



## BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS

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INTERNET ADDRESS: <http://www.bvnpt.ca.gov>



DATE: July 25, 2005  
TO: Hemodialysis, Pheresis and Blood Bank Settings  
FROM: Board of Vocational Nursing and Psychiatric Technicians  
RE: **Intravenous Therapy Regulations Changed by July 14, 2005, Court Decision**

The regulations governing intravenous therapy, approved in January 2003, have been invalidated by the court. The Board has been mandated to revert to the following Intravenous Therapy regulations that were in effect in 2002. These are the regulations that should now be utilized.

### Article 8. Intravenous Therapy

#### § 2542. Definitions.

As used in this Article:

- (a) "Intravenous fluids" means fluid solutions of electrolytes, nutrients, vitamins, blood and blood products.
- (b) "Superimpose" means to connect a container of intravenous fluid to tubing through which another container of intravenous fluid has just been administered.
- (c) "Primary infusion line" means the line which provides a direct infusion between the container and the peripheral vein.
- (d) "Secondary infusion line" means a line which provides infusion through a lateral access into a primary infusion line.

NOTE: Authority cited: Section 2854, Business and Professions Code. Reference: Sections 135 and 2860.5, Business and Professions Code.

#### § 2542.1. Intravenous Therapy.

The Board will consider a licensed vocational nurse as competent to start and superimpose intravenous fluids via primary or secondary infusion lines who has completed one of the following:

- (a) A course in intravenous therapy approved by the Board, as defined in Section 2542.3.
- (b) Submitted certification, satisfactory to the Board, by one of the persons specified in Section 2542.4, that the licensee has been instructed in the subject areas as specified in Section 2542.3 and that the licensee has the knowledge, skills and abilities to safely practice venipuncture. For further limitations, see Business and Professions Code section 2860.5.

NOTE: Authority cited: Section 2854, Business and Professions Code. Reference: Section 2860.5, Business and Professions Code.

## **Article 10. Intravenous Therapy/Blood Withdrawal**

### **§ 2547. Definitions.**

As used in this Article:

- a. "Intravenous fluids" means fluid solutions of electrolytes, nutrients, vitamins, blood and blood products.
- b. "Superimpose" means to connect a container of intravenous fluid to tubing through which another container of intravenous fluid has just been administered.
- c. "Primary infusion line" means the line which provides a direct infusion between the container and the peripheral vein.
- d. "Secondary infusion line" means a line which provides infusion through a lateral access into a primary infusion line.

NOTE: Authority cited: Section 2854, Business and Professions Code. Reference: Section 2860.5, Business and Professions Code.

### **§ 2547.1. Intravenous Therapy/Blood Withdrawal.**

The Board will consider a licensed vocational nurse as competent to start and superimpose intravenous fluids via primary or secondary infusion lines and perform blood withdrawal who has completed one of the following:

- (a) A course of instruction in intravenous therapy and blood withdrawal approved by the Board.
- (b) Submitted certification, satisfactory to the Board, by one of the persons specified in Section 2547.4, that the licensee has been instructed in the subject areas as specified in Section 2547.3 and that the licensee is knowledgeable and competent in the practice of venipuncture and blood withdrawal.

NOTE: Authority cited: Section 2854, Business and Professions Code. Reference: Section 2860.5, Business and Professions Code.



## California Dialysis Council

Legislative Office

Phone: (916) 446-2646 ◊ Fax: (916) 446-6095 ◊ 1127 11th Street, Suite 820, Sacramento, CA 95814

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July 28, 2005

Ann E. Shuman, MS, RN.  
Supervising Nursing Education Consultant  
Board of Vocational Nursing and Psychiatric Technicians  
2535 Capitol Oaks Drive, Suite 205  
Sacramento, CA 95833

RE: Compliance with LVN Court Ruling

Dear Ms. Shuman:

We write on behalf of the California Dialysis Council (CDC) to seek your assistance in connection with the efforts of our members to comply with the July 14, 2005 court ruling regarding the scope of practice of LVNs working in dialysis clinics. CDC members are respectful of the court's ruling and are endeavoring to comply with the court case as fully and as expeditiously as possible. In connection with these compliance activities, it is important that we provide the CDC membership with clarification on several important issues.

