



Nursing Practice & Patient Advocacy Alert

IV Medication: Roles of RNs and LVNs

According to the Board of Registered Nursing (BRN), the Board has received multiple inquiries from nursing organizations and individual nurses about the legal scope of practice for an RN who may be asked to: delegate to the LVN patient assessment for the purpose of determining a treatment; delegate to the LVN intravenous medication administration as the treatment; and direct the LVN to administer intravenous medication through a central line. According to the BRN, these questions have arisen in part due to practices at free standing dialysis clinics.

The California Nurses Association (CNA) has also been extremely concerned about these same issues, as health care agencies have continued to downsize, restructure, deskill and redesign workload.

This Nursing Practice Alert clarifies the legal scope of practice of RNs and LVNs as it pertains to the administration of intravenous medication in **all settings**.

LVN Scope of Practice and the Administration of IV Medications/Solutions

The Business and Profession Code, Section 2860.5 and California Code of Regulations, Article 8, Section 2542, are sections of the law that define LVN scope of practice in relationship to IVs. These sections state that an LVN who is IV certified, may start **peripheral** IVs and superimpose intravenous solutions of electrolytes, nutrients, vitamins, blood and blood products. The registered nurse **is** authorized to assign and supervise these activities and functions.

LVNs do **not** have statutory authority to administer IV medications. In addition, an LVN does not have statutory authority to administer **any** intravenous agent via a central line. This applies to all practice settings.

RN Role and Responsibility

The Business and Professions Code, Section 2725, The Nursing Practice Act, authorizes registered nurses to assess patients, determine abnormalities, implement a medical treatment plan, refer, report, or implement a standardized procedure, and administer medication by all routes.

The California Code of Regulations 1443.5 (4) states that the RN *delegates tasks to subordinates based on the legal scope of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.*

It is the BRN's interpretation of the Nursing Practice Act that the RN function of assessment to determine abnormality, determine the appropriate treatment, and implement a treatment for the abnormality such as administration of an intravenous medication for a hemodialysis patient **cannot** be delegated by the RN to the LVN.

In other words, since LVNs do not have statutory authority to administer IV medications through either peripheral or central lines, this skill must not be delegated/assigned to them. Furthermore, since LVNs do not have statutory authority to superimpose **any** agent through a central line, this skill must not be delegated/assigned to them. The RN can **never** delegate/assign these skills to the LVN or supervise the LVN performing these skills. For an RN to make such a delegation/assignment or supervise the LVN in these tasks would be a violation of the Nursing Practice Act.

In conclusion, the RN is not authorized to delegate/assign to the LVN the administration of IV medication through a peripheral or central line. The RN is also not authorized to delegate/assign to the LVN the administration of **any** agent into a central line. Furthermore, the RN cannot supervise the performance of any of these tasks by the LVN.

If you have further questions, need more information or help please call CNA's Nursing Practice Program at 510/273-2200.

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