

AMERICAN  
ASSOCIATION  
of CRITICAL-CARE  
NURSES

AACN Delegation Handbook, 2<sup>nd</sup> Edition

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## **Introduction**

The Health Resources and Service Administration, (HRSA), National Center for Health Workforce Analysis is the primary federal agency responsible for providing information and analysis relating to the supply and demand of healthcare professionals. In 2000, the number of full-time employed registered nurses (RNs) nationwide was an estimated 1.89 million, while the demand was estimated at 2 million, resulting in a shortage of 110,000 or 6%. Based on historical trends, nursing shortages have been identified as a cyclical phenomenon. Unfortunately, with the current supply of RNs and their anticipated demand, the shortage is expected to continue to grow until 2010, by which time the HRSA forecasts the nursing shortage will reach 12%.<sup>1</sup>

Today advanced technology, higher acuity, and shorter lengths of stay leave an ever changing healthcare delivery environment. Cost-containment strategies leave RNs struggling in attempts to maintain high quality standards for delivering safe and competent nursing care with nurses spending more of their time on indirect patient care (non-nursing tasks), taking away from the provision of direct patient care. Ensuring the optimal use of an RN's time is an important strategy in maintaining the delivery of high quality patient care. It involves allocating resources, maintaining adequate staffing determined by patient acuity, and establishing efficient support systems for patients and families. Concurrently, in the wake of the current nursing shortage and increased emphasis on cost-containment, it is vital for nursing administrators to identify strategies that allow their organizations to compete for viability in a lean and highly competitive healthcare market. One strategy may be redesigning the nurses' workload by utilizing support personnel to assist in performing selected indirect patient care activities typically performed by nurses. The American Association of Critical-Care Nurses maintains the position that "the fundamental objective in reallocating these activities enables the nurse to concentrate and focus on the patient and their family members."<sup>2</sup>

Unfortunately, in the 21<sup>st</sup> century, there has not been a great deal of research on the subject of delegation in general. More importantly, there has been precious little research on teaching nurses how to delegate effectively.

**Members of the Patient Care Team**

Staffing decisions are made to guarantee that appropriate staffing patterns exist to ensure patient safety and quality patient care. Changes in clinical practice, patient needs, and financial resources have prompted the implementation of skill mixes in providing patient care. Today, RNs may have to delegate certain aspects of care to licensed vocational nurses (LVNs), licensed practical nurses (LPNs), unlicensed assistive personnel (UAP), and monitoring technicians.

Patient care team members and their roles	
RNs	<ul style="list-style-type: none"> <li>▪ Determine the scope of nursing practice.</li> <li>▪ Are responsible and accountable for the provision of nursing services.</li> <li>▪ Supervise and determine the appropriate use of any UAP involved in patient care.</li> <li>▪ Define and supervise the education, training, and utilization for any UAP.</li> </ul>
LVN/LPN	<ul style="list-style-type: none"> <li>▪ Complete a 1-year to 18-month educational program.</li> <li>▪ Provide basic patient care that includes but is not limited to taking vital signs, dressing changes, performing phlebotomy, and assisting with activities of daily living, under the supervision of the RN.</li> </ul>
UAP <sup>3</sup>	<ul style="list-style-type: none"> <li>▪ Work under the direct supervision of an RN to implement the delegated aspects of nursing care.</li> <li>▪ Assist the RN in providing patient care.</li> <li>▪ Enable the RN to provide nursing care for the patient.</li> <li>▪ May include but are not limited to the following titles:               <ul style="list-style-type: none"> <li>○ Patient care assistants</li> <li>○ Nurses aides</li> <li>○ Technicians</li> <li>○ Multi-skilled workers</li> <li>○ Practice partner</li> <li>○ Nursing assistant</li> <li>○ Nurse extenders</li> <li>○ Orderlies</li> <li>○ Support personnel</li> <li>○ Practice partners</li> </ul> </li> </ul>

The American Nurses Association (ANA) defines UAP as “an unlicensed individual who is trained to function in an assistive role to the licensed nurse in the provision of patient/client activities as delegated by the nurse.”<sup>4</sup> Activities that may be delegated by RNs to UAPs are categorized as either direct or indirect patient care.

