Collaboration with the RN Module

"Alone We Can Do So Little; Together We Can Do So Much" -Helen Keller

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About this Module:

In nursing, there are three distinct levels of nursing, the Licensed Vocational Nurse (LVN), the Registered Nurse (RN), and the Advanced Practice Registered Nurse (APRN). In all of these different levels, there are different scopes by which the license holders are allowed to practice within. In the nursing facility environment, the LVN is likely to be the number one provider of care to the residents in the facility; however that does not mean that the other levels of nursing will not be providing the direction on how the care needs to be provided to the resident. In this module, there will be discussion about the expectations that the LVN should have with regards to support and assistance from the RN.

Overview:

In nursing school, LVNs learn about the different levels of nursing as well as the responsibilities that go along with those different levels. It is important that the LVN fully understands his/her own scope of practice before trying to understand that of the RN, however it is also very important that the LVN knows the basic information related to the RNs scope of practice. It is imperative that the LVN also understands the RNs role in supervision of his/her practice.

Objectives:

The objectives for this module include

a. List the responsibilities that the RN has with regards to supervision of the LVN.
b. Describe the difference in scope of practice for the RN and LVN.

Chapter 1:

Assessment:

There are two distinct types of assessments that can be done on a resident. These include a comprehensive assessment and a focused assessment. The LVN is not permitted, according to his/her scope of practice, to perform a comprehensive assessment on anyone that he/she is providing care for. A comprehensive assessment includes the information related to the following:

a. Health history
b. General survey
c. Measuring vital signs
d. Assessing body systems
e. Psychosocial information

This assessment, often called the admission or initial assessment is required, by the Nursing Practice Act (NPA) to be completed by an RN. The LVN, while not responsible for this assessment should still understand the areas of information that are gathered by the RN, as this information is what is used to determine the resident's plan of care and influence the care that is provided to the resident.

The comprehensive assessment for a geriatric resident with dementia is so very important to ensure that all of the care that is needed is provided. And although the LVN will not perform this assessment, he/she should be aware that the RN will and that there are many specific areas of a comprehensive geriatric assessment[1] he/she should be aware when caring for the residents. These include:

a. History: this includes any past medical and surgical history as well as information related to any childhood illnesses, immunizations, allergies, hospitalizations, and serious illnesses, accidents, and injuries.
b. Functional capacity: this includes the resident's abilities to perform activities of daily living that contribute heavily to their health conditions.
c. Falls/Imbalance: it is important that this information is available for the LVN to access, as it will detail whether or not the resident is at higher risk for future falls.
d. Cognition: many residents who have cognitive deficits may go undiagnosed for the specific condition that is causing the impairment. Having accurate information about the resident's current cognitive status will allow for an early diagnosis which may reveal a treatable condition.

[1] Ward, K., Reuben, D., Schmader, K., & Sokol, H. (2015). Comprehensive Geriatric Assessment. http://www.uptodate.com/contents/comprehensive-geriatric-assessment.

e. Mood: this includes assessing for the possibility of depression, as many of the behaviors exhibited by the resident may be linked back to depression.
f. Polypharmacy: this includes a list of the medications that the resident is on when they arrive in the facility at admission and every time thereafter if the resident should return from a hospital stay. The LVN should understand the interactions and contraindications of all of the medications that the resident is on, as he/she is generally the one administering them. Additionally, the LVN should be an advocate for the resident when assessing the continued need for medications, especially in the event of PRN medications.
g. Social support: upon admission, it is imperative for all of the care team, inclusive of the LVN to know if the resident has a strong support system. This support system will be beneficial to the resident as well as the care staff by being able to provide information about the resident as well as making decisions, in the event that the resident is not in a position to do so.

The LVN, as mentioned previously will not conduct the comprehensive assessment but should be knowledgeable about the information that is in the assessment, as this will be what he/she uses to provide care for the resident as well as to determine if there are significant changes. It is also important that the LVN knows when to report significant changes that are found during his/her focused assessment. Collaborating with the RN during this crucial time for the resident allows for all of the care team to be on the same page, for the benefit of the resident.

