



SUPERVISION OF LICENSED PRACTICAL NURSES IN METHADONE TREATMENT PROGRAMS

Wisconsin Department of Health Services / Division of Quality Assurance
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Page 1 of 2

PURPOSE

The purpose of this publication is to provide information regarding the role of the supervising physician or registered nurse when a licensed practical nurse (LPN) administers methadone in basic and complex nursing situations in certified narcotic treatment service.

REGULATORY REQUIREMENTS

Wisconsin Administrative Code ch. DHS 75 (at http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/75) governs Wisconsin certified community substance abuse services. Section DHS 75.15 provides requirements for narcotic treatment service for opiate addiction. Section DHS 75.15(4)(b) states, “The service shall have a registered nurse on staff to supervise the dosing process and perform other functions delegated by the physician.” In addition, § DHS 75.15(4)(c) states, “The service may employ nursing assistants and related medical ancillary personnel to perform functions permitted under state medical and nursing practice statutes and administrative rules.”

A certified narcotic treatment service for opiate addiction may employ LPNs as a member of the treatment service that provides for the management and rehabilitation of selected narcotic addicts through the use of methadone or other FDA-approved narcotics and a broad range of medical and psychological services, substance abuse counseling, and social services.

Chapter DHS 75 does not provide detail about the LPN’s scope of practice in narcotic treatment service for opiate addiction. The rule does not clearly specify if/when the supervising physician or registered nurse must be “on site” to supervise the LPN.

LPN SCOPE OF PRACTICE – WISCONSIN BOARD OF NURSING

The scope of practice for the LPN is set forth in Wis. Admin. Code ch. N 6.04. The Department of Health Services (DHS) requested an opinion from the Wisconsin Board of Nursing as to whether it is within the scope of practice of an LPN to administer methadone in a narcotic treatment service for opiate addiction and, if it is within the scope of practice, the level of supervision that is required?

The Wisconsin Board of Nursing response was detailed in a “white paper” dated September 25, 2007. Information about that response can now be located in a position statement dated December 1, 2012 issued by the Board of Nursing at:

http://dsps.wi.gov/Documents/Board%20Services/Position%20Statements/Nursing/Board_of_Nursing.pdf

The Board confirms that the LPN scope of practice may involve “basic” and “complex” patient care situations. The Board concluded that basic care involves situations where the patient’s medical condition is stable and the dosing level is not frequently changing. The Board also concluded that, “In basic patient care situations, the LPN administers the medication dose, witnesses the consumption of the dose, and observes and records the administration. In basic patient care situations, the administration of methadone shall be performed by the LPN under the general supervision of a physician or registered nurse. General supervision means to regularly coordinate, direct and inspect the practice of another; it does not require that the supervising health care provider be available on-site at all times.”

The Board also states, “In other situations when the patient is not stable, such as during the induction phase of a narcotic maintenance treatment program or when the patient is non-compliant with treatment or has other co-morbidities, the administration of methadone may constitute a complex patient situation that requires the performance of delegated medical or nursing acts beyond basic nursing care. The LPN who administers methadone in a complex patient situation shall be under the direct supervision of a physician or registered nurse.

Direct supervision requires immediate availability to continually coordinate, direct, and inspect at first hand the practice of another. Direct supervision has been generally defined as on-site presence, [with] access or communication within a relatively short time period.” The Department of Health Services recognizes that some programs provide services in a large medical facility or that the supervising RN may be providing services in an area of the clinic that is away from the dosing counter. In those circumstances and consistent with the definition of direct supervision provided by the Board, a registered nurse must be onsite and readily available.

SUMMARY

DHS concurs with the position statement published by the Wisconsin Board of Nursing and provides the following direction regarding the administration of methadone in certified narcotic treatment services. Each certified service must ensure that qualified medical or nursing staff members of the treatment team are on staff and available to provide direct supervision as identified by the Wisconsin Board of Nursing. In cases where a patient is not stable, providers electing to use the LPN in these certified programs must have a developed and implemented written policy for using the LPN and qualified supervision in the delivery of narcotic treatment services for opiate addiction. The Department will confirm the existence of established policies and procedures during on-site reviews. Procedures should include evidence that all staffs are instructed on their role(s) in case of crisis for any client(s).

QUESTIONS

If you have questions about the information in this publication, contact your Behavioral Health Certification Specialist. A staff listing is available at <https://www.dhs.wisconsin.gov/regulations/mentalhealth/contactus.htm>. The State Opioid Treatment Authority is available for technical assistance by contacting the Division of Mental Health and Substance Abuse Services / Bureau of Prevention, Treatment and Recovery at <https://www.dhs.wisconsin.gov/aoda/contacts.htm> or via telephone at 608-266-2717.