**Scope of Practice Decision Tree**

- **Is the act consistent with your state nursing practice act? Do the state’s rules or position statement address this specific act?**
  - **Yes**: If yes, continue.
  - **No**: If no, STOP. The act is not within your scope of practice.

- **Is the activity authorized by a valid order when necessary and in accordance with current policies and procedures?**
  - **Yes**: If yes, continue.
  - **No**: If no, STOP. The act is not within your scope of practice.

- **Do you personally possess the current clinical competence to perform the task safely?**
  - **Yes**: If yes, continue.
  - **No**: If no, STOP. The act is not within your scope of practice.

- **Is the act supported by positive and conclusive data from nursing literature, nursing research, and/or research from a health-related field?**
  - **Yes**: If yes, continue.
  - **No**: If no, STOP. The act is not within your scope of practice.

- **Are you prepared to accept the consequences of your actions?**
  - **Yes**: If yes, then:
    - Perform the act, based upon valid order when necessary and in accordance with appropriately established, current policies and procedures. Assume accountability for provision of care.
  - **No**: If no, STOP.