

Delegation by Licensed Nurses in New Hampshire

An Online Program

Pamela Laflamme, RN BS

About this Activity

The New Hampshire Nurses Association presents this activity in an effort to review the authority granted to licensed nurses in New Hampshire by the NH Nurse Practice Act related to the delegation of client-care tasks/activities.

This continuing nursing education activity was approved for by ANA-Maine, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. A certificate awarding 1 contact hour will be mailed to participants who:

- Read the entire article
- Complete the Evaluation Form and Post-Test
- Mail the evaluation/answer sheet and fee I (*free for members/\$12.00 for non-members*) to:

NHNA
210 N. State St. Suite 1-A
Concord, NH 03310

Participants who achieve a minimum score of 70% will receive a certificate for 1 contact hour. If a passing score is not achieved, participants may retake the test at no additional charge.

Delegation by Licensed Nurses in New Hampshire – Course Outline

By: Pamela Laflamme, RN BS

- I. About This Activity**
- II. Goals and Objectives**
- III. Introduction**
- IV. Regulation of Nursing Practice and Delegation in New Hampshire**
- V. Definition of Delegation**
 - a. National Council of State Boards of Nursing (NCSBON)**
 - b. New Hampshire Board of Nursing (NHBON)**
- VI. Scope of Practice**
 - a. Registered Nurse (RN)**
 - b. Licensed Practical Nurse (LPN)**
 - c. Licensed Nursing Assistant (LNA)**
- VII. Licenses Granted the Authority to Delegate in NH**
- VIII. Considerations Prior to Delegating Tasks**
- IX. Rescinding Delegation**
- X. Delegation of tasks to LPNs**
- XI. Delegation of tasks to LNAs**
 - a. LNA**
 - b. MNA**
- XII. Delegation of tasks to Paid Feeding Assistant**
- XIII. Principles of Delegation for the Licensed Nurse**
 - a. Delegation Decision-Making Process**
 - b. The Delegation Tree (NSCBON & Ohio Nurses Association)**

XIV. Tasks that Cannot be Delegated

XV. Discipline for Delegation

XVI. Summary

XVII. Bibliography

XVIII. Post-Test and Evaluation

About this Activity

The New Hampshire Nurses Association presents this activity in an effort to review the authority granted to licensed nurses in New Hampshire by the NH Nurse Practice Act related to the delegation of client-care tasks/activities.

This continuing nursing education activity was approved for by ANA-Maine, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. A certificate awarding 1 contact hour will be mailed to participants who:

- Read the entire article
- Complete the Evaluation Form and Post-Test
- Mail the evaluation/answer sheet and fee I (*free for members/\$10.00 for non-members*) to:

NHNA
210 N. State St. Suite 1-A
Concord, NH 03310

Participants who achieve a minimum score of 70% will receive a certificate for 1 contact hour. If a passing score is not achieved, participants may retake the test at no additional charge.

Delegation by Licensed Nurses in New Hampshire

Online Program Goals & Objectives

Goal:

The goal of this program is to provide licensed nurses with an understanding of the Law and Administrative Rules in the New Hampshire Nurse Practice Act which outline appropriate delegation and supervision of client care tasks by licensed nurses.

Objectives:

After completing this self-study, the learner will be able to:

1. Identify and locate the legal delegation parameters in the New Hampshire Nurse Practice Act ([RSA 326-B; Nur 100-800](#)).
2. Describe the decision making process for determining client care tasks appropriate for delegation.
3. State the principles underlying effective delegation, including the *Five Rights of Delegation*.

Introduction

As healthcare costs continue to rise and resources throughout the healthcare continuum become increasingly strained, nurses are finding it necessary to revisit the topic of delegation in order to provide clients with the high quality of care that the public has come to rely on from the nursing profession. In today's challenging healthcare environment, nurses are expected to more with less. The looming nursing shortage along with the increasing pressure for cost control has resulted in a change in the skill mix of licensed nurses and assistive personnel in many areas of the country. The nursing literature warns that this trend is likely to continue for the foreseeable future.

Licensed nursing assistants and nurses aides have historically been important members of the healthcare team by providing direct and indirect client-care tasks and activities as delegated by the licensed nurse. However, it must be stressed that it is the licensed nurse who is ultimately held accountable for the tasks he/she delegates to any of the lesser trained members of the healthcare team. Daily, nurses are faced with the responsibility to not only determine which tasks should be delegated, but also to whom the nurse should delegate. Effective delegation is a skill that is vital for licensed nurses to master. The following presentation will provide licensed nurses in New Hampshire with the guidelines for delegation as forth by the New Hampshire Nurse Practice Act when making the decision to delegate direct or indirect client care tasks.

Regulations of Nursing Practice and Delegation

In New Hampshire, legal authority for nursing practice is regulated by the Board of Nursing. The purpose of the [New Hampshire Board of Nursing](#) (NHBON) is to:

...safeguard life, health, and the public welfare of the people of this state and in order to protect the people of the State of NH from unauthorized, unqualified, and improper application of services by individuals in the proactive of nursing...the practice of nursing shall be regulated through the New Hampshire Board of Nursing, and said board shall have the power to enforce the provisions of this chapter...(NH Law Chapter 326-B: 1 I)

Nursing is a dynamic discipline and its practice is continually evolving to include more sophisticated patient care activities. The purpose of this chapter ([RSA 325-B](#)) is to provide clear legal authority for functions and procedures that have common acceptance and usage and to recognize the overlapping functions between registered nurses and other licensed health care providers in the delivery of health care services. ([NH Law Chapter 326-B:III.](#))

The two documents which govern nursing practice in New Hampshire (NH) are the [Nurse Practice Act](#) (NPA), and the [Administrative Rules, Nur 100-800](#) (also known as Chapters 100-800), are more specific in outlining how the law is implemented. The chapters specifically detail how the [NHBON](#) functions and how nursing practice is regulated. Changes to any part of the [NPA](#) or [Administrative Rule](#), usually upon the recommendation of the [Board of Nursing](#), must be voted on and approved the NH State Legislature, signed into law by the Governor, and approved by the Executive Committee.

