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The Nova Scotia College of Nursing 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.

How is the role of the registered nurse (RN) and the licensed practical nurse (LPN) different when developing and implementing the plan of care?

A nursing plan of care is a framework for organizing and communicating information outlining the client's care in a systematic way. If a client has a wound, wound care would be one component of the client's overall plan. The RN is responsible for developing, implementing, monitoring and adjusting the plan of care in collaboration with the LPN.

LPNs are accountable to participate in the development of the plan of care with the RN and to provide client care as outlined in the plan. LPNs may independently adjust the plan when clients are meeting the expected outcomes. If clients are not meeting outcomes, collaboration is then required with the RN in order to make changes to the plan. This collaboration could be in person or over the phone, as outlined by agency policy.

There may be circumstances when there is no RN immediately available to develop the initial plan of care or when a modification to the plan is required. The LPN may develop a draft of the initial plan of care or modification and collaborate with the RN for review as indicated by agency policy.

For more information on the LPN's or the RN's role in relation to the plan of care, please see the following document:

- [Care Plan Guidelines](#)

My assignment includes caring for a client with a complex wound. I have entry level wound care competencies. How do I ensure I practice according to my Standards of Practice and the client receives the care they need?

The Standards of Practice outline the minimal practice expectations for all nurses¹, in any setting or role. If a client you are assigned requires wound care beyond your level of knowledge, skills and experience, you are accountable to take action to address any knowledge gaps to ensure you have the competence to provide safe care.

Collaborate with the health care team to ensure the client's immediate care needs are met and seek the necessary supports. This can be achieved by advocating for an appropriate referral (for example to a wound care nurse), working collaboratively with a coworker with advanced wound care knowledge and/or having a discussion with your manager to determine how to obtain the necessary competencies to provide care.

The wound care nurse in my organization is an LPN. How is the wound plan of care integrated into the client's overall plan of care?

The client's overall plan of care is developed in collaboration between the RN and the LPN. When the LPN is the wound care subject matter expert, the LPN develops the wound care component of the plan

autonomously, within defined guidelines. The RN has an accountability to integrate the wound care plan into the overall nursing plan of care to ensure the wound plan aligns with other elements of the client's overall plan of care.

The LPN is responsible to manage client wounds that respond to the interventions outlined in their plan. If the client does not respond to the treatments outlined, the LPN would revise the plan accordingly and notify the RN regarding these changes so the RN can consider the impact to the client's overall plan of care.

¹ The term nurse in this document refers to LPNs, NPs, and RNs unless otherwise stated.

A client I am providing care for has a complex wound. Staff have been following the client's plan of care; however, there has been no improvement. How do I respond?

As the nurse, you are accountable to make decisions that ensure safe, competent, compassionate and ethical care. If your assessment indicates there is no improvement to a client's wound or it has worsened, you are required to take the necessary action to minimize any potential negative impacts on the client. This may include informing the primary care provider, collaborating with the health care team, discussing the situation with your team leader or manager, ensuring appropriate referrals are made and completing documentation. Always follow your agency's policies.

If, despite taking these steps, the client's plan of care remains unchanged and/or their wound does not improve or worsens, you are obligated to continue to take action to address this professional practice issue and notify the appropriate people until the issue has been resolved.

My employer's wound care policy is outdated and is not based on best practice, what should I do?

Nurses are responsible to advocate for and participate in the development of policies and procedures supporting evidence-informed practice. If you become aware your organization has policies and procedures that are outdated, you are accountable to discuss this with your manager. To prepare for this discussion, research how the current policy is not consistent with best practice and gather evidence and supporting documents to use during this discussion.

It is important to recognize policy change can take considerable time. If there is a plan to revise the policy, you can engage in updated practice during this transition as long your organization confirms they support this, (for example by sending an email to staff or a draft policy exists that is awaiting approval).

If there is no plan to change the policy, you should continue to follow the existing policy while advocating for change, unless it places the client at risk. If this is the case, you are accountable to take further action to prevent an untoward outcome. Discuss your concerns with your manager. Follow up the conversation in writing (for example an email), specifically outlining your discussion with the manager and indicating a reasonable date when you hope to hear back from the manager. Continue to move up the hierarchical structure until the issue has been resolved.

Nurses are accountable to demonstrate leadership by participating in the development of policies and to be part of the solution by working to ensure policies are current. They are also accountable to respond to any issues that place the client at risk.

I am concerned that a wound care plan created for a client does not reflect best practice. What do I do if I disagree with the plan of care?

If the plan of care does not reflect best practice, there is a risk the client may not receive the care they require. You need to take action to help ensure the client does not experience a negative outcome.

As the nurse, you are responsible to collaborate with the client's health care provider(s) and your manager to discuss your concerns. Base these discussions on the best evidence related to the specific wound care plan. Frame the conversation around the care needs of the client, your assessment findings, any related agency policies and procedures, suggested changes to the client's plan of care, your education and expertise on wound care and best practices.

How do I ensure I meet the Standards of Practice when documenting wound care?

Documentation of wound care is essential to quality care. You can meet your Standards of Practice by following your agency's documentation policies and procedures. If no policies exist, advocate for policy development and follow the [Documentation Guidelines for Nurses](#), your Standards of Practice, best practices and your professional judgment to guide your documentation.

If your agency uses photography as a method to document wound care, ensure there are policies in place to outline and support this practice. Policies should outline the encrypted devices to be used, informed client consent, confidentiality, data protection, information sharing and storage.

For further information on anything contained within this resource please contact a NSCN practice consultant at practice@nscn.ca.

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