



Nursing Practice & Patient Advocacy Alert

Patient Assessment: Roles of RNs and LVNs

Questions regarding RN and LVN roles in assessment are emerging more frequently in the context of staffing ratios, patient classification systems and in the context of downsizing, restructuring and work redesign. Because safe, therapeutic and effective patient care is achieved when all disciplines recognize each other's scope of practice, it is important to understand the roles of each discipline. This nursing practice alert clarifies the legal scopes of practice of RNs and LVNs in regards to assessment.

What is assessment?

An assessment consists of two parts:

- 1) Data collection (observation, palpation or auscultation);
- 2) Analysis, synthesis and evaluation of data.

The RN carries legal responsibility for analysis, synthesis and evaluation of patient data.

The RN is legally responsible for analyzing, synthesizing and evaluating data collected on patients through the RN direct observation, as stated in the Nursing Practice Act, Business and Professions Code Sec 2725(b) (4). The practice of RNs include: **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.**

Under the Nursing Practice Act, only the RN can perform assessments, which includes analysis and formulation of a nursing diagnosis. This responsibility cannot be delegated or assigned to an LVN. Furthermore, this responsibility to assess each patient cannot be satisfied by a direct care RN "signing off" on charted information obtained by the LVN. To do so would imply that the RN is validating the accuracy of the charted information and that would be unlawful.

The LVN's scope of practice includes data collection only.

The Vocational Nursing Practice Act allows the LVN to perform services requiring "technical and manual skills" that are performed under the clinical "direction of a licensed physician or a registered nurse," The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) further states that the LVN may use and practice "basic assessment (data collection)" in performing "basic nursing services." The LVN is required to report and/or refer abnormal values to the RN. According to the BVNPT the LVN **cannot** analyze, synthesize and evaluate data.

Skilled LVNs assist direct care RNs in formulating nursing diagnoses, by informing the RN of any abnormal value recognized in the course of performing data collection. However the RN's legal responsibility for interpreting and synthesizing data cannot be delegated or assigned to an LVN.

The RN must directly observe the patient.

The Standard of Competent Performance for the RN requires direct observation of the patient.

Title 16 of the California Code of Regulations, 1443.5 states that the competent RN:

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. In addition, Title 22 of the California Code of Regulations, Section 70215 (a) states the RNs shall directly perform ongoing assessments as defined in Title 16 above, 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.

Health care employers who ask RNs to "sign off" on patients they have not directly observed and assessed are asking the RNs to violate the law thereby endangering their license. RNs are required to directly observe patients in order to determine whether the signs and symptoms are abnormal. RNs may not discharge their assessment responsibilities solely by evaluating data collected by others.

It is the RN's responsibility to directly observe the patient in order to validate and corroborate data collected by others; directly collect data which requires RN skill or licensure; and directly observe the patient to insure that all relevant aspects of the patients condition and needs have been assessed, including psychosocial and education needs.

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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