Delegation practices are defined within each state by its Board of Nursing (BON). As the [NPA](#) and rules governing nursing practice vary from state to state, delegation rules also vary between states. It is within the [NPA](#) and the Administrative rules that delegation guidelines are defined. Nurses are granted the legal authority for delegation by virtue of holding a license to practice nursing. For licensed nurses in NH, regulations pertaining to the delegations of client care tasks are found within [RSA 326-B](#) and [Nur 100-800](#). The “Delegation of Authority to Perform Tasks of Client Care” is specifically outlined in [Nur 400, PART Nur 404](#). When practicing nursing in NH, it is the responsibility of each nurse to know the governing laws and rules of the [NH NPA](#). The [NH NPA](#) and [Rules](#) can be accessed online at www.state.nh.us/nursing or by contacting the NH BON Office at (603) 271-2323. The NHBON mailing address is 21 Fruit Street, Suite 16 Concord, NH 03301-2431.

Definition of Delegation

The National Council of State Boards of Nursing [NCSBN](#) (1995) defines delegation as

- Transferring to a competent individual the authority to perform as selected nursing task in a selected situation. The nurse retains accountability for the delegation (p. 2).

The [American Nurses Association](#) Position Statement, (1992), *RN utilization of the UAP* (Unlicensed Assistive Personnel), defines the delegation as the “the transfer of responsibility for the performance of an activity from one person to another while retaining accountability for the outcomes” (p. 4). The [ANA](#) (1992) further suggests that the client care tasks may be categorized as direct or indirect care. Direct client care tasks delegated by the registered nurse are those tasks that “assist the patient/client in meeting basic human needs. This includes activities related to feeding, drinking, positioning, ambulating, grooming, toileting, dressing and socializing and may involve the collecting, reporting and documentation of data related to these activities” (ANA 1992). Indirect client care tasks “focus on maintaining the environment and the systems in which nursing care is delivered and only incidentally involve direct patient contact” (p.4).

The NHBON defines delegation as “the transfer, at the discretion of the nurse, of authority for the performance of a task of client care from the licensed nurse with the authority to perform the task to someone who does not otherwise have such authority” ([Nur 401.01\(f\)](#)).

The nurse must consider several factors when making the decision to delegate as client care task. First and foremost, it is imperative the nurse understand the difference between the scope of practice of a [Registered Nurse](#) (RN), a [Licensed Practical Nurse](#) (LPN), and a [Licensed Nursing Assistant](#) (LNA) in NH. This allows the nurse to determine who has the authority to delegate direct or indirect client-care tasks, as well as to who tasks may be delegated.

Scope of Practice

Scope of Practice is outlined by the laws and rules of the state [NPA](#) and is based on the educational training program as approved by the [NHBON](#). The licensing requirements to obtain a

license to practice nursing in the state of NH is described in [Nur 300](#) of the Rules. Additional activities may be added to the scope of practice based on specific BON approval and as outline in [Nur 305.01](#) and [Nur 404](#). The scope of practice for the RN, LPN and LNA are identified as follows in [RSA 326-B: 2 XII-XVIII](#):

1. “A *registered nurse or RN* means a person who holds a current license under this chapter to practice registered nursing... (p.1).
2. “*Registered nursing* means the application of nursing knowledge, judgment and skill drawn from broad in-depth education in the biological, psychological, social and physical sciences in assessing, diagnosing, planning, implementing and evaluating care which promotes optimum health, wellness, and independence of the individual, family and/or community. (p.1)
3. *Licensed practical nurse or LPN* means a person who holds a current license under this chapter to practice practical nursing...(p. 2)
4. “*Licensed practical nursing* means a scope of practice, directed by a registered nurse, advanced registered nurse practitioner, dentist, or physician, by an LPN who is prepared to function as a member of the health care team by exercising sound nursing judgment based on preparation, knowledge, skills, understanding and past nursing experience. Practical nursing by an LPN contributes to the assessment, planning, implementation and evaluation of patient care. Practical nursing includes delegation of nursing tasks that may be performed by others and which do not conflict with this chapter. (p. 2)
5. *Assistant to nurses or licensed nursing assistants* means a person who is authorized to provide care under the direction of a registered nurse or licensed practical nurse as defined by the board of nursing. (p. 2)”

Licenses with Authority to Delegate in NH

[Nur 404.03](#) designates the following licensees in possession of a current license to practice nursing, the authority to delegate tasks of client care:

1. RNs and advanced registered nurses (ARNP) when practicing registered nursing
2. LPNs when practicing practical nursing under the direction of an ARNP, RN, DENTIST OR PHYSICIAN. ([Nur 404.03 se also Nur 401.01\(j\)](#)).

It is important to note that Licensed Nursing Assistants shall not delegate tasks of client care ([Nur 404.03 \(b\) pl 2](#)).

