

## RN versus LVN Scope of Practice Assessments

**LVNs work under the direction of an RN (B&P Code, Section 2859). Prior to making patient care assignments to LVNs or CNAs, the RN must conduct a comprehensive patient assessment [Title 22, Section 70215(a)].**

1. Assessment includes:
  - A. Data collection
    1. Done by the RN
    2. May be done by the LVN [“Basic assessment” – Title 16, Section 2518(a)]
  - B. Analysis, synthesis, evaluation of data (**RN only**)
2. LVN must report data to RN (LVN practices under the direction of a physician or RN – B&P Code, Section 2859).
3. RN (based on analysis, synthesis, evaluation of date) determines if additional assessment or intervention is required [B&P Code Section 2725(d)]:

**“Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (1) determination of whether such signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics; and (2) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.”**

4. Pain must be assessed at the same time and every time the vital signs are taken (H&S Code, Section 1254.7).

This assessment is more than merely data collection. Therefore, the RN must assess the patient as often as the MD has ordered vital signs be taken or as often as the unit standards of care requires vital signs be taken (at least once per shift).

5. The LVN does not determine the educational needs of the patient and does not educate the family.

The LVN...contributes to the development and implementation of a teaching plan related to self-care for the patient (Title 16, Section 2518.5).

6. The RN cannot merely “sign-off” on data collected by the LVN. The RN must directly observe the patient, analyze, synthesis, and evaluate the data collected by him/herself and the LVN, make a nursing diagnosis, determine the appropriate interventions and make appropriate assignments of tasks and activities (Title 16, Section 1442.5).

**“Evaluates the effectiveness of the care plan through observation of the client’s physical condition and behavior, signs and symptoms of illness, reactions to treatment and through communication with the client and health team members and modifies the plan as needed” (Title 16, Section 1443.5)**

**And**

**“The RN shall directly perform ongoing assessments as defined in Title 16, Section 1443.5 and shall document the findings in the patient record. The assessment shall be performed at least once a shift and upon receipt of the patient when he/she is transferred to another patient area” [Title 22, Section 70215(a)].**

7. Analysis, synthesis, and evaluation of data cannot be delegated to an LVN or UAP.
8. Tasks and activities are assigned to the LVN by the RN based on the LVN’s scope of practice and individual technical, manual competencies. The LVN is not an independent practitioner (B&P Code, Section 2859).
9. The LVN does not initiate, evaluate or change the patient’s treatment/nursing care plan. The LVN participates in planning, executes interventions in accordance with the treatment/nursing care plan, and contributes to evaluation of individualized interventions related to the treatment/nursing care plan (Title 16, Section 2518.5).
10. According to the ECH Patient Care Services Policies and Procedures “Scope of Practice”:
  - A. “The registered nurse ultimately decides the appropriateness of assignments of tasks for his/her care team.
  - B. “The direct care RN will independently make decisions regarding the assignment of tasks, based on individual nursing judgments.
  - C. “...LVNs can monitor patient. Only the RN can manage the patient. Management is defined as the assessment, planning and prioritization of interventions.
  - D. “Individual skill inventories will be accessible to the nurse [RN and LVN] in the patient care setting.
  - E. “The RN ultimately decides the appropriateness of assignment of task.”

**Failure by the RN to adhere to these laws and regulations may subject the RN to disciplinary action by the California State Board of Registered Nurses (BRN).**