the practices implemented by nurses and the patient's condition must be reported to a doctor immediately after the basic life support treatment is provided, and medical decisions and treatments provided must be confirmed.

5. Prohibited practices

The following medical practices must not be implemented by nurses, even when a doctor is present, since they must be implemented with medical judgment based on a high level of knowledge and technical expertise.

- Medical examination
- Medical diagnosis
- Decision on treatment policy
- Endotracheal intubation, drawing blood from arteries and arterial injections, etc.
- Highly invasive inspections such as endoscope, etc.

These shall not be applied to the emergency cases provided in 4.4 above. These prohibited practices do not apply to nurses with specific training.

* Classification of specific training for nurses and midwives

There are several classifications for nurses with specific training:

- Technical-level clinical specialist
- Bachelor-level clinical specialist
- Master-level clinical specialist

Nurses with specific training are those who have received special education at educational institutes approved by MOH, to whom the scope of the practice outlined above does not apply. The scope of practices for nurses with specific training must be provided separately for each area of expertise.

6. Utilization and prospect of the Nursing Practice Criteria and the scope of nursing practices

These guidelines must be utilized in the evaluation and standardization of the education provided as basic nursing education. The extent of the scope of practices

pertaining to all nursing activities should be determined by each facility based on these guidelines in accordance with societal roles. Also, through extensive utilization of the Nursing Practice Criteria and the application of the scope of nursing practices, the nursing care offered throughout Laos will be standardized and the quality thereof will be improved, further contributing to the improvement of the population's health by nurses serving as medical care professionals.

* Note: These guidelines shall be subject to review within two years of their becoming effective.

Minister of health

Annex1: Duties that the nurse can judge and practice on his her own

No	Group	Nursing activities
1	Environment control	Arrange environment in the patient unit (temperature, humidity, ventilation, lightning, odor, noise and arrangement of the room)
		Bed making
2	Nutrition care	Assist a patient with feeding
3	Excretion care	Care of urinary and feces (natural excretion)
		Maintenance of urine catheter
4	Activity care: rest and transferring	Positioning
		Transfer the patient with a wheelchair or a stretcher
		Assist walking and moving
		Take the patient on a wheelchair for refreshment
		Sleeping care
5	Hygiene and personal care	Bed bath
		Hair care, oral care, perineal care, change the diaper
		Change clothes
6	Breath care	Aspirate (endotracheal, oral, nasopharyngeal)
7	Prevention bedsore and wound care	Prevent bedsore
		Bandage
		Observe wound (rubor, swelling, pain, size)
8	Symptoms care	Decrease body temperature
		Care of nausea and vomit
		Care of diarrhea, constipation
		Care of dyspnea, palpitation
9	Surgery care	Pre-post surgery care
10	Care for the patient hemo dialysis or peritoneal dialysis	Care for the patient hemodialysis or peritoneal dialysis in whole process

11	Monitoring biogenic function	Observe about patient's condition
		Measure vital signs
		Measure the body (height,weight ,etc)
		Measure oxygen saturation with the pulse oximeter
		Urine dipstick test
		Perform a capillary blood glucose test
12	Pain control and comfort	Pain control
		Care for anxiety
		Provide relaxation
13	Dosage care and observation	Observe the side effects on the medicine
		Observe in infusion drip
		prevent medication errors
14	Health education	Advice to in-patient and family about medical treatment and guidance of living after discharge
		Advice prevention illness and provide health promotion
15	Safety measures	Prevent the patient error
		Prevent falls
		Prevent radiation and hazardous chemical substance accident
16	Infection control	Hand hygiene every pre-post activity
		Perform the standard precaution
		Aseptic technique
		Transact the medical waste
17	Maintenance of medical equipments	Prepare medical equipments
		Clean of medical equipments
18	Management of using electronic equipment	Prepare the intravenous infusion pump
		Administer and maintain artificial ventilator
19	Basic life support	Observe the level of consciousness
		Airway management
		Artificial respiration
		Cardiac massage

Annex 2 : Duties that the nurse practice in accordance with the physician's prescription

No	Group	Nursing activities
1	Diet therapy	Provide guidance of diet food
		Provide the feeding with nasogastric tube (Catheterizing and removal, management)
2	Excretion care	Provide the enema
		Urine catheterizing and removal
		Maintenance of urine catheter
3	Breath and circulation care	Provide oxygen
		Nebulizer
		Postural drainage
4	Dosage (except anticancer medicine, medicine of effect circulation,narcotic,anesthetic)	Provide internal medicine
		Provide suppository
		Provide external medicine
		Intracutaneous injection
		Subcutaneous in jection
		Intramuscular injection
		Intravenous injection
5	Rehabilitation	Exercise arms and legs etc
6	Sampling collection	Take venous blood sampling
		Collect urine , feces, sputum...
7	Wound care	Wound care except wound of big or infectious, bleeding