Considerations Prior to Delegating Tasks of Client Care

Before delegating a task of client care, the delegating licensed nurse must take into consideration the following ([Nur 404](#)):

1. The intended delegate's competency to perform a specific task. "Competency" is defined in [Nur 401.01\(b\)](#) as "having the integration of knowledge, judgment and skills necessary to provide safe nursing care or to safely perform nursing related activities." If the person to whom the nurse intends to delegate has not demonstrated competency in the specific task, the task should not be delegated.
2. The client's stability. If the client's condition is unstable, requires ongoing nursing judgment, or the client's needs change, the client care task should not be delegated.
3. Supervision. Supervision must be provided by the delegating nurse. Supervision may be continuous or intermittent. The degree of supervision required is based on the complexity of the task, the condition of the client, the environment in which the task is to be performed. Further, "a delegating licensee shall reevaluate the nature of the supervision as often as the condition of the client changes" ([Nur 404.06 \(f\)](#)).
4. Employer policies and standard related to delegation. First and foremost, employees must follow the delegation rules as set by the NPA when determining which client-care tasks are appropriate for delegation. Employees are also obligated to follow the policies and

procedures as outlined by their employer regarding the performance or delegation of any client-care tasks.

It should be noted that nursing personnel may not carry out any nursing care task that is outside their scope of practice as outlined in the NPA, even if a task has been determined to be a “nursing function” by the employer. Although it is more common for employers to write policies allowing nurses to perform nursing activities/tasks to a lower degree than what the NPA allows, nurses must guard against policies and standards granting employees the ability to carry out nursing activities/tasks not in compliance or approved for by the state’s NPA. According to the [National Council of State Boards of Nursing](#) (NCSBON) (1997), “employer policies and standards should not be in conflict with the NPA and nursing rules/ regulations and other relevant statutes, e.g., OSHA, labor laws, patient rights, etc.”

Rescinding Delegation

For patient/client safety and well-being, there are circumstances in which the delegating nurse is required to rescind the delegation of the client-care task ([Nur 404.06](#)). If the delegate is unwilling or incompetent to perform the delegated task, it is the obligation of the nurse to rescind the delegation. In addition, if an evaluation by the RN shows that “the client’s condition has changed in a way that renders the delegation no longer safe or appropriate,” the delegated task should be rescinded. Other reasons to rescind a delegated task includes client objection and/or if the “delegating licensee is not longer able to supervise the performance of the task.” The rescission of the task must be clearly communicated to the delegate.

Delegation of Tasks to LPNs

The [scope of practice of an LPN](#) licensed in New Hampshire is determined by the NHBON and [RSA 326-B](#).

In NH, the scope of LPN practice includes:

1. The LPN is directed by a registered nurse, advanced registered nurse practitioner, dentist or physician.
2. Assessment: the LPN contributes to the assessment, planning and implementation and evaluation of patient care.
3. Intravenous Administration: LPNs who have successfully completed the curriculum of a Board approved LPN Intravenous Therapy Course may administer IV solutions as directed in [Nur 604](#).

Tasks can be delegated to an LPN provided the following conditions are met:

1. The task has been properly delegated to the LPN by the supervising licensed nurse, physician or dentist ([Nur 404](#)).
2. Additional training and competency in the task to be delegated if needed ([Nur305.01](#))
3. The task has not been made exempt from LPN practice by a prior Board of Nursing ruling and as described in the Administrative Rules; and
4. The facility policy and procedure allows this function (NHBON, Board Meeting, 12/10/02).

LPNs who have completed a BON approved IV Therapy course, may be delegated IV therapy tasks. Course content for an approved LPN IV Therapy course is found in NUR [604.07](#). The

Board of Nursing has provided the following guidelines:

* LPNs who have completed IV Therapy Courses in a state other than New Hampshire and wish to be certified in IV Therapy in New Hampshire must have one of the [LPN IV Therapy Coordinators](#) review the curriculum they completed and compare that curriculum with the NH requirements.

<p>A LPN who has completed an approved LPN IV Therapy Program MAY for clients over a weight of 32 kg.:</p>	<p>Except that a LPN MAY NOT for clients of any age:</p>
<ul style="list-style-type: none"> • Utilize veins to initiate intravenous therapy or withdraw blood using an angiocatheter, butterfly, or vacutainer needle 	<ul style="list-style-type: none"> • Start any central venous line including PICC lines without competencies and supporting facility/agency policies and procedures

	<ul style="list-style-type: none"> • Draw blood from an arterial line
<ul style="list-style-type: none"> • Utilize veins to initiate and replace intravenous fluids of normal saline, normosal, dextrose and water, and ringers lactate 	<ul style="list-style-type: none"> • Administer blood or blood products • Administer colloid solutions (e.g., hyperalimentation, lipids)
<ul style="list-style-type: none"> • Monitor and regulate the prescribed flow rate of solutions noted above 	<ul style="list-style-type: none"> • Monitor and regulate central venous line flow rates, pressure readings without competencies and supporting facility/agency policies and procedures •
<ul style="list-style-type: none"> • Maintain the intravenous site 	
<ul style="list-style-type: none"> • Add medications, vitamins, minerals, and electrolytes to intravenous fluids previously premixed by a registered pharmacists or the pharmaceutical manufacturer. 	<ul style="list-style-type: none"> • Administer fluids used in research or oncology therapy • Administer colloid solutions such as hyperalimentation solutions and lipids
<ul style="list-style-type: none"> • Flush intermittent devices with physiological saline or a heparin solution 	<ul style="list-style-type: none"> • Use flushing devices designed to maintain central venous and arterial catheter patency without competencies and supporting facility/agency policies and procedures
<ul style="list-style-type: none"> • Administer medications by IV push or intermittent infusion via IV lines 	<ul style="list-style-type: none"> • Administer medications through central lines competencies and supporting facility/agency policies and procedures

(*From [NH BON](#) Website-accessed 08/07).

