

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:

Assignment:

Routine care, activities, and procedures that are within the authorized scope of practice of the RN or LPN or part of the routine functions of the assistive personnel (NCSBN and ANA, 2019)

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 and ANA, 2019)

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. (NCSBN and ANA, 2019)

Background:

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)).

Position Statement which Reflects Nurse's Roles and Responsibilities:

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.

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.

Five Rights of Delegation (adapted from National Guidelines for Nursing Delegation, NCSBN and ANA, 2019)

Right task:

The activity falls within the delegatee's job description or is included as part of the established written policies and procedures of the nursing practice setting. The facility ensures that the policies and procedures describe the expectations and limits of the activity and provides any necessary competency training.

Right circumstance:

The health condition of the patient is stable. If the patient's condition changes, the delegatee communicates this to the licensed nurse, and the licensed nurse reassesses the situation and the appropriateness of the delegation.

Right person:

The licensed nurse, along with the employer and the delegatee, is responsible for ensuring that the delegatee possesses the appropriate skills and knowledge to perform the activity.

Right directions and communication:

Each delegation situation is specific to the patient, the licensed nurse, and the delegatee. The licensed nurse communicates specific instructions for the delegated activity to the delegatee; the delegatee, as part of two-way communication, asks any clarifying questions. This communication includes any data to be collected, the method for collecting the data, the time frame for reporting the results to the licensed nurse, and additional information pertinent to the situation. The delegatee understands the terms of the delegation and agrees to accept the delegated activity. The licensed nurse ensures that the delegatee understands that they cannot make any decisions or modifications in carrying out the activity without first consulting the licensed nurse.

Right supervision and evaluation:

The licensed nurse is responsible for monitoring the delegated activity, following up with the delegatee at the completion of the activity, and evaluating patient outcomes. The delegatee is responsible for communicating patient information to the licensed nurse during the delegation situation. The licensed nurse remains ready and available to intervene as necessary. The licensed nurse ensures that appropriate documentation of the activity is completed.

Guidelines for Delegation (adapted from National Guidelines for Nursing Delegation, NCSBN and ANA, 2019)**Responsibilities of the employer/nurse leader:**

1. The employer identifies a nurse leader responsible for oversight of delegated responsibilities for the facility.
2. The designated nurse leader responsible for delegation, ideally with a committee (consisting of other nurse leaders) formed for the purposes of addressing delegation, determines which nursing responsibilities may be delegated, to whom and under what circumstances.
3. Policies and procedures for delegation are developed and maintained.
4. The employer/nurse leader communicates information about delegation to the licensed nurses and assistive personnel and educates them about what responsibilities can be delegated.
5. All delegates demonstrate knowledge and competency on how to perform a delegated responsibility.
6. The nurse leader responsible for delegation, along with other nurse leaders and administrators within the facility, periodically evaluates the delegation process.
7. The employer/nurse leader promotes a positive culture and work environment for delegation.

Licensed Nurse Responsibilities:

1. The licensed nurse determines when and what to delegate based on the practice setting, the patients' needs and condition, the state/jurisdiction's provisions for delegation, and the employer policies and procedures regarding delegating a specific responsibility.
2. The licensed nurse communicates with the delegatee who will be assisting in providing patient care.
3. The licensed nurse remains available to the delegatee for guidance and questions, including assisting with the delegated responsibility, if necessary, or personally performing the task if the patient's condition or other circumstances warrant doing so.
4. The licensed nurse follows up with the delegatee and the patient after the delegated responsibility has been completed.
5. The licensed nurse provides feedback information about the delegation process and any issues regarding delegatee competence level to the nurse leader. Licensed nurses in the facility communicate, to the nurse leader responsible for delegation, any issues arising related to delegation and any individual that they identify as not being competent in a specific

responsibility or unable to use good judgment and decision making.

Delegatee Responsibilities:

1. The delegatee accepts only the delegated responsibilities that the delegatee is appropriately trained and educated to perform and feels comfortable doing, given the specific circumstances in the health care setting and patient's condition.
2. The delegatee maintains competency for the delegated responsibility.
3. The delegatee communicates with the licensed nurse in charge of the patient.
4. Once the delegatee verifies acceptance of the delegated responsibility, the delegatee is accountable for carrying out the delegated responsibility correctly and completing timely and accurate documentation per facility policy.

