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Nursing Practice & Patient Advocacy Alert

TRANSPORT OF CRITICALLY ILL PATIENTS BY LVNS

QUESTION: Can a LVN independently transport a patient from the ER to the ICU unaccompanied by a RN?

RESPONSE: An ICU patient transferring from the ER to the ICU is by definition a critically ill patient. The patient is going to the ICU because s/he will need the complex care that only an ICU can provide. Often times that patient is hemodynamically unstable, may be hooked up to a cardiac monitor, may have multiple IV medications started including high risk medications such as heparin, insulin drips and various pressors. The patient may have had various interventions started in the ER, such as arterial lines and chest tubes inserted, and may possibly be intubated. Patients bound to for ICU are extremely sick, complex and have many assessment needs.

According to the Board of Vocational Nurse and Psychiatric Technician Examiners, the LVN “uses and practices basic assessment (data collection).” The LVN then, “ executes interventions according to the care plan or treatment plan.” The LVN can not practice independently.

The RN, on the other hand, is legally responsible for analyzing, synthesizing and evaluating data collected on patients, and determining whether additional assessment or intervention is warranted.

As one compares the two scopes of practice, it is clear that the LVN does not possess the licensure to manage the critically ill ICU patient without direct observation of the RN. During the transport period, which could include such things as elevator transports and/or unexpected delays, if there is not a RN present to do assessment of the patient and take appropriate action, the patient could be harmed.

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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