Delegation of Tasks to LNAs

LNA

The [LNA Scope of Practice](#) is based on activities taught during the initial LNA educational program. Additional activities may be added based on specific NH BON approval and in accordance with [NUR 305.01](#) and [Nur 404](#) (NH BON, 2003). Topics included in an educational program include:

- Personal hygiene activities: bathing, grooming, dressing
- Ambulation and movement – including range of motion, turning, positioning, transferring

- Nutrition and elimination- including feeding and hydration, toileting, bowel/bladder training
- Environmental and personal safety needs – including housekeeping concerns, adaptive devices, special clothing
- Emotional support – including appropriate resources and techniques used with the cognitively impaired, the elderly and patients with dementia, emphasizing the preservation of dignity
- Respecting privacy and providing comfort, rest, physical activities and occupational skills
- Appropriate response to emergency situations
- Communication and documentation of clients' health, safety, welfare , and physical and mental conditions

LNAs must work under the supervision (direct or indirect) of a licensed nurse.

On a regular basis the NHBON is requested to clarify whether or not specific client-care tasks are allowed under the scope of practice of the LNA. The role of the LNA with respect to the following client-care tasks has been considered in the past by the NHBON. The NHBON has published their rulings on:

- straight urinary catheters
- feeding tubes
- phlebotomy
- oximetry
- spirometry
- oral suctioning

- oxygen
- chest PT
- peripheral vein IV removal
- colostomy irrigations
- blood glucose monitoring
- medication reminders for clients and transcribing orders
- LNA scope of practice per the new Assisted Living Rules [HeP 805](#)

Their rulings on these tasks can be found in the twice yearly publication, “New Hampshire Board of Nursing Newsletter” or at the NHBON’s online “[Clinical Practice Advisories](#)” site. All nursing personnel, licensed and non-licensed, are expected to abide by, and are held accountable to, these rulings.

[Medication Nursing Assistant](#) (MNA)

A [Medication Nursing Assistant](#) (MNA) is an LNA with a NH Board issued MNA Certificate which allows for the administration of medications under the supervision of an RN/LPN to “stable” clients. The MNA role, while not appropriating in the acute care setting, was developed in order to provide “safe medication administration to stable clients living in facilities and in the community”

[\(NHBON, MNA Scope of Practice 2003\)](#)

There are strict criteria in order to qualify as a student in a NHBON approved medication administration program. The LNA must hold a valid and unrestricted LNA license, and be proficient in English and basic math. The employment criteria and additional information describing the qualifications to be accepted in a Board approved medication administration can be found online at

<http://www.nh.gov/nursing/practice/MedicationNursingAssistantsMNA.htm>

RNs and LPNs may delegate the administration of medications to the MNA provided the client's "health status is under control and raises no expectations that the client's symptoms, vital signs or reactions to medications will suddenly change and there are predictable outcomes to care" (Nur 401.01). The circumstances that permit the licensed nurse to delegate a task of medication administration to a MNA include:

- (a) The task has been delegated to the licensed nursing assistant by a licensed nurse in accordance with the provisions of [Nur 404](#); and
- (b) The delegation is not prohibited by [Nur 405.02](#)

In addition to determining when the delegation of medication administration tasks are appropriate, it is essential for the licensed nurse to understand the circumstances which prohibit the nurse from delegating tasks involving administration of medications. Delegating medication administration to a MNA is prohibited when:

- (a) The task requires the determination of the client's need for the medication, the calculation of the dosage of the medication or the conversion of dosage;
- (b) The delegating nurse is unavailable to monitor the progress of the client and the effect of medication on the client; or
- (c) The client is not stable or has changing nursing needs (Nur 405.02)

Delegation of Tasks to [Paid Feeding Assistants](#)

In long-term care facilities, NH RNs and LPNs may delegate the task of assisting residents with feeding to [Paid Feeding Assistants](#). The role of the Paid Feeding Assistant was developed to "provide more residents with help in eating and drinking and reduce the incidence of unplanned weight loss and dehydration" ([NHBON Paid Feeding Assistants](#), 2006). A Paid Feeding Assistant is a person who has

successfully completed an eight-hour [NHBON](#) approving training course that provides training in the following areas:

- Infection Control
- Feeding techniques
- Assistance with feeding and hydration
- Resident Rights
- Communication and interpersonal skills
- Response to resident behavior
- Recognizing and reporting resident changes
- Safety and emergency procedures

Feeding Assistant courses are provided by long-term care facilities following the [NHBON](#)'s approval of the facility's training curriculum. The RN or LPN delegating this task to a Paid Feeding Assistant must ensure that the selection of appropriate clients is based upon the resident's plan of care and if, in the professional judgment of the RN or LPN, the resident is "stable" and has no "complicated feeding problems." Stable is defined in [Nur 401.01](#) as a "client whose health status is under control and raises no expectation that the client's symptoms, vital signs or reactions to medications will suddenly change and there are predictable outcomes to care." It is the responsibility of the RN or LPN to determine which clients are "stable" when delegating feeding tasks to an MNA. More information regarding Paid Feeding Assistants may be obtained at <http://www.nh.gov/nursing/practice/PaidFeedingAssistants.htm>.

