

KENTUCKY BOARD OF NURSING
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ADVISORY OPINION STATEMENT

**ROLES OF NURSES IN THE SUPERVISION AND DELEGATION OF
NURSING ACTS TO UNLICENSED PERSONNEL**

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes Chapter 314 to regulate nurses, and nursing education and practice; to promulgate administrative regulations, and issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the public.

Effective January 1, 1993 the Board promulgated 201 KAR 20:400 Delegation of nursing tasks to unlicensed persons. This advisory opinion statement, originally issued in 1987, continues in effect as a guideline to nurses on the supervision and delegation of tasks to unlicensed personnel who provide nursing assistance in order to assure that nursing care is provided in a safe and effective manner.

Kentucky Nursing Laws--KRS Chapter 314 and Administrative Regulations

KRS 314.011(2) defines "delegation" as:

... Directing a competent person to perform a selected nursing activity or task in a selected situation under the nurse's supervision and pursuant to administrative regulations promulgated by the board in accordance with the provisions of KRS Chapter 13A.

201 KAR 20:400 governs delegation of nursing tasks to unlicensed persons as well as to paramedics in a hospital emergency department.

KRS 314.031(1) states: "It shall be unlawful for any person to call or hold himself out as or use the title of nurse or to practice or offer to practice as a nurse unless licensed under the provisions of this chapter."

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm.
- b) The maintenance of health or prevention of illness of others.
- c) The administration of medication and treatment as prescribed by physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:

1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
 3. Intervening when emergency care is required as a result of drug therapy;
 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
 6. Instructing an individual regarding medications.
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care.
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist.
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.
- d) Teaching, supervising, and delegating except as limited by the board.
- e) The performance of other nursing acts, which are authorized, or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

Accountability and Responsibility of Nurses

KRS 314.021(2) holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care.

KRS 314.021(2) imposes individual responsibility upon nurses. Acts which are within the permissible scope of practice for a given licensure level may be performed only by those licensees who personally possess the education and skill proficiency to perform those acts in a safe, effective manner.

Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

Advisory Opinion

In accordance with KRS 314.021(2), nurses are held responsible and accountable for their decisions regarding the supervision and delegation of nursing acts to unlicensed personnel who provide nursing assistance, based upon the nurse's educational preparation and experience in nursing.

It is the opinion of the Board that:

1. Based upon the statutes governing registered nursing practice, the focus of registered nursing practice is on the application of substantial specialized knowledge, judgment and nursing skill in the assessment, planning, implementation and evaluation of nursing care. Therefore, the registered nurse is responsible and accountable for:
 - a) Clinical decision-making regarding nursing care, and assuring that care is provided in safe and competent manner;
 - b) Utilizing 201 KAR 20:400 (Delegation of nursing tasks) and determining which nursing acts in the implementation of care can be delegated and to whom. When the registered nurse delegates selected nursing acts, the responsibility and accountability of total nursing care of an individual remains with the registered nurse; and
 - c) Providing supervision¹ of unlicensed personnel who provide nursing assistance.
2. The licensed practical nurse, practices under the direction of a registered nurse, advanced practice registered nurse, physician, or dentist, and may supervise and delegate nursing acts to unlicensed persons in accordance with 201 KAR 20:400 except in a school setting. Under KRS 156:502 (2) a school employee is delegated responsibility to perform a health service by a physician, advanced practice registered nurse or registered nurse.
3. In a supervising capacity, the registered nurse should provide direction and assistance to those supervised, observe and monitor the activities of those supervised, and evaluate the effectiveness of acts performed under supervision.
4. Only those nursing acts commensurate with the educational preparation and demonstrated ability of the person who will perform the act may be delegated to others. Therefore, the nurse should assure that the individual performing the act has the necessary educational preparation and validation of competence in order to perform the act in a safe manner.

Acts which require substantial specialized nursing knowledge, judgment and skill should be performed only by registered nurses.

Acts which require nursing knowledge and skill in implementing a plan of care should not be delegated to an unlicensed person.