Direct patient care activities assist the patient in meeting their basic needs.

- Indirect patient care activities focus on maintaining the environment in which nursing care is delivered and only incidentally involve direct patient contact.

## **Definitions of Delegation**

1. ANA position statement "RN Utilization of UAP." Defines delegation as "the transfer of responsibility for the performance of an activity from one person to another while retaining accountability for the outcomes."<sup>4</sup> The ANA further defines delegation categories. Direct delegation is defined as "a specific, usually verbal, direction from the delegator for another person to perform task/activity in specific nursing care situation." Indirect delegation involves using a list of tasks and activities that have been approved by the healthcare facility.<sup>4</sup>
2. The Joint Commission on Accreditation of Hospitals Association (JCAHO) does not define who provides indirect or direct patient care. It does, however, mandate each organization to have evidence that an individual's knowledge, experience, and competence are appropriate for his or her assigned responsibilities. JCAHO also requires that qualified individuals assess each patient's need for care, recognizing that it is the RN who is responsible for assessing the patient's need for nursing care.<sup>5</sup>
3. National Council of State Boards of Nursing defines delegation as "transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation."<sup>6</sup>

## **Activities That May be Delegated**

The nursing process can be utilized as a framework to support the RN in delegating patient care activities to support and assistive personnel. Prior to delegating, the RN assuming care of the patient is responsible for completing an assessment of the patient as well as reviewing the patient's individualized plan of care. The RN should also verify proper training and competency evaluation of UAP before a task is delegated. Regardless of how simple the delegated task may seem, the RN is responsible for patient outcomes. Institutional policy and regulations from state boards of nursing and state departments of health may govern the activities of support personnel. (Appendix A) The following lists are examples of patient care activities that might be delegated:<sup>3</sup>

## **Direct Patient Care Activities**

### *Vital Signs*

- Take and record blood pressure, respirations, temperature, and pulse rate
- Obtain daily weight
- Apply leads and connect to cardiac monitor
- Obtain 12-lead ECG
- Perform chest compressions in life support situations

### *Intake and Output*

- Measure and record intake and output
- Collect specimens

### *Activities of Daily Living*

- Perform total or partial bed bath
- Perform perineal care
- Shave
- Wash hair
- Perform mouth care
- Change linen and assist with making occupied bed

### *Nutrition*

- Feed patient
- Calculate and record calorie count

### *Skin Care*

- Perform back care
- Prepare skin for procedure
- Perform skin prep for operative procedure

### *Activity and Mobility*

- Assist in ambulating patient
- Perform passive and active range of motion
- Position
- Turn and reposition patient
- Assist with transfers

### *Respiratory Support*

- Set up oxygen
- Assist patient with using an incentive spirometer
- Assist patient with coughing and deep breathing exercises
- Perform oral suctioning using an oral suction device

### *Procedures*

- Set up patient room (suction canisters, cables for continuous cardiac monitoring, tubing for chest tubes)
- Orient patient to room environment
- Set up and calibrate hemodynamic monitoring equipment
- Obtain necessary supplies for sterile procedure
- Discontinue peripheral intravenous catheter
- Perform postmortem care

## **Indirect Patient Care Activities**

### *Cleaning*

- Clean equipment in use and stored equipment
- Clean environment, including counter tops and desk tops
- Clean and defrost food refrigerators
- Clean patient care area after transfer or discharge
- Clean patient care area after procedures are completed
- Empty waste baskets in patient rooms and unit
- Empty linen hampers
- Remove meal trays
- Clean supply carts
- Clean and restock procedure rooms
- Make unoccupied beds

### *Errands*

- Deliver meal trays
- Obtain and deliver supplies
- Obtain and deliver equipment

- Obtain and deliver blood products
- Check laboratory specimens for appropriate labeling
- Deliver specimens to clinical laboratory