Principles of Delegation for the Licensed Nurse

Because the nursing profession is dynamic and nursing practice is continually evolving, it is impossible for the NHBON to keep an accurate and updated list of specific client care tasks which

are appropriate or inappropriate for delegation. All those working in the health care field are obliged to understand not only their own scope of practice, but the scope of practice for those to whom they will be delegating tasks of direct or indirect client care.

The professional nursing literature includes a great deal of information on the topic of delegation. [The American Association of Critical Care Nurses](#) (AACN), only one of a number of excellent resources available has published a handbook entitled [AACN Delegation Handbook, 2nd Edition](#) which provides readers with some guidelines to assist the licensed nurse in determining those client care tasks which are appropriate for delegation (2004).

The National Council of States Board of Nursing (NCSBN) has published a series of informative documents on the subject of delegation and can be accessed at <https://www.ncsbn.org/316.htm> . *Concepts and Decision-Making Process National Council Position Paper, 1995* outlines a decision making process that will assist the nurse to provide clients with quality of care across the health-care setting (NCSBN, 1995). In 2005 both the [NCSBN](#) and the [American Nurses Association](#) (ANA) adopted papers on the subject of delegation. Although each paper uses different terminology when discussing delegation, both organizations acknowledge that delegation “is an essential nursing skill” (NCSBN, 2006). In September 2006 the ANA and the NCSBN issued a [Joint Statement on Delegation](#) “developed to support the practicing nurse in using delegation safely and effectively” (NCSBN, 2006).

The Decision-Making Process

In delegating, the nurse must ensure appropriate assessment, planning, implementation and evaluation. The delegating decision-making process is continuous and includes the following steps:

Step I. Delegation Criteria:

1. Does the Nurse Practice Act permit delegation in this situation?
2. Is the nurse authorized to delegate in this situation?

Step II. Licensed nurse qualification:

1. Does the nurse delegating the task have the appropriate education, skills and experience to delegate in this situation?
2. Does the nurse feel comfortable delegating in this situation?

Step III. Delegate qualifications

1. Does the delegate have the appropriate education, training, skills and experience in this situation?
2. Has the delegate demonstrated or has documented evidence of current competency in this situation?

Provided that the aforementioned criteria/qualifications are affirmative, the licensed nurse may enter the continuous process of delegation decision-making.

Step IV. Licensed nurse assessment of the situation

1. Identify the needs of the patient, consulting the plan of care
2. Consider the circumstances/setting
3. Assure the availability of adequate resources, including supervision
4. Will patient safety be maintained if the task is delegated?

Step V. Licensed nurse must plan for the specific task(s) to be delegated.

1. What is the nature of the task and the knowledge and skills required to perform it?

2. What is the required documentation or demonstration of current competence by the delegate for the task?
3. What are the implications for the patient, other clients, and significant others if this task is delegated?

Step VI. Licensed nurse assures accountability.

1. Does the licensed nurse accept accountability for performance of the task(s)?
2. Verify that the delegate accepts the delegation and the accountability for carrying out the task correctly.

Step VII. Licensed nurse supervises performance of the task.

1. Has the licensed nurse provided directions and a clear expectation of how the task(s) are to be performed?
2. Will the licensed nurse be able to monitor performance of the task(s) to assure compliance to established standards of practice, policies and procedures?
3. Will the licensed nurse be able to intervene if necessary?
4. Will the licensed nurse be able to ensure appropriate documentation of the task(s)?

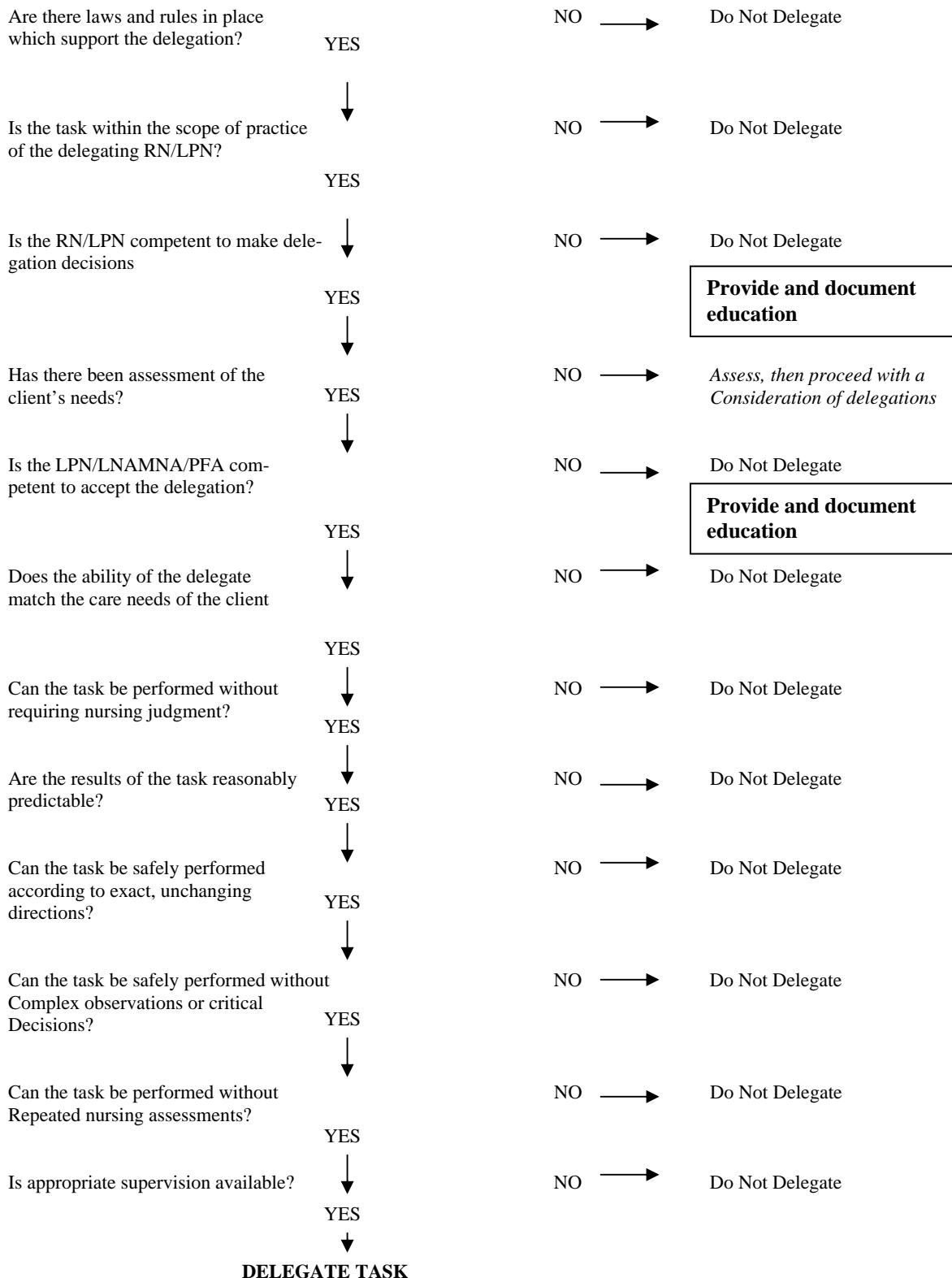
Step VIII. Evaluate the entire delegation process.