Unlicensed personnel who provide nursing assistance may contribute to the implementation of the plan of nursing care in situations where the delegation of the task does not jeopardize the patient's welfare. Some tasks that require nursing judgment may be delegated only after the nursing judgment is made. Such tasks may include, but are not limited to:

¹"Supervision" as defined in 201 KAR 20:400 Section 1(9) means "the provision of guidance by a qualified nurse for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task including validation that the nursing task has been performed according to established standards of practice."

- a) Collection, documentation, and reporting of data (e.g., vital signs, oxygen saturation using pulse oximeter equipment, height, weight, intake and output, and blood glucose testing when sample is obtained from a capillary site).
 - b) Assisting patients to perform self-care tasks, including assistance with a patient's self-administered medication. Such assistance does not include the preparation of syringes for injection.
 - c) Performing tasks of a routine nature that do not require simultaneous nursing judgment. For example, simple non-sterile dressing changes, external catheter care, tap water enema administration, and colostomy appliance changes on mature stoma sites with sustained skin integrity.
 - d) Selected ambulation, positioning, turning, activities of daily living, or exercise programs.
 - e) Providing and maintaining a safe, comfortable environment.
 - f) Selected nutritional activities, such as feeding and meal preparation. This does not include the administration of nasogastric tube feedings by unlicensed personnel, but may include the administration of feedings via a gastrostomy tube when the tube is in a mature stoma site with sustained skin integrity, and when it is delegated by and performed under the supervision of a nurse.
 - g) Socialization activities.
 - h) Transportation of patient/client.
5. As stated in KRS 314.011(6)(c) and (10)(c), the administration of medication is the practice of nursing. The administration of medication to patients in health care facilities is both the responsibility of nurses and an integral part of the nursing care rendered to patients. Medication may also be administered to patients in health care facilities by physicians or other health care professionals who have statutory authority to administer medications. In Kentucky, unlicensed personnel known as medication aides or similar titles, may function by administering oral and topical medication in long-term care facilities only through delegation by and under the supervision of a registered nurse or licensed practical nurse. Unlicensed personnel who function as medication aides must have successfully completed the state approved course for administration of medication as defined in the administrative regulations issued by the Cabinet for Health and Family Services, Office of the Inspector General.

The following acts related to the administration of medications should not be delegated to unlicensed personnel:

- a) Conversion or calculation of drug dosage;
- b) Administration of medications via any injectable route;²

² For intervention in life-threatening situation, a registered nurse may teach and delegate to non-nurse school employees the preparation and administration of injectable glucagons, epinephrine hydrochloride (using an administration system such as "EpiPen") and diazepam suppository. The medications would be given according to written established policies and procedures of the school system.

- c) Administration of medication via tubes inserted in any body cavity, except for: 1) the administration of a "Fleet" enema (Fleet Bisacodyl or Fleet Phospho-Soda, and 2) the administration of medications via a gastrostomy tube for students in a school setting, when performed under the delegation and supervision of a nurse and in accordance with established facility policy and procedure;
- d) Administration of antineoplastic drugs.

Dialysis technicians may administer only those medications listed in 201 KAR 20:470
Dialysis technician credentialing requirements and training program standards

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- 6. The performance of nursing acts by the patient for self-care or by the patient's family members (e.g., self-administration of medications, administration of medications by family members) does not constitute "nursing assistance" or the delegation of nursing acts to unlicensed personnel for compensation.

Patient and family education is a part of nursing practice. As a part of preparing a patient for self-care, nurses may teach and supervise the performance of acts by patients and family members who have demonstrated a willingness and an ability to perform the acts.

- 7. In the utilization of unlicensed personnel to provide nursing assistance, nurses should follow written approved policies and procedures of the health care facility/agency which are consistent with KRS Chapter 314.
- 8. The Board of Nursing must assure the public that nursing assistance is provided in a manner which assures that safe and effective care is provided for the citizens of the Commonwealth.

Determining Scope of Practice

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. In addition to this advisory opinion statement, the Kentucky Board of Nursing has published "Scope of Practice Determination Guidelines" which contains a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the guidelines may be obtained from the Board office or downloaded from the Board's website <http://kbn.ky.gov>.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. An opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guidepost to licensees who wish to engage in safe nursing practice.