We have engaged outside legal counsel to assist us in our compliance activities. We are working with Patric Hooper of the Hooper, Lundy and Bookman law firm.

Mr. Hooper has advised that the injunction issued by the Court is immediate and that there is no "transition period." Thus, it is urgent that we secure clarification on important issues raised in this court case. LVNs have played an important and useful role in dialysis clinics for many years. It would be extremely unfortunate for dialysis patients if these LVNs are not permitted to continue to perform useful services in a dialysis clinic setting. Clarification of the court case will be important in terms of preserving a role for LVNs in providing patient care to dialysis patients.

We believe the court ruling provides as follows:

- 1. Invalidates the regulations permitting LVNs to administer intravenous medications.**
- 2. Preserves the authority for an LVN, with IV certification and proper supervision, to start and stop dialysis via a central line catheter.** (see attached 10-29-01 BVNPT letter to CDC).

The CNA argued that the October 29, 2001 BVNPT letter clarifying the authority for an LVN to access central lines was an underground regulation. In dispensing with the arguments of the CNA, the Judge states:

“Moreover, section 2860.5 expressly authorizes LVNs to “start and superimpose intravenous fluids” if certain conditions are met, and does not limit LVNs to accessing secondary infusion lines. Accordingly, the Court interprets the statement in the Board’s October 29 letter as a statement of existing law and not as a new “regulation” within the meaning of the APA.”

3. **Preserves the authority for LVNs to administer “IV fluids.”** This authority clearly exists in statute and in the regulations as they existed prior to the changes allowing administration of IV medications. Thus, LVNs may continue to administer IV fluids.
4. **Preserves the authority for an LVN to conduct “basic assessment (data collection).”** On this point, the judge stated:

“Similarly, the court is not persuaded that the Board’s statement in the October 29 letter that “the LVN can perform basic assessment or data collection” is an underground regulation. The letter merely reiterates what Regulation 2518.5 already provides, namely, that the scope of LVN practice includes “basic assessment (data collection).” (See 16 C.C.R. 2518.5.)”

**Thus, based upon a clear reading of the court’s ruling, an LVN with proper training and proper supervision may continue to start and stop dialysis via a central line catheter, may continue to superimpose IV fluids, and may continue to perform basic assessment (data collection).**

Thank you very much for your consideration of these issues. We hope that the BVNPT will agree with our analysis of the court decision and will assist in the implementation of the court decision as outlined above. We would appreciate a response from the BVNPT as soon as possible.

Sincerely,

Michael J. Arnold  
Legislative Advocate

cc: Jessica Amgwerd, Deputy Attorney General  
George Ritter, Legal Counsel, Department of Consumer Affairs  
Patric Hooper, Hooper, Lundy and Bookman  
CDC Ad Hoc Committee on LVN Lawsuit  
CDC Board of Directors

**BOARD OF VOCATIONAL NURSING  
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August 5, 2005

Michael J. Arnold  
Legislative Advocate  
California Dialysis Council  
1127 11<sup>th</sup> Street, Suite 820  
Sacramento, CA 95814

Dear Mr. Arnold:

The Board of Vocational Nursing and Psychiatric Technicians (Board) acknowledges receipt of your request for clarification regarding the July 14, 2005, court ruling regarding the licensed vocational nurse (LVN) scope of practice as it relates to hemodialysis clinics.

Your correspondence delineates four issues from the court ruling for which you request clarification. The California Dialysis Council believes the court ruling provides as follows:

**CDC Issue #1: “Invalidates the regulations permitting LVNs to administer intravenous medications.”**

**Board Response:** The above statement is correct. The regulations that became effective February 28, 2003, to enable LVNs to administer intravenous medications as specified are invalid.

Intravenous therapy performed by LVNs must comply with regulations that were in effect in 2002. An excerpt from Articles 8 and 10 of the Vocational Nursing Rules and Regulations (Intravenous Therapy and Intravenous Therapy/Blood Withdrawal) is enclosed to clarify the regulatory language now in effect.

**CDC Issue #2: Preserves the authority for an LVN, with IV certification and proper supervision, to start and stop dialysis via a central line catheter.**

**Board Response:** The above statement is correct. Based on the court’s ruling, “section 2860.5 expressly authorizes LVNs to “start and superimpose intravenous fluids” if certain conditions are met, and does not limit LVNs to accessing secondary infusion lines.”

