



**Guidelines  
for  
the Scope of the Nursing Practice (Revised version)**

Unofficial translation

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Lao People's Democratic Republic  
Peace Independence Democracy Unity Prosperity  
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Ministry of Health

No: 726 / MOH  
Vientiane dated: 07 April 2015

**Ministerial Decision on**  
Guideline for the Scope of Nursing Practice

- Pursuant to Prime Ministerial Decree No. 178/MP, dated April 5, 2012  
on implementing the policy and strategic plan for the administration of health care service of the Ministry of Health
- Pursuant to The scrutiny and proposal made by the Department of Health Care  
No. 0417/DHC, dated April 1, 2015.
- Pursuant to The scrutiny and proposal of Cabinet office, Ministry of Health.

**Minister of Health Decision:**

- Article 1 The Ministerial Approval on Guidelines for the Scope of Nursing Practice (Revised version)
- Article 2 The Department of Health Care shall coordinate with other relevant entities of the Ministry of Health for the effective implementation of Guidelines for the Scope of Nursing Practice.

- Article 3      The Cabinet office, the Department of Health care, and the Department of Training and Research and other relevant entities of the Ministry of Health shall implement this Decision upon their responsibility.
- Article 4      This Decision enters into force from the date of its signing.

Minister of Health

### **Article1. Objective**

These guidelines explain the provisions of Article 25 of the Nursing and Midwifery Regulation, and aim to make awareness on the duties and scope of nursing practice universal among the people involved such as: health care professional including other health care providers, patient and family.

### **Article2. Actual situation**

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 Regulation and other government ordinances are amended, improvements and innovations in medical technologies are achieved, or changes occur in the social fabric.

### **Article3. 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 Regulation. All nurses must deeply understand the Nursing Practice Criteria and 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 refer to a nurse certified by the Minister of Health as medical care professional 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. Moreover, nurses are held responsible in conjunction with doctors for their conduct, even if such actions are implemented in accordance with the prescriptions of the doctor.

### 3.2 Provision of equitable nursing care

Nurses who have their competency as medical care professionals, are required to protect the lives and dignity of patients regardless of gender, age, ethnic group, race, faith or socio-economic status. Nurses must provide nursing care without discrimination, pay attention to their opinions, feelings and decisions upon the laws, regulations and nursing professional standard. They must also assist in all cases or emergencies in good faith, inducing client-participation in nursing, be patient, be polite and act without bias towards clients and their families. (Article 37 of Law on Health Care)

### 3.3 Provision of nursing services to society

In order to gain public trust and to ensure that citizens can comfortably accesses to health care and treatment services, nurses must communicate demonstrating service-minded nursing behaviors and attend to needs of patients, their families and community in a highly conscientious manner. Nurses must also respond to consultations with patients and their families in a courteous manner in order to achieve client satisfaction. Nurses should help patients to receive medical treatment comfortably by respecting patient dignity, giving advice related to medical facilities and medical care, and helping patients.

### 3.4 Safety measures

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

### 3.5 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 Regulation). Nursing practices should be implemented based on evidence by using nursing process (assessment, diagnosis, planning, implementation and evaluation).

### 3.6 Continuous and careful observation

Patient information is a most important element in all contexts of



medical care. In particular, changes in patient's symptoms and reactions and effects of medical treatment and nursing care provided must be observed continuously and carefully, with problem analysis thinking to identify the ways to help and solve initial problem.

### 3.7 Provision of information for patient and counseling

Nurses should provide appropriate information to service users and assistance on health problem-solving to individual clients and groups within hospitals and communities by the use of nursing process and goal-setting to guide behavioral changes in daily lifestyles, and encourage family participation for positive change.

### 3.8 Recording patient information

Patient information shall be recorded without delay, including 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 and 27 of the Nursing and Midwifery Regulation)

### 3.9 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, to ensure that there is no delay in addressing the problem.

### 3.10 Continuation of care

Patients have the right to continuously receive medical care from health professional team even in cases where change in personnel or location pertain to the care in question. To this end, the necessary information on patients must be exchanged promptly upon the change of care providers or patient transfers to different wards or hospitals.

### 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 contributions in promoting population's health as medical care professionals

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

### 3.13 Leadership and Nursing Management

Nurses should plan effective utilization of resources to achieve predetermined goals based on up-to-date concepts and technical aims integral to support and lead the practice for advancing changes and persuasive ability through collaborative work in order to reach strategic goals, to develop their own career, professional human resources and working units.

### 3.14 Self-improvement

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

## **Article4. Scopes of Nursing Practice**

In accordance with Article 25 of the Nursing and Midwifery Regulations, the scope of practices carried out by nurses shall be as stated below:

Nursing practices shall always be implemented in accordance with nursing practice criteria. Also, nurses must not implement nursing care if those tasks are beyond their capacity, 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 address the situation.

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

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

Examples: Improve patients' living environment, maintain personal hygiene, provide health education, prevent infection, prevent accidents such as misidentification, tripping or exposure of patients to radiation, observe patients and undertake urine dipstick tests

(Refer to the Attached Table Annex 1)

#### 4.2 Duties that the nurse practice in accordance with the physician's prescription

Nurses 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 a written prescription from a doctor.