Chapter 2:

Roles/Responsibilities:

The roles/responsibilities of the RN in the nursing facility may be different depending on the position held. For example, the RN could hold a Director of Nursing (DON) position, Assistant DON (ADON), or charge nurse. Depending upon the facility policies and procedures that are in place, the organization may dictate certain responsibilities for each role. The charge nurse may be given the supervisory authority of the LVNs who work in the facility, meaning that there may be several units in the facility where the majority of the charge nurses are LVNs, with one RN per shift. This RN may be delegated to provide supervision over the LVNs practice while on shift. In other examples, the supervisory role may fall to the ADON or the DON, who while in the facility during the day shift, are easily accessible in person, whereas during odd shifts, these individuals may take turns being on-call in the event any issues arise. There is not a requirement for an RN to visually supervise the LVNs practice at all times; however, he/she must be available to the LVN, in the event that he/she is needed. Again, this may be dictated in the organization/facility's policies and procedures. The LVN should expect that any time that he/she has an issue, regardless of what it is, that the RN is easily accessible. Additionally, the LVN

should be familiar with what these policies and procedures are, so that he/she knows what to do in the event of a situation that requires a higher level of nursing knowledge.

Chapter 3:

Difference in Scope of Practice:

The scopes of practice for the RN and the LVN are centered on the care of the resident, however, they differ significantly. All nurses, regardless of the level of licensure have the same general standards of nursing practice as outlined in Texas Administrative Code Title 22, Part 11, Chapter 217, Rule §217.11. These standards include:

a. Know and conform to the Texas Nursing Practice Act and the board's rules and regulations as well as all federal, state, or local laws, rules or regulations affecting the nurse's current area of nursing practice;
b. Implement measures to promote a safe environment for clients and others;
c. Know the rationale for and the effects of medications and treatments and shall correctly administer the same;
d. Accurately and completely report and document:
    i. the client's status including signs and symptoms;
    ii. nursing care rendered;
    iii. physician, dentist or podiatrist orders;
    iv. administration of medications and treatments;
    v. client response(s); and
    vi. contacts with other health care team members concerning significant events regarding client's status;
e. Respect the client's right to privacy by protecting confidential information unless required or allowed by law to disclose the information;
f. Promote and participate in education and counseling to a client(s) and, where applicable, the family/significant other(s) based on health needs;
g. Obtain instruction and supervision as necessary when implementing nursing procedures or practices;
h. Make a reasonable effort to obtain orientation/training for competency when encountering new equipment and technology or unfamiliar care situations;
i. Notify the appropriate supervisor when leaving a nursing assignment;
j. Know, recognize, and maintain professional boundaries of the nurse-client relationship;
k. Comply with mandatory reporting requirements of Texas Occupations Code Chapter 301 (Nursing Practice Act), Subchapter I, which include reporting a nurse:

i. who violates the Nursing Practice Act or a board rule and contributed to the death or serious injury of a patient;
ii. whose conduct causes a person to suspect that the nurse's practice is impaired by chemical dependency or drug or alcohol abuse;
iii. whose actions constitute abuse, exploitation, fraud, or a violation of professional boundaries; or
iv. whose actions indicate that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse's continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.
v. except for minor incidents (Texas Occupations Code §§301.401(2), 301.419, 22 TAC §217.16), peer review (Texas Occupations Code §§301.403, 303.007, 22 TAC §217.19), or peer assistance if no practice violation (Texas Occupations Code §301.410) as stated in the Nursing Practice Act and Board rules (22 TAC Chapter 217).

