



WHAT IS THE DIFFERENCE BETWEEN A NURSING CARE PLAN AND A SERVICE PLAN? QUESTIONS AND ANSWERS

The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by its registrants. The term nurse in this document refers to LPNs, NPs, and RNs unless otherwise stated.

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This tool is a resource for nurses in all practice settings to assist in their understanding of the differences between a nursing care plan (NCP) and a service plan (SP) and the accountabilities of LPNs and RNs in the development, implementation and evaluation of these plans.

Overview

What is a nursing care plan?

A NCP is a plan that guides the nursing care for a client. NCPs are developed in collaboration with the client and reflect the client's priority health care needs on admission and throughout the duration of their care.

What is a service plan?

A service plan outlines standardized activities of daily living (ADL) or instrumental activities of daily living (IADL) that support clients living in their home. SPs are only appropriate for use in contexts where client needs are limited to home support care or retirement living.

What are ADLs/IADLs?

ADLs are self-care tasks and include personal care, mobility and eating. IADLs are activities related to independent living and include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, doing laundry and using a telephone.

What is the difference?

A NCP is required when nursing care needs are identified for a client. It is a tool to enhance communication between care providers to provide consistency in care and in the evaluation of the client goals. In contrast, a SP is required when a client requires assistance to meet ADLs and IADLs but has no nursing care needs.

What is nursing care?

Nursing care is a series of evidenced-based interventions designed to address a client's specific alteration in health. A comprehensive nursing assessment is required to plan nursing care and identify appropriate nursing interventions.

What is an alteration in health?

A change in a client's health status requiring medical and nursing intervention in order to maintain and/or improve the client's health.

Plan Development

Who is authorized to develop a nursing care plan?

RNs are accountable to develop the initial NCP. LPNs are not authorized to independently develop an initial NCP; however, they may collaborate with the RN to do this through the collection of assessment data. Additionally, LPNs may develop a draft NCP which must be reviewed and validated by the RN in an appropriate timeframe (as defined by the employer). LPNs are authorized to autonomously change ongoing NCPs as long as the client is achieving expected outcomes. The LPN must collaborate with the RN to adjust the NCP if the client is not achieving expected outcomes.

Who is authorized to develop a service plan?

Both RNs and LPNs are authorized to independently develop and modify service plans because they have a high degree of practice autonomy in home support care and retirement living practice contexts.

Employers should have clear authorizing mechanisms in place that outline the steps that LPNs should take when the client's health needs change, especially if an agency does not employ RNs. In homecare for example, the LPN may communicate changes or concerns to the family, the client primary care provider or call 911.

Evaluation & Accountabilities

When is the evaluation of a nursing care plan required?

Evaluation of the NCP begins at the time nursing interventions are implemented and continues on a regular basis to determine if clients are meeting the expected outcomes. The NCP must be revised if the client is not meeting the expected outcomes.

Who evaluates a nursing care plan?

The RN is accountable to evaluate the overall effectiveness of a NCP. The LPN can evaluate the client's response to specific interventions within the NCP. When a client's response to interventions are not as expected, the LPN must collaborate with the RN to revise the NCP.

When is evaluation of a service plan required?

SPs should be evaluated on a regular basis based on the organizational authorizing mechanism or when there has been a change in the client's health care needs.

Who evaluates a service plan?

A SP can be evaluated by an LPN or RN. Both nurses are accountable to collaborate appropriately, with the appropriate health care provider and/or according to organizational authorizing mechanism if the needs of the client have changed.

How do I know when a service plan needs to become a nursing care plan?

When a client's condition unexpectedly deteriorates requiring medical intervention and the focus of care changes from assistance with ADLs/IADLs to helping a client meet a health care need.

Who makes the change from a service plan to a nursing care plan?

The RN is accountable to ensure that the changes from an SP to an NCP are appropriate for the client. The LPN can participate in the change in collaboration with the RN or make draft changes which the RN must validate in an appropriate time frame.

For more information on the LPN and RN role in the NCP, please see our [Care Plan Guidelines](#). For further information, please contact a NSCN Practice Consultant at practice@nscn.ca