*Clerical Tasks*

- Place pages
- Place and answer phone calls
- Assemble, disassemble, and maintain patient chart
- Transcribe physician and nursing patient care orders
- Schedule diagnostic tests and procedures
- Order necessary office supplies and forms
- Sort and deliver mail
- Assist with unit orientation for float and registry ancillary personnel
- Prepare charges for unit-based billing
- Problem solve and locate lost charges
- Keep unit log books up to date with patient admissions, transfers, and discharges
- Maintain awareness of nursing bed assignments
- Update and retrieve information systems data

*Stocking and Maintenance*

- Stock patient bedside supplies
- Stock unit supplies
- Stock utility rooms
- Stock treatment, examination, and procedure rooms
- Stock nourishments and kitchen supplies
- Check electrical equipment for inspections due dates
- Stock linen cart

**Activities That May Not Be Delegated**

Nursing activities that may not be delegated include:

- Performing an initial patient assessment and subsequent assessments or nursing interventions that require specialized nursing knowledge, judgment, and/or skill
- Formulating a nursing diagnosis

- Identifying nursing care goals and developing the nursing plan of care in conjunction with the patient and/or family
- Updating the patient's plan of care
- Providing patient education to patient and/or family
- Evaluating a patient's progress, or lack thereof, toward achieving desired goals and outcomes
- Discussing patient issues with physician
- Communicating with physicians or implementing orders from physician
- Documenting the patient's assessment, response to therapeutic interventions, in the patient's plan of care
- Administering medications
- Providing direct nursing care

### **Training of Unlicensed Assistive Personnel (UAP)**

Hospitals and other healthcare agencies are ultimately responsible for the orientation and training of an UAP. "The hiring of UAP's increases the responsibility for orientation and training of these individuals because at this time, no community standards for content of training programs exist for these workers."<sup>7</sup> New employee orientation programs should include information about the training and competency expectations for UAP. The task that can be done by the UAP should be included in the written job description and assessed annually during performance evaluations.

### **RN Scope of Practice and Encroachment**

When working with support personnel and delegating patient-care activities, RNs must be aware of encroachment. Encroachment is the act of trespassing or intruding. In nursing practice, encroachment is working outside the defined scope of practice. State nurse practice acts define activities that only a nurse can perform because there may be significant risk of harm to the public if they are performed by someone lacking the necessary skills, knowledge, and clinical abilities.<sup>8</sup> RNs can only delegate nursing tasks; the practice of nursing cannot be delegated.<sup>9</sup>

## **Deciding to Delegate**

A consideration of the likely effects and consequences is critical when deciding to delegate. Assessment of the following factors must occur before deciding to delegate a nursing activity to anyone, for example, RNs, LVNs, UAPs, or other healthcare team members.<sup>10</sup>

*Potential for Harm:* The nurse must determine how much risk the activity carries for an individual patient.

*Complexity of the Task:* The more complex the activity, the less desirable it is to delegate. Only an RN should perform activities requiring complex psychomotor skills and expert nursing assessment and judgment.

*Amount of Problem Solving and Innovation Required:* If an uncomplicated activity requires special attention, adaptation, or an innovative approach for a particular patient, it should not be delegated.

*Unpredictability of Outcome:* When a patient's response to the activity is unknown or unpredictable (depending on how stable the patient is), it is not advisable to delegate that activity.

*Level of Patient Interaction:* Will delegation of a particular activity increase or decrease the amount of time the RN can spend with the patient and the patient's family? Every time a nursing activity is delegated or one or more additional caregivers become involved, a patient's stress level may increase, and the nurse's opportunity to develop a trusting relationship is diminished.

## **Effective Work Teams**

The delegation of direct and indirect patient care to other caregivers is reasonable, relevant, and practical. However, the concept of delegation is difficult for many nurses. Nurses who entered the workforce over the past 10 to 15 years have been socialized to a primary care delivery model in which the nurse is responsible for rendering all direct patient care. Team nursing was the predominate care delivery model before that time. Nurses in both groups may have a difficult time delegating because they highly value providing patient care. Each can benefit from appropriate training and mentoring to develop the skill of delegation. It is important to keep in mind that "effective teams focus on integrative work processes while working toward a common goal."<sup>11</sup>

## **The 5 ‘Rights’ of Teamwork**

Once the decision to delegate a nursing activity has been made, the nurse must still safeguard the patient. The 5 rights of teamwork define the essential responsibilities and techniques to ensure that the patient receives the appropriate care and consideration.