l. Provide, without discrimination, nursing services regardless of the age, disability, economic status, gender, national origin, race, religion, health problems, or sexual orientation of the client served;
m. Institute appropriate nursing interventions that might be required to stabilize a client's condition and/or prevent complications;
n. Clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious or contraindicated by consulting with the appropriate licensed practitioner and notifying the ordering practitioner when the nurse makes the decision not to administer the medication or treatment;
o. Implement measures to prevent exposure to infectious pathogens and communicable conditions;
p. Collaborate with the client, members of the health care team and, when appropriate, the client's significant other(s) in the interest of the client's health care;
q. Consult with, utilize, and make referrals to appropriate community agencies and health care resources to provide continuity of care;
r. Be responsible for one's own continuing competence in nursing practice and individual professional growth;
s. Make assignments to others that take into consideration client safety and that are commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the person to whom the assignments are made;
t. Accept only those nursing assignments that take into consideration client safety and that are commensurate with the nurse's educational preparation, experience, knowledge, and physical and emotional ability;
u. Supervise nursing care provided by others for whom the nurse is professionally responsible; and

v. Ensure the verification of current Texas licensure or other Compact State licensure privilege and credentials of personnel for whom the nurse is administratively responsible, when acting in the role of nurse administrator.

In addition to the generalized standards of nursing practice as outlined detailed above, there are several differences in what is expected of the practice of an RN in comparison to the expectations of practice by the LVN. The LVN scope is a directed scope of nursing practice under the supervision of a registered nurse, advanced practice registered nurse, physician's assistant, physician, podiatrist, or dentist. Supervision is the process of directing, guiding, and influencing the outcome of an individual's performance of an activity. The licensed vocational nurse shall assist in the determination of predictable healthcare needs of clients within healthcare settings. The specific scope that the LVN is expected to practice by include the following:

a. Shall utilize a systematic approach to provide individualized, goal-directed nursing care by:
    i. collecting data and performing focused nursing assessments;
    ii. participating in the planning of nursing care needs for clients;
    iii. participating in the development and modification of the comprehensive nursing care plan for assigned clients;
    iv. implementing appropriate aspects of care within the LVN's scope of practice; and
    v. assisting in the evaluation of the client's responses to nursing interventions and the identification of client needs;
b. Shall assign specific tasks, activities and functions to unlicensed personnel commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the person to whom the assignments are made and shall maintain appropriate supervision of unlicensed personnel.
c. May perform other acts that require education and training as prescribed by board rules and policies, commensurate with the licensed vocational nurse's experience, continuing education, and demonstrated licensed vocational nurse competencies.

As mentioned above, the RN is expected to practice at a higher level than the LVN, therefore the scope for the RN has some significant differences from that of the LVN. These differences include:

a. Utilize a systematic approach to provide individualized, goal-directed, nursing care by:
    i. performing comprehensive nursing assessments regarding the health status of the client;
    ii. making nursing diagnoses that serve as the basis for the strategy of care;
    iii. developing a plan of care based on the assessment and nursing diagnosis;
    iv. implementing nursing care; and
    v. evaluating the client's responses to nursing interventions.
b. Delegation of tasks.

The LVN, while not directly responsible for the RNs role, is a very integral part of the care team. Each of the skill levels are needed to provide the highest level of care to the residents that are being served and it is important that the LVN understands the components of the RNs scope as well as his/her own. Both levels of nursing is required to adhere to the Nursing Practice Act that is specific to his/her own level and must be sure to not engage in what is known as scope creep. This means that the LVN stays within the boundaries of his/her own scope and if there is a circumstance that requires a higher level of nursing, that he/she does what is necessary to ensure that the assistance is provided by the RN. When the LVN begins to scope creep, he/she sets him/herself up for the consequences of practicing outside his/her own scope. These consequences can result in referral to the Board of Nursing, where an investigation will likely be held to determine the severity of the LVN's actions. If the LVN needs assistance with a situation that is outside his/her scope of practice and is unable to get the assistance of the RN, then the LVN must work to get someone in a supervisory role to provide assistance until the RN is available. The LVN shouldn't just take it upon him/herself to take care of any situation outside his/her scope.

Overall, the LVN must be comfortable working with the RN and know what the RN is required to do to assist him/her if the need arises. The LVN should expect that there is someone available to provide the supervision that is required under the NPA for the LVN's practice.