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Revised: 1/88; 2/91; 1/93; 12/93; 4/01; 10/02; 6/03
Editorial Revisions: 2/05; 1/2011

Attachment: 201 KAR 20:400

201 KAR 20:400. Delegation of nursing tasks.

RELATES TO: KRS 311A.170, 314.011, 314.021(2), 314.091(1)

STATUTORY AUTHORITY: KRS 314.131(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1) authorizes the board to promulgate administrative regulations necessary to implement KRS Chapter 314. KRS 314.091(1)(d) prohibits a person from negligently or willfully acting in a manner inconsistent with the practice of nursing. This administrative regulation establishes requirements that govern the delegation of a nursing task in a safe, effective manner so as to safeguard the health and welfare of the citizens of the Commonwealth.

Section 1. Definitions. (1) "Board" is defined in KRS 314.011(1).

(2) "Client" means a patient, resident or consumer of nursing care.

(3) "Competence" means performing an act in a safe, effective manner.

(4) "Deelegatee" means a person to whom a task is delegated.

(5) "Delegator" means the nurse delegating a task to another person.

(6) "Nurse" is defined in KRS 314.011(3).

(7) "Nursing task" means an act included in the definition of registered nursing practice, advanced practice registered nursing, or licensed practical nursing practice pursuant to KRS 314.011(6), (8), or (10).

(8) "Paramedic" is defined in KRS 311A.010.

(9) "Supervision" means the provision of guidance by a qualified nurse for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task including validation that the nursing task has been performed according to established standards of practice.

(10) "Unlicensed person" means an individual, other than a nurse, the client, or the client's family, legal guardian, or delegatee, who functions in an assistant or subordinate role to the nurse.

Section 2. Nurse's Responsibility in Delegation. (1) A registered nurse or a licensed practical nurse may delegate a task to an unlicensed person in accordance with this section and Sections 3 and 4 of this administrative regulation.

(2) A registered nurse may delegate a task to a paramedic employed in a hospital emergency department in accordance with KRS 311A.170 and Sections 3 and 4 of this administrative regulation.

(3) Prior to delegating a nursing task, the nurse shall determine the nursing care needs of the client. The nurse shall retain responsibility and accountability for the nursing care of the client, including nursing assessment, planning, evaluation and assuring documentation.

(4) The nurse, prior to delegation to an unlicensed person, shall have either instructed the unlicensed person in the delegated task or determined that the unlicensed person is competent to perform the nursing task.

(5) A nursing task shall be delegated directly or indirectly. An indirect delegation shall not alter the responsibility of the nurse for appropriately assigning and supervising an unlicensed person.

(6) A nurse who delegates a nursing task in violation of this administrative regulation or participates in the utilization of an unlicensed person in violation of this administrative regulation shall be considered acting in a manner inconsistent with the practice of nursing.

Section 3. Criteria for Delegation. The delegation of a nursing task shall meet the following criteria:

(1) The delegated nursing task shall be a task that a reasonable and prudent nurse would find is within the scope of sound nursing judgment and practice to delegate.

(2) The delegated nursing task shall be a task that, in the opinion of the delegating nurse, can be competently and safely performed by the delegatee without compromising the client's welfare.

(3) The nursing task shall not require the delegatee to exercise independent nursing judgment or intervention.

(4) The delegator shall be responsible for assuring that the delegated task is performed in a competent manner by the delegatee.

Section 4. Supervision. (1) The nurse shall provide supervision of a delegated nursing task.

(2) The degree of supervision required shall be determined by the delegator after an evaluation of appropriate factors involved including the following:

(a) The stability and acuity of the client's condition;

(b) The training and competency of the delegatee;

(c) The complexity of the nursing task being delegated; and

(d) The proximity and availability of the delegator to the delegatee when the nursing task is performed. (19 Ky.R. 1242; eff. 1-27-93; Am. 25 Ky.R. 2189; 2546; eff. 5-19-99; 29 Ky.R. 2947; eff. 8-13-03; TAm eff. 7-15-2010.)