

VERMONT STATE BOARD OF NURSING

THE ROLE OF THE NURSE IN DELEGATING NURSING INTERVENTIONS POSITION STATEMENT

Question: What is the role of the RN and LPN in delegating nursing interventions to licensed and unlicensed assistive personnel?

Definitions:

Delegation:

Allowing a delegatee to perform a specific nursing activity, skill, or procedure that is beyond the delegatee's traditional role and not routinely performed (NCSBN 2016)

Supervision:

The provision of guidance by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity. (Administrative Rules of the Vermont Board of Nursing, 1.4(k)(1) and (2))

Assistive Personnel:

Individuals who are trained to function in an assistive role to the RN or LPN in the provision of patient care activities as delegated by the licensed nurse. This term includes but is not limited to licensed nursing assistants and unlicensed personnel.

Background:

The RN and LPN delegate tasks based on the needs and condition of the patient, potential for harm, stability of the patient's condition, complexity of the task, predictability of the outcomes, and the abilities of the staff to whom the task is delegated. Although a variety of tasks and services may be performed by assistive personnel, the nurse may not delegate nursing judgment, including patient assessment, care planning, and evaluation of care.

The "Joint Statement on Delegation of the American Nurses Association and the National Council of State Boards of Nursing" provides guidance for the RN and LPN when making delegation decisions. The delegation process involves four steps: (1) decision-making, (2) communication, (3) surveillance and supervision, and (4) evaluation and feedback. Different nurses may carry out the various steps of this process when a task is delegated to an assistive person. For example, the nurse who evaluates the outcome may not be the nurse who initiated the delegation (NCSBN, 2005).

Position Statement which Reflects Nurse's Roles and Responsibilities:

Vermont RNs and LPNs have the authority to delegate nursing interventions that may be performed by others. (26 V.S.A., Chapter 28, §1572 (2)(G) and (3)(F)). Decision-making regarding the delegation of nursing care must be focused on the protection of the health, safety, and well-being of the patient/client.

Tasks delegated to assistive personnel are to be performed under specific circumstances and after proper assessment. These tasks are not transferable by assistive personnel to another care setting or for another patient without proper assessment and re-delegation by a qualified nurse.

The LPN may delegate specific tasks to LNAs, other LPNs, and unlicensed personnel only after the RN has assessed the client.

Responsibilities of the delegating nurse:

- Review the patient assessment and plan the delegation (see Decision Tree below)
- Communicate with the assistive person, confirming understanding of the task and verifying that the assistive person accepts the delegation
- Supervise the delegation by monitoring the performance of the task and assuring compliance with standards of practice, policies, and procedures
- Evaluate the effectiveness of the delegation and provide feedback as indicated.

Responsibilities of the assistive person:

- Ask questions and seek further education or clarification of expectations, as needed
- Accept the delegation, if able to safely and competently perform the task
- Perform the task as directed by the nurse, seeking supervision as needed
- Document the care provided

Responsibilities of the organization or employer:

- Provide policies and procedures to support the delegation process
- Assure adequate time for effective clinical training
- Maintain and assure access to documentation of assistive personnel competencies
- Provide resources needed to support safe delegation, including adequate staffing and appropriate skill mix.

Delegation in Special Situations

Delegation may take place in a setting in which nurses are not in a position to provide supervision and to intervene and take corrective action if needed. Examples include delegation to personnel in a group home, adult day care, or assisted living facility; or delegation to a medical assistant in a physician office or to non-nursing personnel in a school. The authority for the assistive personnel to perform a task may come from an individual who is not a nurse or from statutes or rules.

As an alternative to nursing delegation, the nurse's role may be limited to specific aspects of the delegation process, such as educating the assistive personnel on performing the task and validating competence on a single occasion or periodic basis.

When the nurse will not be able to complete all the steps of the delegation process, including ongoing supervision of the task and evaluation of the outcome, the nurse is advised to communicate with others involved in the patient's care in order to clarify the nurse's responsibilities. The nurse is advised to take reasonable action to assure patient safety in the absence of the nurse. For example, the nurse may provide written instructions for a situation when complications arise and a nurse is not available.

References/Citations:

American Nurses Association. (2012). Principles for Delegation by Registered Nurses to Unlicensed Assistive Personnel (UAP). Silver Spring, MD.

American Nurses Association & National Council of State Boards of Nursing. (2006). Joint Statement on Delegation. Retrieved on 5/24/2018 at https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf

National Council of State Boards of Nursing. (2016) National Guidelines for Nursing Delegation. Retrieved on 5/24/2018 at <https://www.ncsbn.org/1625.htm> .