1. Will the licensed nurse be able to evaluate the patient?
2. Will the licensed nurse be able to evaluate the performance of the task(s)?
3. Can the licensed nurse provide feedback to the delegate?

Step IX. Reassess and adjust the overall plan of care as needed.

Delegation Decision-Making Tree

****Adapted from the Delegation Decision Tree developed by the Ohio Board of Nursing and the National Council of State Boards of Nursing, 1997**

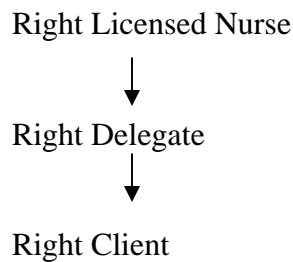


The Five Rights of Delegation

[The Five Rights of Delegation](#) provides a mental checklist to assist licensed nurses delegation decision making process (NCSBN, 1995).

Right Task

- The right task is one that is delegable for a specific patient.
- **Right Circumstances**
 - The right circumstances are appropriate patient setting, available resources, and any other relevant factors considered about the environment.
- **Right Person**
 - The right person is the person legally able to delegate the right task to a person that can accept delegation to be performed on the client who is stable and does not require additional nursing expertise.



- **Right Direction/Communication**
 - The right direction is a clear, concise description of the task, including its objective, limits and expectations
 - The delegate must be encouraged to ask questions or clarify any directions given
- **Right Supervision**

- The right supervision includes appropriate monitoring, evaluation, and intervention as needed.
- Provide feedback.

Making Appropriate Delegation Decisions

Experts have suggested that the steps in the nursing process – assessment, planning, implementation and evaluation – are the procedural steps that support delegation.

Assessment

In the assessment phase, the licensed nurse must:

- Assess the patient's condition
- Assess the required client care tasks
- Assess the degree of competency of the delegate in relation to the task(s) to be delegated.

Planning

In the planning stage, the licensed nurse must determine the tasks that are appropriate for delegation, and how, when and to whom best to delegate them using the available resources.

Implementation

Effective communication is most important during the implementation stage. The licensed nurse must be clear and comprehensive when providing direction to the delegate. The delegate must be encouraged to ask questions and clarify any direction that is not understood. The licensed nurse must

assure that the delegate possesses the required experience, skill level and competency to perform the task before delegating the task, as the nurse remains accountable for the well-being of the client.

Evaluate

During the evaluation stage, the licensed nurse must evaluate the degree to which the delegate was successful in carrying out the task, as well as the patient outcome that resulted from performance of the task. To determine the degree of supervision that may be required of the licensed nurse, the following must be evaluated:

- The task
- The delegate
- The client for whom the task is being carried out

It is important for the licensed nurse to provide feedback to the delegate, be it positive or constructive, depending on the outcome. The nurse should provide intermittent evaluation of the work and determine the amount of supervision (direct vs. indirect) based on the evaluation and provide opportunities for one-on-one reviews with staff as needed.

What CANNOT be Delegated

The process for determining client-care tasks **inappropriate** for delegation is the same process that is used in the decision-making process. The ANA's Position Statement: Registered Nurse Utilization of Unlicensed Assistive Personnel (1997) provides nurses with additional guidance to determine appropriate and inappropriate delegation tasks by stating:

In delegating, it is the RN who uses professional judgment to determine the appropriate activities to delegate. The determination is based on the concept of protection of the public and

includes consideration of the needs of the clients, the education and training of the nursing and assistive staff, the extent of supervision required, and the staff workload. **Any nursing intervention that requires independent, specialized, nursing knowledge, skill or judgment cannot be delegated (p. 2).**

The ANA's Code for Nurses (2002) states:

...nurses have a professional responsibility to the public and the profession at large to ensure safe and competent care is provided to the clients entrusted to them, that the standards of the profession are maintained and that the essential element of professional nursing are not delegated to others.

