NORTH VALLEY HOSPITAL

TITLE: Nursing Rules of Delegation

DRAWER: Nursing ^ Administration

DISTRIBUTION: Registered Nurses, UAPs

Purpose:

The purpose of the rules of delegation relating to delegation and assignment is:

1- To serve as a standard for nurses who hire, supervise and/or serve as a

delegator to unlicensed assistive personnel (UAP)

2- To establish minimal acceptable levels of safe and effective delegation

Definitions:

Key words and phrases related to delegation are defined below:

1- Accountability means the responsibility of the delegating nurse for the

decision to delegate, for verifying the competency of the UAP delgatee and

for supervising the performance of the delegated task.

2- Advanced Delegation means delegation of specified advanced nursing tasks to

specified UAPs under immediate supervision.

3- Assignment means giving to a UAP or licensee a specific task that the UAP or

licensee is competent to perform and which is within the UAP'S area of

responsibility or a licensee's area of accountability or scope of practice.

4- Delegation means the act of authorizing and directing a UAP to perform a

specific nursing task in a specific situation in accordance with these rules.

5- Direct Supervision means the nurse delegator is on the premises and is

quickly and easily available to the UAP.

6- Immediate Supervision means the nurse delegator is on the premises and is

within audible and visual range of the patient that the UAP is attending.

7- Supervision means the provision of guidance or direction, evaluation and

follow-up by the licensed nurse for accomplishment of a nursing task

delegated to a UAP.

8- Unlicensed Assistive Person (UAP) means any person, regardless of title, who

is not a licensed nurse and who functions in an assistive role to the nurse

and receives delegation of nursing tasks and assignment of other tasks from a

nurse.

Accountability:

The delegating nurse retains accountability for the decision to delegate, the delegated

task, verifying competency and providing supervision.

Criteria for Delegation:

The patient's nurse is solely responsible for assessing the patient's condition and

delegating tasks which will not jeopardize the patient's welfare.

Delegation requires:

1- The setting to have a designated chief nursing officer

2- Verifying competency

3- Informing the patient of the decision to delegate

4- Delegating those tasks which do not require complex observations, critical

decision-making, exercise of nursing judgment or repeated nursing assessments.

The task must be frequently performed and technical in nature with minimal risks,

and be safely performed according to exact, unchanging directions.

Standards related to the Chief Nursing Officer:

The Chief Nursing Officer has responsibility for ensuring that orientation, competency

verification, evaluation and current related certifications are completed. In the

realm of the student the Chief Nursing Officer must ensure academic standing in an

approved education program and verify the current level of educational preparation.

Standards related to the Delegator:

The degree of required supervision of the UAP is determined after evaluation of the

following factors:

1- Patient condition

2- UAP training and capability

3- Nature of the task

4- Proximity and availability of the nurse

An acute care facility requires that the delegating nurse shall, at a minimum,

provide direct supervision for any delegated nursing task and immediate

supervision for any advanced nursing task.

Medications:

The delegation of medication administration of any kind is not allowed in an acute care

facility.

General nursing functions and tasks that MAY NOT BE DELEGATED to unlicensed assistive

persons (UAP) by an RN or physician:

1- Nursing assessment

2- Development of a nursing care plan, including diagnosis and goal

3- Administration of medications by any route

4- Insertion of central IV catheters

5- Insertion of NG or other feeding tubes

6- Removal of: ET tubes, chest tubes, JP drains, arterial or central catheters,

epidural catheters

7- Triage

8- Verbal orders

9- Teaching or counseling patients or their families

10- Drawing blood

Advanced functions which may be delegated to UAPs working in the emergency Department

only:

1- Insertion of peripheral IV catheters

2- Hanging, without additives, initial IV fluids including:

Lactated ringers (LR)

Normal saline (NS)

5% dextrose in sterile water (D5W)

5% dextrose in normal saline (D5NS)

5% dextrose in 0.45% saline (D51/2NS)

5% dextrose in lactated ringers (D5LR)

Criteria for advanced delegation:

These tasks require "Immediate Supervision", meaning the nurse delegator is on the

premises and is within audible and visual range of the patient that the UAP is

attending.

The patient for whom the tasks are delegated must be seeking emergency health care

services.

The UAP must posses current national registry of emergency medical technicians

registration at the intermediate or paramedic level.

Advanced Delegation to the UAP Nursing Students:

A nursing student who is working as a UAP may receive delegation of the advanced

nursing tasks if:

1- The student is supervised by the delegating nurse

2- The student is enrolled in a state nursing board-approved program or a state

nursing commission-approved program

3- The student is in good academic standing and has completed a "fundamentals of

nursing" course

4- The student, if receiving delegation of medication has completed a pharmacology

course, as verified by the chief nursing officer.

A nursing student may receive delegation related to IVs per the advanced tasks listed

above and to medication administration per ARM 8.32.1732 of the Rules of Delegation.

Any other nursing tasks for which the student has received instruction within the

nursing program, as confirmed by official transcript and course description and allowed

by facility job description may be delegated.

Tasks for which Nursing Students may not receive delegation:

1- Nursing assessment, nursing diagnosis or care planning, including evaluation of

the patient's progress or lack of progress toward goal achievement

2- Triage

3- Med administration by intravenous injection or drip

4- Administration of blood or blood products, chemotherapy, TPN, hypertonic solutions

or IV additives

5- Insertion of central IV catheters or NG/feeding tubes

6- Removal of ET tubes, chest tubes, JP drains, arterial or central catheters or

epidural catheters

7- Take verbal orders

FORMATTED BY: Martha Stadler, RN, Acute Care Mgr DATE: 08/13/06

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