*Right Task—Is the task being delegated appropriately:*

- Within the caregiver’s scope of practice?
- Compliant with the caregiver’s job description?
- Based upon desired patient outcomes?
- A task that is only delegated for a specific patient at a specific time?

*Right Person—To perform the delegated activity, does the assigned caregiver possess:*

- The knowledge and skill required?
- Appropriate certification and licensure?
- An appropriate job description?
- Documented and/or validated knowledge?
- Demonstrated competency or skills?

*Right Direction—Has the caregiver been provided with:*

- Initial directions that meet the 4Cs criteria?
  - *Clear* direction
  - *Concise* description of the activity to be performed
  - *Complete* information including objectives
  - *Correct* limits and expectations

*Right Feedback—Is the caregiver provided the opportunity to participate in:*

- A reciprocal (mutual) process of information flow?
- Providing input to the process?
- Communication that recognizes his/her efforts?
- Determining an alternative solution to problems that may arise?

*Right Supervision—Is supervision for the delegated activity provided by:*

- Determining the appropriate intervention to be delegated?
- Monitoring of the delegated activity?
- Ensuring that a follow-up evaluation of the delegated activity takes place?

## **Recommendations to Ensure Successful Delegation**

It is of the utmost importance for RNs to know how to delegate effectively to decrease the risk of untoward events. For successful delegation, an activity must be clearly defined, resources must be identified, adequate time allowed to complete the activity, including additional time for proper follow-up and evaluation. Delegation can be learned. Institutions that implement the use of supportive personnel need to provide inservice education and staff development to train nurses in effective and appropriate delegation. The following guidelines may help RNs delegate more effectively:

- Be aware of your internal barriers to delegation.
- Never delegate a task you would not do yourself.
- Delegate to the most appropriate person, carefully considering these factors:
  - Patient acuity
  - The activity to be performed
  - The support person's job description
  - Competencies of the individual who will complete the task
- Communicate clearly. How one communicates a task can determine how successfully it will be completed. Ineffective communication is the most commonly cited reason delegated activities are not completed as expected.

The professional nurse needs to clearly identify and define the activity to be rendered and the time frame in which it must be completed. For example, as a nurse, you are responsible for the postoperative care of a thoracotomy patient who is having difficulty being weaned from the ventilator. You decide it is appropriate to delegate measuring hourly chest tube output to a qualified nursing support person.

- Accompany the support person to the patient's bedside, giving clear directions on how to measure and record the output, and instructions about what to report (eg, any changes in appearance or quantity of the drainage).
- Give instructions about critical elements, add cautions, and indicate sources of additional information.
- Observe a return demonstration of the technique explained. Corrections or guidance can then be offered.

- Make your availability clear to the support person. This will not only reassure them, but also communicate that you are available to them in times of need.
- Retain control while giving the support person the necessary freedom to think and act. It's important to establish a trusting relationship with the support personnel assigned to work with you.
- When complete independence is possible, GIVE IT! If you are concerned about a patient, however, never assume that "no news is good news."
- Timely progress reports will prove helpful to you and the support personnel. As an RN and delegator, you must depend on the judgment of others to determine when to seek further information and advice. You must also be kept aware of unexpected developments, delays, or problems. Ask the support personnel for regular updates. Then follow up on changes or concerns.
- Give and request feedback. The support personnel must keep you informed on how the delegated task has been completed and its outcome. Feedback from support personnel should be timely. You should receive it as close as possible to when the task was performed. The feedback provided should be directed toward behaviors and activities that led to the outcome, not to the individual. As a delegator and leader, always remember to "praise publicly, but criticize privately." Negative feedback should be given in private, and individuals should be given the opportunity to respond and explain their actions. A plan should then be formulated to prevent the further occurrences of negative outcomes. Timely feedback is the key component to effective delegation. As an RN, delegating an activity does not relieve you of the overall responsibility of the patient.