Intravenous therapy includes the use of central lines.

**CDC Issue #3: Preserves the authority for LVNs to administer “IV fluids.”**

**Board Response:** The above statement is correct. As stated in existing regulations, *“Intravenous fluids” means fluid solutions of electrolytes, nutrients, vitamins, blood and blood products.*”

**CDC Issue #4: Preserves the authority for an LVN to conduct “basic assessment (data collection).”**

**Board Response:** The above statement is correct. Authority for the LVN to perform basic assessment is contained in Section 2518.5 of the Vocational Nursing Rules and Regulations and states, in part:

“The licensed vocational nurse performs services requiring technical and manual skills which include the following:

- (a) Uses and practices basic assessment (data collection), participates in planning, executes interventions in accordance with the care plan or treatment plan, and contributes to evaluation of individualized interventions related to the care plan or treatment plan.
- (b) ....”

If further clarification is needed, please contact the Board again.

Sincerely,

**ANN E. SHUMAN, MS, RN**  
Supervising Nursing Education Consultant

Enclosure

**BOARD OF VOCATIONAL NURSING  
AND PSYCHIATRIC TECHNICIANS**

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October 19, 2005

Elizabeth Samoylenko, RN, BSN, CNN  
Clinical Coordinator, Dialysis Department  
Community Medical Center-Clovis  
285 Medical Center Drive, West, Suite 105  
Clovis, CA 93611

Dear Ms. Samoylenko:

The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) is in receipt of your electronic letter requesting clarification concerning the scope of practice for licensed vocational nurses (LVNs) relative to maintaining patency of a heparin lock on a centrally placed intravenous line.

Before responding to your specific queries, the vocational nursing scope of practice is delineated as follows in Section 2859 of the Vocational Nursing Practice Act:

“The practice of vocational nursing within the meaning of this chapter is the performance of services requiring those technical, manual skills acquired by means of a course in an accredited school of vocational nursing, or its equivalent, practiced under the direction of a licensed physician, or registered professional nurse....”

Section 2518.5 of the Vocational Nursing Rules and Regulations further clarifies the LVN scope of practice as follows:

“The licensed vocational nurse performs services requiring technical and manual skills which include the following:

- (a) Uses and practices basic assessment (data collection), participates in planning, executes interventions in accordance with the care plan or treatment plan, and contributes to evaluation of individualized interventions related to the care plan or treatment plan.
- (b) Provides direct patient/client care by which the licensee:
  - (1) Performs basic nursing services as defined in subdivision (a);
  - (2) Administers medications;
  - (3) Applies communication skills for the purpose of patient/client care and education; and
  - (4) Contributes to the development and implementation of a teaching plan related to self-care for the patient/client.”

Please note that as a general rule, any intervention executed by a licensee requires that the licensee:

1. receives instruction in the proper procedure;
2. has demonstrated the requisite knowledge, skills, and ability prior to the performance of the procedure; and
3. performs the procedure in accordance with a licensed physician's order.

**You asked, “Can an LVN, in the dialysis setting, perform a Heparin lock on a central dialysis catheter?”**

A Sacramento Superior Court ruling on July 14, 2005, addressed the scope of practice of LVNs relative to central lines. The court stated, “section 2860.5 [of the Business and Professions Code] expressly authorizes LVNs to ‘start and superimpose intravenous fluids’ if certain conditions are met, and does not limit LVNs to accessing secondary infusion lines.” This part of the court ruling allowed that it is within LVN scope of practice to access central lines. Based on that ruling, LVNs who are Board-certified in Intravenous Therapy can access centrally placed intravenous lines for the purpose of inserting sufficient Heparin to maintain the patency of those lines.

Should you have further questions, please do not hesitate to contact the Board again.

Sincerely,

*Suellen Clayworth*

**SUELLEN CLAYWORTH, M.N., R.N.**  
Nursing Education Consultant

*(Note: This letter is not to be interpreted, construed, or otherwise considered to be a “declaratory decision” as that term is used in Government Code, Section 11465.10 - 11465.70.)*