Example: Patients suffering from heart failure, stroke or spinal cord injury

(Refer to the Attached Table Annex 2)

#### 4.3 Duties that the nurse 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 address acute changes in the patient's condition.

Example: During blood transfusion doctors must present about 15 minutes, injection of medicinal agents with strong side effects (anticancer agents, agents with strong effects on circulation dynamics), and treatment of large and infected wounds

(Refer to the Attached Table Annex 3)

#### 4.4 Duties under the World Health Organization and Ministry of Health approved guidelines for the designated diseases, and the treatment of injury and bleeding, etc. in the case of emergencies.

The special diseases recognized by the World Health Organization and the Ministry of Health shall follow these guidelines and in the case

of emergencies where 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. Example: 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.

#### **Article 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.

- Examination for medical diagnosis
- Decision on treatment policy
- Highly invasive practices such as endotracheal intubation, drawing blood from arteries and arterial injections, etc.
- Highly invasive inspections such as endoscopy, etc.
- Write a prescription of drugs and medical examination order by their own.

(Refer to the Attached Table Annex 4)

Notice:

- These shall not be applied to the emergency cases provided in 4.4 above and 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
  - Higher diploma-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 Ministry of Health, 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.

- In the case the small hospital / healthcare center where doctor do not present, nurses can provide primary care according to Standard Treatment Guideline and completed training based on agreement and approval with district and provincial health care office directors and/or Ministry of Health , using list of essential drugs. If beyond the ability, they have to transfer patient to referral hospital with patient record.
- Nurses are not allowed to practice if the tasks are beyond their capacity

**Article6. Utilization and Prospects for the Nursing Practice Criteria and the Scope of Nursing Practices**

These guidelines must be utilized in the standardization and evaluation 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 health by nurses serving as medical care professionals.

**Article7. These guidelines are effective from the date of its signing and shall be subject to review after two years.**

<b>Annex1 : Duties that the nurse can judge and practice on his/ her own</b>		
	<b>Group</b>	<b>Nursing activities</b>
1	Environment control	Arrange environment in the patient unit (temperature, humidity , ventilation, lightning, odor, noise and arrangement of the room)
		Make clean bed and organize
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 stretch
		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 sputum or mucilage ( through nose, oral, endotracheal )
		Provide oxygen
7	Prevention bedsore and wound care	Prevent bedsore
		Bandage
		Observe wound (rubor, swelling, pain, size)

8	Symptoms care	Maintain and control the body at the right temperature
		Care of nausea and vomit
		Care of diarrhea, constipation
		Care of dyspnea, palpitation
9	Surgery care	Pre-post-surgery care
10	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
11	Pain control and comfort	Pain control
		Care for anxiety
		Care for patient comfort and pleasant
12	Medication nursing	Observe the side effects on the medicine
		Observe in infusion drip
		Prevent the patient misidentification
13	Health education	Advise to in-patient and family about medical treatment and guidance of living after discharge
		Advise prevention illness and provide health promotion
14	Safety measures	Prevent the patient error
		Prevent falls
		Prevent radiation and hazardous chemical substance accident

15	Infection control	Perform the standard precaution (Hand washing/hygiene, Use of personal protective equipment (PPE) to avoid contact with body fluids and non-intact skin, Safe handling of patient care equipment and soiled linen, Environment Cleaning, Prevention of needle stick and sharp injuries, Health care waste management (HCWM), Respiratory hygiene and cough etiquette ) and additional (transmission-based) precautions (air borne, droplet and contact )
16	Maintenance of medical equipment	Prepare medical equipment
		Clean of medical equipment
17	Management of using electronic equipment	Prepare the intravenous infusion pump
18	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**

	<b>Group</b>	<b>Nursing activities</b>
1	Diet therapy	Provide guidance of diet food ( particular food for disease )
		Provide the feeding with nasogastric tube (Catheterizing removal and management)
2	Excretion care	Urine catheterizing and removal
		Provide the enema
		Colostomy Care
3	Breath and circulation care	Nebulizer
		Adjust position for patient
4	Dosage (except anticancer medicine, medicine of effect circulation, narcotic, anesthetic)	Provide oral medicine
		Provide suppository
		Provide external medicine
		Intradermal injection
		Subcutaneous injection
		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 large, infectious, or bleeding wound
		Maintenance of drainage tube (care, pull back, and remove)
		Suture of small wound
8	Management of using electronic equipment	Prepare and manage artificial ventilator
9	Care for the patient hemodialysis or peritoneal dialysis	Care for the patient hemodialysis or peritoneal dialysis in whole process

<b>Annex3: Duties that the nurse practice in the presence of the physician</b>	
1	During the “blood transfusion”, doctors must present about 15 minutes.
2	Injection of medicinal agents with strong side effect (anticancer agents, agents with strong effects on circulation dynamics)
3	Treatment of large and infected wounds

<b>Annex4: Prohibited practices for nurses</b>	
1	Examination for medical diagnosis
2	Medical diagnosis
3	Decision on treatment policy
4	Highly invasive practices such as Endotracheal intubation, drawing blood from arteries and arterial injections, etc.
5	Highly invasive inspections such as endoscope, etc.
6	Write a prescription of drugs and medical examination order by their own.

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