

Louisiana State Board of Nursing

DECLARATORY STATEMENT ON THE DELEGATION OF NURSING FUNCTIONS IN HOME HEALTH

The Louisiana State Board of Nursing (LSBN) has received numerous calls and letters requesting guidance concerning the delegation of nursing tasks to both licensed practical nurses and unlicensed personnel in home health settings. L.S.B.N. has the legal responsibility to monitor any and all registered nursing activities. This responsibility and its attendant powers are delegated to the Board by the state legislature. Statutes which have been enacted by the legislature grant powers of the Board to regulate the practice of registered nursing. These statutes empower and mandate the Board to adopt administrative regulations. In the interest of public safety, the major charge of the LSBN is to regulate the practice of registered nurses, which includes the delegation of nursing functions to other nursing personnel.

With a significant amount of health care being provided outside the acute care facility, i.e. home health, the complexity of the services being provided requires a synthesis of knowledge based on education and experience in both nursing and community health in order to analyze situations and identify care in specific nursing situations. The nurse working in a community setting may not have the availability of other licensed persons to assess the client in his/her own environment, thus academic preparation which integrates knowledge, critical thinking, judgment, and skill is even more necessary to practice safe nursing.

It may be difficult to isolate nursing functions which may be delegated from those which may not be delegated. The Louisiana Administrative Code, specifically LAC 46:XLVII.3703.A.12, provides that "Delegation of nursing functions" means entrusting the performance of selected nursing tasks by the registered nurse to other competent nursing personnel in selected situations. **The registered nurse retains the accountability for the total nursing care of the individual.** (Emphasis added)

Appropriate supervision must be available, as well as the establishment of competence of the person to whom the function will be delegated and the appropriateness of the patient's situation, when any delegation takes place. In rendering opinions regarding specific situations, the Board places considerable emphasis on the supervisory and competence requirements.

The Nurse Practice Act, specifically LRS 37:913 (3), c, provides that the registered nurse may delegate selected nursing functions approved by the Board. The Act further assigns to the registered nurse the burden of providing the same quality of patient care as provided by the registered nurse. The administrative rules, LAC 46:XLVII.3703.A.12, address specific criteria which must be met in order for the registered nurse to delegate tasks/functions, delegating to licensed practical nurses and delegation to unlicensed persons. The rules state:

a. Any situation where tasks are delegated should meet the following criteria:

- i. The person has been adequately trained for the task.
- ii. The person has demonstrated that the task has been learned.
- iii. The person can perform the task safely in the given nursing situation.
- iv. The patient's status is safe for the person to carry out the task.
- v. Appropriate supervision is available during task implementation.
- vi. The task is in an established policy of the nursing practice setting and the policy is written, recorded and available to all.

b. The registered nurse may delegate to licensed practical nurses the major part of the nursing care needed by individuals in **stable** nursing situations, i.e., when the following three conditions prevail at the same time in a given situation: (emphasis added)

- i. nursing care ordered and directed by RN/MD requires abilities based on a relatively fixed and limited body of scientific fact and can be performed by following a defined nursing procedure with minimal alteration, and responses of the individual to the nursing care are predictable; and
- ii. change in the patient's clinical conditions is predictable; and
- iii. medical and nursing orders are not subject to continuous change or complex modification.

c. In complex (unstable situations, the registered nurse may utilize the expertise of the licensed practical nurse by delegating selected tasks.

d. Contingent upon the registered nurses' evaluation of each patient's condition, and also upon the registered nurses' evaluation of the competency of each unlicensed nursing personnel, registered nurses may delegate non-complex tasks to unlicensed nursing personnel.

i. A non-complex task is one that can safely be performed according to exact directions, with no need to alter the standard procedure, and the results are predictable.

ii. A complex task is one that requires judgment to safely alter the standard procedure in accordance with the needs of the patient; or requires the consideration of a number of factors in order to perform the procedure; or requires judgment to determine how to proceed from one step to the next.

iii. The administration of medications is a complex task because it requires the consideration of a number of factors and the formulation of judgments according to those factors.

An earlier rule, LAC 46:XLVII.4101-4111, addresses the delegation of the administration of IV medications and fluids. However, this earlier rule must be implemented in conjunction with the general rules on delegation. Section 4111 provides that the following IV functions may not be delegated in any circumstance:

1. Administration of investigational drugs.
2. Administration of cancer therapeutic drugs.
3. Administration of medications by IV push, other than those defined by health agency protocol for emergency situations.
4. Administration of blood and blood products.
5. Administration of hyperalimentation solutions.