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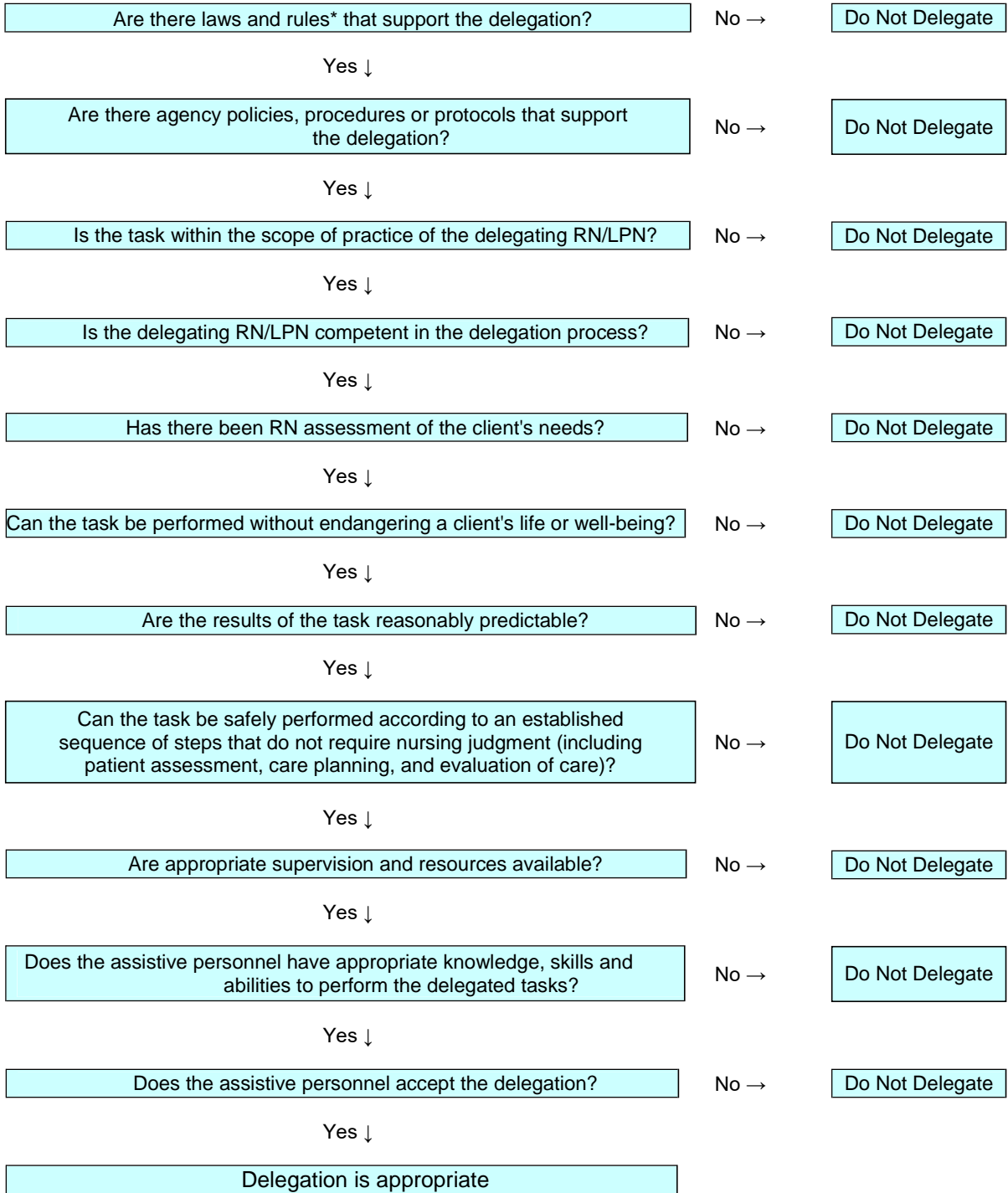
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This opinion is subject to change as changes in nursing practice occur.

Vermont Board of Nursing

Decision Tree for RN/LPN Delegation to Licensed and Unlicensed Assistive Personnel

(based on the National Council of State Boards of Nursing Decision Tree for Delegation to Nursing Assistive Personnel)



*Vermont statute: 26 V.S.A., Chapter 28, 1572 (2)(g) and (3)(F)