**RN Delegation to LVN or UAP in California**
Registered Nurse (RN), Licensed Vocational Nurse (LVN), Unlicensed Assistant Personnel (UAP)

**Tree to delegate RN to LPN, LPN to UAP**

- Are there laws and rules in place which support the delegation?  
  no → Do not delegate  
  yes

- Is the task within the scope of practice of the RN/LPN or UAP?  
  no → Do not delegate  
  yes

- Has there been assessment of client’s needs?  
  no → Do not delegate  
  yes

- Can the task be performed w/o requiring nursing judgment or critical decisions to observations?  
  no → Do not delegate  
  yes

- Can the task be performed w/o repeated nursing assessments?  
  no → Do not delegate  
  yes

- Is appropriate supervision available?  
  no → Do not delegate  
  yes!
**RN can:** Assess, Diagnose (nursing), Plan, Implement and Evaluate

- **RN cannot** delegate assessment, diagnosing, planning or evaluation to **LVN**.
- **LVN may** obtain data for assessment and provide implementations toward care.
  - “Basic assessment” – Title 16, Section 2518(a). The **RN cannot** merely “sign-off” on data collected by the **LVN**. The RN must directly observe the patient, analyze, synthesize, 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). The **LVN** does **not** determine the educational needs of the patient and does **not** educate the family. The **LVN** can contribute to the development and implementation of a teaching plan related to self-care for the patient (Title 16, Section 2518.5).

**RN can:** perform skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.

- **LVN can:** administer medications by hypodermic injection.
  - Withdraw blood from a patient, if prior thereto such nurse has been instructed by a physician and surgeon and has demonstrated competence to such physician and surgeon in the proper procedure to be employed when withdrawing blood, or has satisfactorily completed a prescribed course of instruction approved by the board, or has demonstrated competence to the satisfaction of the board.
  - Start and superimpose intravenous fluids if all of the following additional conditions exist:
    - The nurse has satisfactorily completed a prescribed course of instruction approved by the board or has demonstrated competence to the satisfaction of the board.
    - The procedure is performed in an organized health care system in accordance with the written standardized procedures…
- **LVN** acting under the direction of a physician may perform:
  - tuberculin skin tests, coccidioidin skin tests, and histoplasmin skin tests
  - immunization techniques

**RN can:** dispense drugs or devices upon an order by a licensed physician

**RN can** delegate **LVN** who is IV certified, to start **peripheral** IVs and superimpose intravenous solutions of electrolytes, nutrients, vitamins, blood and blood products. **LVNs do not** have statutory authority to administer IV medications.

**LVN does not** have statutory authority to administer **any** intravenous agent via a central line.

**RN cannot:** assign **UAP** to perform nursing functions in lieu of a registered nurse and may **not** allow **UAP** to perform functions under the direct clinical supervision of a **RN** that require a substantial amount of scientific knowledge and technical skills, including, but not limited to, any of the following:

1. Administration of medication.
2. Venipuncture or intravenous therapy.
3. Parenteral or tube feedings.
4. Invasive procedures including inserting nasogastric tubes, inserting catheters, or tracheal suctioning.
5. Assessment of patient condition.
6. Educating patients and their families concerning the patient’s health care problems, including post discharge care.
7. Moderate complexity laboratory tests.
Delegation to the LVN

**RN can’t** delegate scope of practice and direction for care to the LVN.
**RN can’t** delegate functions in BPC 2725 or CCR 1443.5 except as allowed by LVN scope of practice.
Delegation must occur within LVN scope of practice.
**RN** ensures delegatee has appropriate education, skills, and experience to perform the delegated task or assignment.
**RN** ensures there is documented evidence of current competence before assigning tasks.
**RN** delegates tasks using the “Five Rights of Delegation”
→ Right task
→ Right circumstances
→ Right person
→ Right direction/communication
→ Right supervision provided
**RN** intervenes as necessary if task is being performed improperly.
Ensures appropriate documentation of delegated tasks.
Supervision of the LVN:
Provides direction and clear expectations of how a task is to be performed.
Monitors performance to assure compliance with established practice standards, policies, and procedures.
(http://www.rn.ca.gov/pdfs/regulations/npr-b-53.pdf)
What a Med Tech can do in California

The medical assistant can perform the technical supportive services:
1. Administer medication orally, sublingually, topically, vaginally or rectally, or by providing a single dose to a patient for immediate self-administration. Administer medication by inhalation if the medications are patient-specific and have been or will be routinely and repetitively administered to that patient. In every instance, prior to administration of medication by the medical assistant, a licensed physician or podiatrist, or another person authorized by law to do so shall verify the correct medication and dosage. Nothing in this section shall be construed as authorizing the administration of any anesthetic agent by a medical assistant.
2. Perform electrocardiogram, electroencephalogram, or plethysmography tests, except full body plethysmography. Nothing in this section shall permit a medical assistant to perform tests involving the penetration of human tissues except for skin tests as provided in Section 2069 of the code, or to interpret test findings or results.
3. Apply and remove bandages and dressings; apply orthopedic appliances such as knee immobilizers, envelope slings, orthotics, and similar devices; remove casts, splints and other external devices; obtain impressions for orthotics, padding and custom molded shoes; select and adjust crutches to patient; and instruct patient in proper use of crutches.
4. Remove sutures or staples from superficial incisions or lacerations.
5. Perform ear lavage to remove impacted cerumen.
6. Collect by non-invasive techniques, and reserve specimens for testing, including urine, sputum, semen and stool.
7. Assist patients in ambulation and transfers.
8. Prepare patients for and assist the physician, podiatrist, physician assistant or registered nurse in examinations or procedures including positioning, draping, shaving and disinfecting treatment sites; prepare a patient for gait analysis testing.
9. As authorized by a physician or podiatrist, provide patient information and instructions.
10. Collect and record patient data including height, weight, temperature, pulse, respiration rate and blood pressure, and basic information about the presenting and previous conditions.
11. Perform simple laboratory and screening tests customarily performed in a medical office.
12. Cut the nails of otherwise healthy patients.
a. Nothing in this section prohibits the administration of first aid or cardiopulmonary resuscitation in an emergency.

In California (CA), Registered Nursing practice is overseen by the Board of Registered Nursing and the Licensed Vocational Nursing practice is by the Board of Vocational Nursing & Psychiatric Technicians. The scope of practice in CA is found at www.rn.ca.gov, Regulations/Nursing Practice Act/Business and Professions Code/Sec. 2725. The Scope of Regulation for Vocational Nursing Practice Act is www.bvnpt.ca.gov. Unlicensed Assistant Personnel (UAP) scope can be found at § 2725.3 at www.rn.ca.gov. The following was found at the ca.gov sites on 12/23/10.