Registered nurses must avoid delegating the practice pervasive functions of **the analysis phase of assessment, planning, evaluation, and nursing judgment**. Sometimes there is a differentiation made between the terms "delegation" and "assignment." Delegation involves giving to someone else a task from the delegator's practice. Assignment involves giving to someone else a task within his/her own practice.

The delegating registered nurse is accountable for assessing the situation and is responsible for the decision to delegate. Monitoring, outcome evaluation and follow-up are necessary supervisory activities that follow delegation. The delegator is accountable for the act delegated, and may incur liability if found to be negligent in the process of delegating and supervising.

The registered nurse should document the rationale for deciding that this task can be delegated to other nursing personnel in specific situations. Prior to delegation of a task, the registered nurse should verify that the following criteria are met:

1. The other nursing personnel have been taught the task of nursing care;
2. The other nursing personnel performing the task have been observed to ensure that said personnel perform the task safely and accurately;
3. Written instructions of performance of the task have been provided for the other nursing personnel to use as a reference;

4. The other nursing personnel have been instructed that the task being taught and delegated is specific to this client only and is not transferable to other clients or taught to other care providers; and

5. Document the following:

a. the rationale used to determine that the skill of the other nursing personnel will permit safe teaching and delegation of the specific task of nursing care based on the client's condition;

b. how the task was taught;

c. the teaching outcome;

d. the content and type of instructions left for the other nursing personnel;

e. evidence that the other nursing personnel understand the risks involved in performing the task and have a plan to effectively deal with any consequences of performing the task;

f. evidence that the other nursing personnel were instructed that the task is client specific and not transferable to other clients or providers;

g. how frequently the client should be reassessed by the registered nurse regarding continued delegation of the task to the other nursing personnel; and

h. how frequently the other nursing personnel should be supervised.

While employers and administrators may suggest which nursing acts may be delegated and to whom the delegation may be made, it is the registered nurse who ultimately decides and is accountable for deciding whether the delegation occurs. If the registered nurse decides that the delegation may not appropriately or safely take place, then said nurse should not engage in such delegation. In fact, if said nurse decides that delegation may not appropriately or safely take place, but nevertheless delegates, he/she is subject to disciplinary action by the Board of Nursing.

EXAMPLES OF NON-COMPLEX AND COMPLEX TASKS IN HOME HEALTH NURSING

Delegatable:

Registered Nurses may delegate to the Licensed Practical Nurse who has documented knowledge, skills, and abilities, the function of subcutaneous site care and rotation of the site utilizing a PCA narcotic pump. The site care and rotation of the site requires abilities based on a relatively fixed and limited body of scientific fact and can be performed by following a defined nursing procedure with minimal alteration and responses of the individual to the nursing care are predictable.

Non-delegatable:

A Registered Nurse may not delegate the initial setup, nor changing flow rates, no filling or changing medication reservoirs of a PCA narcotic pump in a home setting. Such action involves critical thinking and judgment to safely alter the standard of PCA administration in accordance with the needs of the patient, or to proceed from one step to the next, and requires the consideration of a number of factors in order to perform the procedure. Thus, this may not be delegated.

***Complex task in a complex (unstable) situations to Licensed Practical Nurses:**

Nasogastric feeding tube in home setting is a complex task in a complex (unstable) situation:

In complex (unstable) situations, the Registered Nurse may utilize the expertise of the LPN by delegating selected tasks. However, there are some tasks that Registered Nurses may not delegate depending on the situation. In a home care setting, for example, there is less availability of other licensed persons to assess the client in his/her own environment, and resources are not immediately or readily available. Such a situation would lack the required Registered Nurse supervision. Thus, the Registered Nurse may delegate some tasks in hospitals and may not delegate the same tasks in home health.

Although a Licensed Practical Nurse may have the technical expertise to insert a nasogastric tube, such procedure may require judgments regarding placement of the tube, determining that the Registered Nurse may need to come out to assess if placement is wrong and determining the need for radiographic exam. In addition, insertion of the nasogastric tube requires consideration of a number of factors in order to perform the procedure. Such factors, for example, may include assessing if food had been recently eaten, or if respiratory distress exists. Thus critical thinking and judgment would be required to determine how to proceed to the next step, so the task may not be delegated.

*Because it is a complex task, it cannot be delegated to unlicensed nursing personnel.

Delegation of a non-complex task to a home health aide :

Example: Obtaining a urine specimen from a port of an indwelling urinary catheter may be considered a non-complex task, and as so, may be delegated by a registered nurse to a home health aide provided that the Registered Nurse deems the situation and circumstances to be stable and predictable. In most situations, obtaining a urine specimen can safely be performed according to exact directions, with no need to alter the standard procedure, and the results are predictable. So, in such cases, the Registered Nurse may delegate obtaining a urine specimen.

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