Nurses may not delegate responsibilities such as assessment and evaluation. Nurses may delegate **tasks**. It is vital, however, that licensed nurses refer to the NHNPA for legal guidance to determine the activities appropriate for delegation in NH.

Liability for delegated duties (legal accountability)

When delegating, accountability means bearing responsibility. The nurse is responsible for both the action and inaction of the delegate (Fisher, 1999). Licensed nurses are accountable for the decision to delegate a task. Although the licensed nurse is accountable for the client care tasks delegated, there are legal implications for delegates as well. Delegates are accountable to practice within the confines of the scope of their practice in relation to the license or certificate they hold (e.g. LPN, LNA, MNA, etc.). Delegates have a duty to clearly communicate to the nurse any task they believe is out of their scope of practice. If a task is within the delegate's scope of practice but has not been mastered, the delegate has the responsibility to communicate their lack of experience, skill and/or competency. The delegate must not accept the delegation of that particular task until such time as she/he has been trained and is able to

demonstrate competency. Should either the delegating licensed nurse or the delegate is unable to determine from the [NPA](#) if the task or activity is within the scope of practice, they should notify their employer and can seek clarification by contacting the [NHBON](#).

Clarifications of practice scope are regularly posted by the [NHBON](#) as “[Clinical Practice Advisories](#)” on their website. These advisories address specific scope of practice questions posed to the board. Recent [Clinical Practice Advisories](#) can be found at <http://www.nh.gov/nursing/practice/index.html> . In addition, the NHBON website has posed archived issues of their newsletters dating back to 1999 on their website at <http://www.nh.gov/nursing/general/ArcivedNewsletters>. Each newsletter contains a section which clarifies specific scope of practice questions posed to the board. Archived issues prior to 1999 are on file in the board office.

Discipline for Delegation

Legal authority of the person delegating to the delegate is provided in [Nur 326-B:33](#) New Hampshire Statutes - Table of Contents:

- I. A nurse licensed under this chapter who delegates a specific nursing activity or task in compliance with the rules adopted pursuant to [RSA 326-B:4-a, XVII](#) shall not be subject to disciplinary action by the board of nursing for the performance of a person to whom the nursing activity or task is delegated (p. 1).

- II. Caregivers who properly follow delegation orders that are made in compliance with the rules adopted pursuant to [RSA 326-B:4-a, XVII](#) shall not be subject to disciplinary action by the board of nursing for the performance of their delegated duties (p. 1).

III. No person may coerce a licensed nurse into compromising patient safety by requiring the licensed nurse to delegate if the licensed nurse determines that it is inappropriate to do so. Licensed nurses shall not be subject to disciplinary action by the board of nursing for refusing to delegate nursing activities or tasks or refusing to provide the required training for delegation if the nurse determines that delegation may compromise patient safety (p. 1).

Summary

To provide clients with a high level of quality care, it is appropriate and cost effective for licensed nurses to delegate appropriate client care tasks. The challenge however is determining which client care tasks are appropriate to delegate. It is the responsibility of each nurse to clearly understand the scope of practice of each member of the healthcare team, both licensed and unlicensed personnel, and to accurately determine those client care tasks appropriate for delegation. By becoming knowledgeable about the [Nurse Practice Act](#), the licensed nurse is able to determine the extent of authority and responsibility that come with the act of delegation.

BIBLIOGRAPHY

- American Association of Critical Care Nurses (2004). AACN Delegation handbook, 2nd edition. Snyder, D. et al editors. Aliso Viejo, CA.
- American Nurses Association (1997). American Nurses Association position statement on registered nurse utilization of UAP. Washington, DC: Available at: <http://www.nursingworld.org>. Accessed November 2, 2004.
- American Nurses Association (2001). Code for Nurses with interpretative statements. Washington, DC: American Nurses Association; 2001.
- Curtis, M. (1999). Do your nurses delegate effectively? *Nursing Management – UK*. July 2004, 11 (4).
- Fisher, M. (1999). Do your nurses delegate effectively? *Nursing Management*. May 1999, 30(5) p. 23-26.
- National Council of State Boards of Nursing, Inc. (1995). Delegation: concepts and decision-making process national council position paper, 1995. Chicago, Ill. Accessed on August 24, 2007 at <https://www.ncsbn.org/323.htm> .
- National Council of State Boards of Nursing, Inc. (1997). Delegation decision-making tree (Appendix B). Accessed on August 24, 2007 at https://www.ncsbn.org/Joint_statement.pdf .
- National Council of State Boards of Nursing, Inc. (n.d.) Delegation documents. Accessed on August 24, 2007 at <https://www.ncsbn.org/316.htm> .
- National Council of State Boards of Nursing (2006). Joint statement on delegation. Accessed on 8.24.07 at https://www.ncsbn.org/Joint_statement.pdf .
- NH Board of Nursing Website. Accessed on 8/24/07 at <http://www.nh.gov/nursing/index.html>
- NH Board of Nursing (n.d.). Administrative rules 100-800. Accessed 8/25/07 at <http://gencourt.state.nh.us/rules/nur100-800.html> .
- NH Board of Nursing (2006). Assisted living rules HeP-805. Accessed on 8/24/07 at <http://gencourt.state.nh.us/rules/he-p800.html> .
- NH Board of Nursing (n.d.). Clinical practice advisory. Accessed on 8/24/07 at <http://www.nh.gov/nursing/practice/index.html> .
- NH Board of Nursing (n.d.). Publications and newsletters. Accessed on 8/24/07 at <http://www.nh.gov/nursing/general/ArcivedNewsletters.htm> .
- NH Board of Nursing (n.d.). Frequently asked questions. Accessed on 8/24/07 at <http://www.nh.gov/nursing/faq/index.html> .
- NH Board of Nursing (n.d.). Frequently asked questions: Ina scope of practice. Accessed on 8/24/07 at <http://www.nh.gov/nursing/practice/LNAScopeofPractice.htm> .