### **Barriers to Delegation**

Fear is a great psychological barrier to delegation. The nurse may fear a negative outcome or fear the safety of the patient if a task is delegated. Barriers to delegation can arise not only on the part of the delegator, the RN, but also on the part of the delegatee, the UAP, and the situation/environment. The ability to recognize potential barriers to delegation is the first step in overcoming them. This allows for the provision of quality patient care and patient safety, as well as fostering a healthy working relationship.<sup>12</sup>

- Characteristics that create barriers in the *delegator*
  - Preference for operating by oneself
  - Demand that everyone know all the details.
  - "I can do it better myself" fallacy
  - Lack of experience in the job or in delegating
  - Insecurity
  - Fear of being disliked
  - Refusal to allow mistakes
  - Lack of confidence in subordinates
  - Perfectionism, leading to excess control
  - Lack of organizational skill in balancing workloads
  - Failure to delegate authority commensurate with responsibility
  - Uncertainty over tasks and inability to explain
  - Disinclination to develop subordinates
  - Failure to establish effective controls and to follow up
- Characteristics that create barriers in the *delegatee*
  - Lack of experience
  - Lack of competence
  - Avoidance of responsibility
  - Overdependence
  - Disorganization
  - Overload of work
  - Immersion in trivia
- Characteristics that create barriers related to the *situation/environment*
  - One-person-show policy
  - No toleration of mistakes
  - Criticality of decisions
  - Urgency, leaving no time to explain (crisis management)
  - Understaffing

## **Summary**

The healthcare delivery system seems to be in a constant state of flux. The delegation of direct and indirect patient care enables the RN to devote more time to patient care, patient advocacy, and patient education, resulting in improved patient outcomes and increased satisfaction for both the patient and the nurse. Effective use of delegation and skill mix can allow the RN to make his or her optimal contribution to patients and the healthcare system.

The following institutional guidelines must be met before delegation of a selected nursing activity, direct or indirect, can be considered:

- There must be a written job description specifying the patient care activities that can be routinely delegated to support personnel.
- Training requirements and demonstration of competency must be defined.
- Competency in performing delegated patient care activities by support personnel must be verified and documented annually.
- Support personnel must always be assigned to, responsible to, and supervised by an RN.
- The maximum number of support personnel to be supervised by one nurse is institutional specific. The maximum number of patients to be assigned to the RN support person team is specified by regulations, community standards, staffing, acuity tools, and institutions.

Skill mix models should be evaluated and implemented to meet the goals of:

- (1) best use of qualified staff,
- (2) the delivery of quality patient care, and
- (3) cost-containment. UAP may be included in the skill mix and patient care team.

The Code for Nurses stresses that nurses have a professional responsibility to the public and the profession at large to ensure safe and competent care is provided to the patients entrusted to them, that the standards of the profession are maintained, and that the essential element of professional nursing are not delegated to others.<sup>13</sup> A clear understanding of what constitutes nursing legally protected scope of practice is the best protection against inappropriate delegation of nursing care."<sup>14</sup>

