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Nursing Practice & Patient Advocacy Alert

LVNS PROVIDING MEALS/ BREAK RELIEF

Questions regarding LVNs providing meals/break and other relief are emerging more frequently in the context of staffing ratios and staffing by acuity.

This Nursing Practice and Patient Advocacy Alert clarifies the legal scope of practice of LVNs with respect to providing meals/breaks and other relief.

First and foremost, LVNs are not authorized under their scope of practice to relieve an RN for meals/breaks and other routine absences. The restrictions on the scope of practice of LVNs apply at all times including instances when providing meals/breaks relief.

According to the Board of Registered Nursing (BRN) there is no equity in practice and accountability between the license of an RN and an LVN. In other words, there is no equality or parity between the two professional licenses. Therefore, RNs and LVNs are not interchangeable.

LVNs are not independent practitioners and must be supervised by a registered nurse. The practice of LVNs is limited and much narrower than that of a registered nurse. According to the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) the LVN is an “entry level health care provider who is responsible for rendering **basic nursing care.**” (Emphasis added)

LVNs provide basic nursing care to patients under the direction of and based on an assignment made by a registered professional nurse or licensed physician. LVNs utilize manual and technical skills. Duties within the scope of practice of an LVN typically include, provision of basic hygiene and nursing care; measurement of vital signs; basic assessment (data collection); documentation; administration of prescribed medication.

Existing Title 22 regulations establish services that must be provided by registered nurses in accordance with the Nursing Practice Act and services which cannot be performed by an LVN. The regulations require that the planning and delivery of patient care services reflect all elements of the nursing process; assessment, nursing diagnosis, planning, interventions, evaluation and, as circumstances require, patient advocacy. Title 22, in effect, has incorporated the RN Standards of Competent Performance into its regulations and has made it applicable to the acute care facilities.



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LVNs are not authorized to perform several key elements of the nursing process, such as, initial and ongoing patient assessments (synthesis, interpretation and evaluation of data); the formulation of a nursing diagnosis; the initiation of a patient care plan; the implementation and/or assignment of interventions and the evaluation of care provided.

In addition, the patient's need for an ongoing assessment by a Registered Nurse does not cease to exist when the RN who is assigned to the patient is absent from the unit during meals/breaks

Therefore, RNs are not authorized under the Nursing Practice Act to transfer responsibility of clinical management of his/her patients to the LVN during meals/breaks and other absences from the unit.

NOTE: RNs are required to effectively supervise nursing care being given by subordinates including LVNs, CNAs and other Unlicensed Assistive Personnel (UAP).

In general, in order to be able to provide effective clinical supervision the BRN requires the RN to be present and available. This means being immediately available to assess, monitor, advise, intervene, report and refer to the physician and/or to initiate emergency procedures.

What about instances where the clinical supervisory duties (of the LVN) are assigned to the Charge Nurse?

The primary duties of the Charge Nurse are to coordinate all unit activities; to direct, delegate/assign the work flow on his/her unit; and to provide indirect patient care. The Charge Nurse acts as a resource person to all nursing staff and act as a liaison to all other disciplines and departments.

Adding the responsibility to supervise LVNs during meals/break relief will further increase what constitutes an excessive workload in the first place.

The key question under this scenario is whether the Charge Nurse will be available to immediately respond to the individual patient's needs or to answer the LVN's questions. Given the increased duties and responsibilities, the answer is no.

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