NH Board of Nursing (n.d.). Frequently asked questions: lpn – iv therapy. Accessed on 8/24/07 at <http://www.nh.gov/nursing/faq/index.html> .

NH Board of Nursing (n.d.). Frequently asked questions: medication nursing assistants (mna). Accessed on 8/24/07 at <http://www.nh.gov/nursing/practice/MedicationNursingAssistantsMNA.htm> .

NH Board of Nursing (n.d.). Frequently asked questions: paid feeding assistants. Accessed 8/24/07 at <http://www.nh.gov/nursing/practice/PaidFeedingAssistants.htm> .

State of New Hampshire (n.d.). Revised statutes online: chapter 326-B registered nurses, licensed practical nurses and licensed nursing assistants. Accessed 8/24/07 at <http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXX-326-B.htm> .

Timm, S. @2003). Effectively delegating nursing. Home Healthcare Nurse, 21(4), 260-65.

POST TEST

DO NOT MAIL IN THIS TEST

(Please mail in the Evaluation/Answer sheet ONLY)

1. What document provides the nurse with the legal authority to delegate client-care tasks?
 - a. The New Hampshire Nurse Practice Act
 - b. The National Council of State Boards of Nursing “Concepts and Decision-Making Process National Council Position Paper, 1995”
 - c. The American Nurses Association position statement: “Registered Nurse Utilization of Unlicensed Assistive Personnel, 1997”
 - d. The New Hampshire Nurses Association by-laws.

2. The New Hampshire Nurse Practice Act can be found in the legislative listing as:
 - a. RSA322-B
 - b. RSA 326-B
 - c. RSA 328-B
 - d. RSA 623-B

3. The purpose of the NH Nurse Practice act is to protect the
 - a. Public
 - b. Nurse
 - c. Physician
 - d. Employer

4. Which condition must be met before the decision to delegate a client-care task is made?
 - a. The delegating nurse is within his/her scope of authority.
 - b. The delegating nurse has the appropriate education to delegate the task.
 - c. The delegate possesses the competency to carry out the task.
 - d. The delegate has the time and previous experience to carry out the task.
 - e. All of the above

5. When delegating a task, the nurse must ensure appropriate assessment, planning, implementation and evaluation of the :
 - a. Client
 - b. Task
 - c. delegate
 - d. Environment
 - e. All of the above

6. When the licensed nurse delegates a task of client care, the accountability for the completion of the task is delegated as well.
 - a. True
 - b. False

7. According to the NH Nurse Practice Act, any task of client-care delegated must be supervised by the delegating nurse.

- a. True
 - b. False
8. Mr. Smith has been a resident of an extended care facility for the past five years. His vital signs are consistently stable and he has had no changes to his medication regime for the past 6 months. He receives oral and topical medications on a daily basis. The RN delegates medication administration to Mr. Smith to an MNA. The delegation of this task is an inappropriate action by the RN.
- a. True
 - b. False
9. Which task may be delegated to an LPN who has successfully completed a NH BON approved IV Therapy Course?
- a. Administering medication by IV push or intermittent infusion via peripheral IV lines.
 - b. Monitoring and regulating central venous line flow rates.
 - c. Administering IV fluids used for oncology treatment.
 - d. Drawing blood from a central line.
10. The process of delegation is:
- a. Intermittent
 - b. Continuous
 - c. Employer determined
 - d. Employee determined

Evaluation / Answer Sheet --- "Delegation by Licensed Nurses in NH"

**Mail with payment to: NHNA
210 N. State St. Suite 1-A
Concord, NH 03310**

Name: _____ **Phone** _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Payment Information

NHNA Member (Free) **Member Number** _____

Non-Member (\$12.00) **Check enclosed**

Activity Evaluation: Indicate your response by circling one of the following:

Strongly Agree = 5 Agree = 4 Somewhat Agree = 3 Disagree = 2 Strongly Disagree = 1

1. Do you feel this program met the following objectives:
 - a. Identify and locate the legal delegation parameters in the NH Nurse Practice Act
5 4 3 2 1
 - b. Describe the decision-making process for determining client-care tasks appropriate delegation.
5 4 3 2 1
 - c. State the principles underlying effective delegation.
5 4 3 2 1
2. Did you achieve your personal objectives? 5 4 3 2 1
3. Did the content relate to the state objectives? 5 4 3 2 1
4. Was this online activity an effective means of teaching/learning? 5 4 3 2 1
5. How much time did it take you to complete this activity? ___ hours ___ minutes

Post Test Answer Sheet

(Circle your response to the post test questions)

- | | |
|--------------|---------------|
| 1. A B C D E | 6. A B C D E |
| 2. A B C D E | 7. A B C D E |
| 3. A B C D E | 8. A B C D E |
| 4. A B C D E | 9. A B C D E |
| 5. A B C D E | 10. A B C D E |