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## Appendix A

### **Delegation Sample Grid: LPN – Aspects of Role**

ASPECT OF ROLE	Can perform	Can't perform	Limitation Sinai/BON
<u>Unit assignment</u>		X	BON
Independent patient assignment			
Work in a team relationship, partnered with an RN	X		
<u>Assessment</u>		X	BON
Initial physical assessment on admission to hospital, unit, or area			
Complete other data on admission form	X*		
Shift physical assessment (RN assessment must occur once in every 24 hour period)	X*		
Focused assessment with change in patient condition		X	BON
<u>Planning</u>	X		
Initiate Plan of Care sheet			
Determine patient problems (nursing diagnoses)		X	BON
Complete referral section of the Initial Data Base		X	BON
Resolve problems on the Plan of Care after discussion with RN	X		
Document plan for unresolved problems at discharge		X	BON
<b>Intervention – IV therapy (peripheral, CVC)</b>			
Calculate and adjust flow rates on pumps	X†		
Observe and report of site, reaction to drugs	X†		
Change dressing, administration set, injection cap	X†		
Insert SQ needle for infusion of medication that is routine for patient	X†		
Insert a peripheral catheter to withdraw blood or initiate IV fluids	X†		
Insert a midline/PICC catheter to withdraw blood or initiate IV fluids		X	BON
Remove a peripheral IV, SQ needle, or catheter	X†		
Flush a peripheral, midline IV, CVC, accessed port (includes heparin)	X†		
Flush a PICC line		X	BON
Convert a continuous to an intermittent and vice versa	X†		
Administer pharmacy-prepared IV medications—peripheral or central ** refer to IV medication policy to determine meds that require RN administration and monitoring	X†		
Administer PPN peripherally with RN on site	X†		
Administer TPN centrally (with RN supervision and after comprehensive patient assessment)	X†		
Draw blood from central line catheters	X†		
Draw blood from PICC and ports		X	BON
Initiate first dose of IV medication after RN assessment	X†		
Access and deaccess ports		X	Sinai
Give medications IVP		X	BON
Add medication to an existing IV		X	Sinai
Administer vesicant chemotherapy		X	BON
Administer nonvesicant chemotherapy		X	Sinai
Remove a midline or central catheter		X	BON
<u>Intervention – blood administration</u>			
Administer blood and blood products		X	Sinai
Verify and sign blood product to be hung		X	Sinai

Monitor vital signs after 15-minute assessment by RN	X		
<u>Intervention – pain management</u>	X†		
Review PCA/epidural pump history			
Stop infusion pump—PCA or epidural	X†		
<b>ASPECT OF CARE</b>	<b>Can perform</b>	<b>Can't perform</b>	<b>limitation Sinai/BON</b>
Change program or doses including bolus on PCA or epidural		X	BON
Cosign dosing changes made by RN		X	BON
Perform dermatome assessment (initial must be done by RN, any change must be referred to RN for focused assessment )	X		
Change infusion rate on IV pump (not PCA)	X†		
<u>Intervention – tracheostomy tube change</u>		X	Sinai
<u>Intervention – peritoneal dialysis</u>		X	Sinai
<u>Intervention – emergency situations</u>		X	BON
Assess situation and notify physician			
Assist in getting supplies from crash cart or on unit	X		
Assemble dosed medication syringes	X		
Draw up emergency medications from vials		X	Sinai
Record on code record		X	Sinai
<u>Intervention – physician/provider order</u>			
Transcribe and sign-off orders on own patient (RN must initial medications that the RN only can give)	X		
Accept verbal or telephone orders		X	Sinai
Perform 24-hour chart check		X	BON
<u>Intervention – patient education</u>		X	BON
Assess learning barriers			
Provide education	X		
<u>Evaluation</u>			
Resolve problems on Plan of Care sheet after collaboration with RN	X		
<u>Document plan for unresolved problems at discharge</u>		X	BON
<u>Supervision of staff</u>			
Delegate specified actions to PCA and be responsible for completion of acts delegated	X		

Abbreviations: CVC, central venous catheter; IV, intravenous; IVP, intravenous pyelogram; LPN, licensed practical nurse; PCA, patient-controlled analgesia; PICC, peripherally inserted central catheter ; PPN, peripheral parenteral nutrition; RN, registered nurse; SQ, subcutaneous; TPN, total parenteral nutrition.

\*LPN assessments do not need to be cosigned by the RN. Both signatures will appear on the Initial Data Base, because both are gathering information.

†After course completion, to perform infusion therapy, the LPN must complete an infusion therapy program including didactic and clinical practicum and competency validation.

Developed by Marilyn McCord, Diane Johnson, Linda LaHart, Sharon Rossi, Liz Dunne, and Patti Mowery at the Sinai Hospital of Baltimore, Md. Reviewed by Barbara Newman, Practice Consultant with the Maryland Board of Nursing.  
**Disclaimer: Based on the Practice Act in Maryland; would have to be validated for use in any other state.**