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An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

OPINION: DELEGATION OF NURSING ASSISTANT TASKS

APPROVED DATE: 1/10

REVISED DATE: 03/13, 09/16, 9/19

ORIGINATING COMMITTEE:

SCOPE OF PRACTICE COMMITTEE

Within the Scope of Practice of X RN X LPN

ADVISORY OPINION DELEGATION OF NURSING TASKS BY RN/LPN

STATEMENT OF SCOPE

It is within the Scope of Practice of RNs and LPNs to delegate certain nursing tasks to unlicensed assistive personnel (UAP and licensed nursing assistants (LNA/CNAs) whom the nurse believes has the knowledge and skill to perform such tasks, taking into consideration training, cultural competence, experience and facility/agency policies and procedures. The RN/LPN maintains accountability for all nursing tasks delegated.

I. GENERAL REQUIREMENTS

- A. Written policies and procedures related to delegation are maintained by the employer/agency
- B. Demonstrated and documented clinical proficiency of UAP/LNA that is age specific for population cared for is kept on file with the employer / agency.

II. PRINCIPLE'S OF DELEGATION for RN's and LPNs who delegate nursing tasks to UAP/LNA shall include but not limited to the following principles:

- A. The nurse maintains responsibility and accountability for the provision of nursing practice by directing care and determining the appropriate utilizations of any assistant involved in providing direct patient care
- B. The nurse may delegate only the implementation of a task/activity. Assessment, planning, evaluation, and nursing judgment cannot be delegated.
- C. The RN and LPN delegate to UAP/LNA based upon the condition of the patient, the competence of all members of the nursing team and the degree of supervision that will be required of the nurse if a task is delegated.
- D. The nurse individualizes communication regarding the delegation to the UAP/LNA and client situation, and the communication should be clear, correct, and complete. The nurse

- verifies comprehension with the UAP/LNA, and the UAP/LNA accepts the delegation and responsibility that accompanies it.
- E. Communication must be a two-way process. UAP/LNA should have the opportunity to ask questions and/or request clarification of expectations. The nurse uses critical thinking and professional judgment when following the Five Rights of Delegation to be sure that any delegation is: the right task, under the right circumstances, to the right person, with the right directions and communication, and under the right supervision and evaluation.

III. RATIONALE

Delegation is an essential skill that can be performed effectively and safely by licensed nurses. Proper use of the delegation skill is necessary when providing affordable, quality care by utilization of resources. The current healthcare environment dictates a need to delegate certain nursing task/activities/functions to numerous personnel with varied educational preparation, knowledge, skill, training, and cultural competence. All decisions related to delegation are based on the fundamental principles of protection of the public health, welfare, and safety. The nurse takes responsibility and accountability for the provision of all nursing care and therefore must assure that other personnel have the appropriate knowledge, skills, and competency to accept any delegation.

IV. REFERENCES

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R4-19-402- D Standards Related to Registered Nurse Scope of Practice

R4-19-401- E Standards Related to Licensed Practical Nurse Scope of Practice

Kentucky Board of Nursing (2010, February). *Decision Tree for Delegation to Unlicensed Assistive Personnel (UAP)*. Retrieved from: _

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