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:

National Council of State Boards of Nursing and American Nurses Association. (2019) National Guidelines for Nursing Delegation. Retrieved on 10/29/2019 at <https://www.ncsbn.org/1625.htm>.

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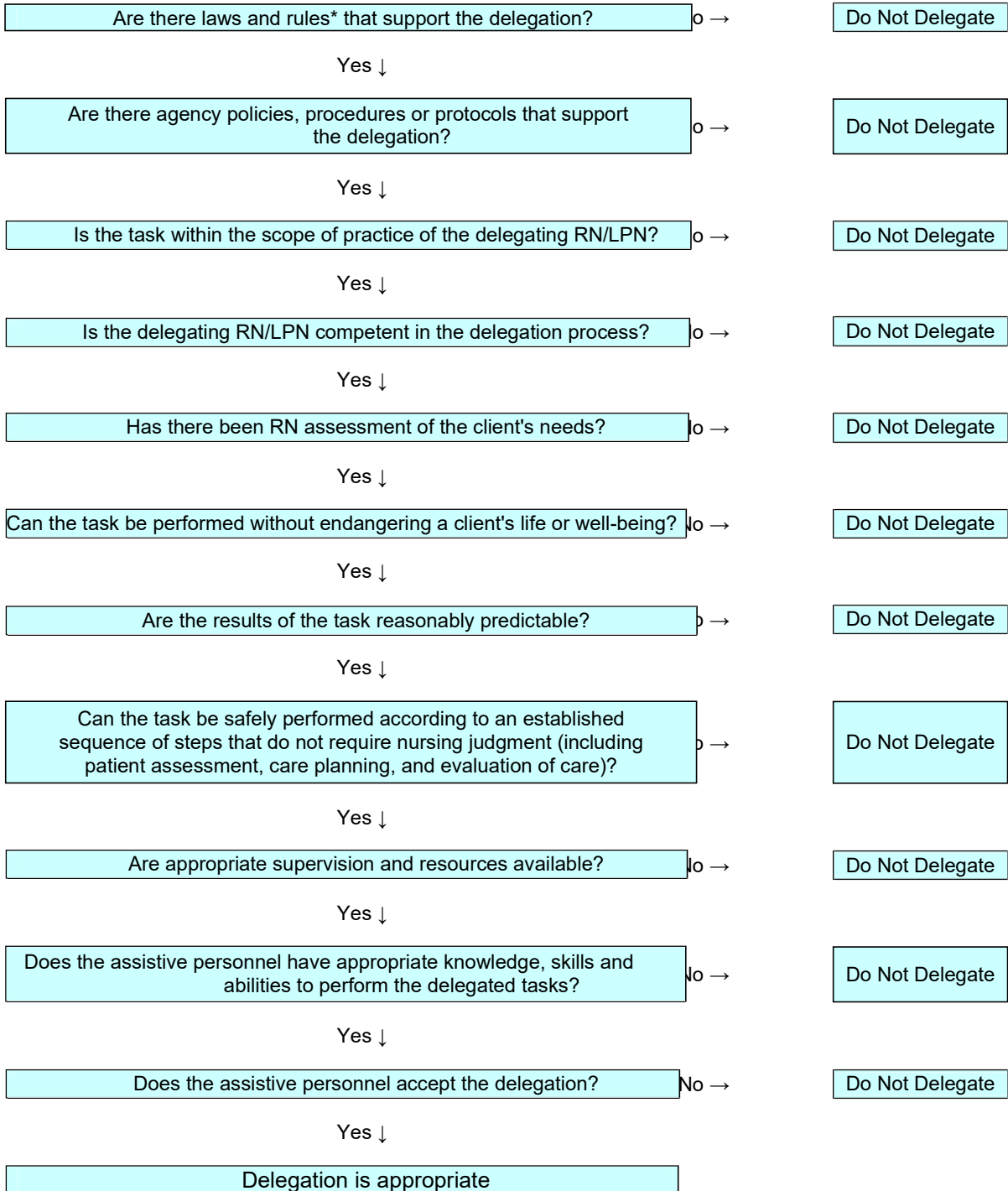
Reviewed (Date)

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)