ADVISORY OPINION STATEMENT

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

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

Opinion:
Roles of Nurses in the Supervision and Delegation of Nursing Tasks to Unlicensed Personnel

Approved Date: 6/1987
Reviewed: 1/2012; 9/2012; 4/2014;

Accountability and Responsibility of Nurses

In accordance with KRS 314.021(2), nurses are responsible and accountable for making decisions that are based upon the individuals’ educational preparation and current clinical competence in nursing, and requires licensees to practice nursing with reasonable skill and safety. Nursing practice should be consistent with the Kentucky Nursing Laws, established standards of practice, and be evidence based.

Rationale for Advisory Opinion

The Board has received numerous inquiries related to the role of nurses in delegation. These inquiries span healthcare settings including facility, school, community and others. The Board has issued the following advisory opinion statement as a resource for nurses making delegation decisions.
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 current clinical competence in nursing.

Exceptions To This Opinion

Performing nursing tasks, such as medication administration, without a nursing license, except when within the scope of practice of another licensed healthcare professional or otherwise permitted by law, would constitute the unlawful practice of nursing (KRS 314.031 and KRS 314.991). There is, however, one significant exception.

Pursuant to 201 KAR 20:400, Section 1(14), when the performance of what would otherwise constitute a nursing task is directed by the client, the client’s family, the client’s legal guardian or the client/client family/legal guardian’s delegatee, the task is not considered to be the practice of nursing. This would occur primarily in venues that are the client’s home, or home-like residential settings, whether temporary or permanent.

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 willingness and an ability to perform the acts.

Nurse as Educator of Unlicensed Personnel

A registered nurse is an appropriate licensed health care professional to participate in the instruction, training, and education of unlicensed personnel. The licensed practical nurse may participate in the instruction, training and education of unlicensed personnel under the direction of a registered nurse, physician, dentist, or advanced practice registered nurse (except as limited in KRS 156.502, Health services in school setting – Designated provider – Liability protection, for licensed practical nurses in school settings).

Delegation does not occur when:

- A nurse only participates in the education of the unlicensed person and is not a participant in the ongoing assessment and implementation of direct care for the client and is not making decisions about delegation pursuant to 201 KAR 20:400 at the time the unlicensed person is providing the care; or
- During non-routine encounters between the nurse and client if the nurse is not making decisions about delegation pursuant to 201 KAR 20:400; or
- During performance of administrative duties by the nurse in the care setting that are not related to the nurse providing or supervising direct care.

Licensed Practical Nurse

The licensed practical nurse, practices under the direction of a registered nurse, advanced practice registered nurse, physician, physician assistant, or dentist, and may supervise and delegate nursing tasks to unlicensed persons in accordance with 201 KAR 20:400 as outlined in Section 1, except in a school setting. Under KRS 156:502 (2) a school employee may be delegated responsibility to perform a health

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1 In this instance client/client’s family/legal guardian delegatee is a person who has been designated to provide care for the client by the client, client’s family or legal guardian. This may be in a private home setting or in a more structured home-like environment.

2 “Family” is defined by the client.
service by a physician, advanced practice registered nurse, or registered nurse. Thus in a school setting, a licensed practical nurse is not authorized to delegate to an unlicensed person.

**Registered Nurse**

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) Utilizing nursing judgment and critical thinking in decision-making regarding nursing care, and assuring that care is provided in a safe and competent manner;

b) Utilizing 201 KAR 20:400 Delegation of nursing tasks in determining which nursing acts in the implementation of care can be delegated and to whom.

201 KAR 20:400 Section 2 states in part:

(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.

c.) Providing supervision\(^3\) of unlicensed personnel who provide assistance to the nurse.

The nurse may wish to utilize the KBN Decision Tree for Delegation of Nursing Tasks to Unlicensed Personnel to determine if the nursing task should be delegated in conjunction with 201 KAR 20:400, Section 3 Criteria for Delegation, which states in part:

- A task that a reasonable and prudent nurse would find is within the scope of sound nursing judgment and practice to delegate;
- 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;
- The nursing task shall not require the delegatee to exercise independent nursing judgment or intervention; and
- The delegator shall be responsible for assuring that the delegated task is performed in a competent manner by the delegatee.

**Supervision**

In a supervising capacity, the registered nurse, or licensed practical nurse practicing under the direction and supervision of a physician, physician assistant, APRN, or RN, should provide direction and

\(^3\)“Supervision” as defined in 201 KAR 20:400 Section 1(13) 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.”
assistance to those unlicensed individuals supervised, observe and monitor the activities of those supervised, and evaluate the effectiveness of tasks performed under supervision.

The nurse should assure that the individual performing the task has the necessary educational preparation and validation of competence in order to perform the act in a safe manner.

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

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

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.

It is inappropriate for an unlicensed person to delegate nursing tasks to other unlicensed persons.

**Delegated Nursing Tasks**

Unlicensed personnel who provide assistance to nurses may contribute to the implementation of the plan of nursing care in situations where the delegation of the task does not jeopardize the client welfare. Tasks may be delegated only after a nursing assessment is made and in the nurse's judgment, it is the decision that the task is appropriate to delegate.

Such tasks may include, but are not limited to:

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.

c) Performing tasks of a routine nature that do not require ongoing nursing assessment and nursing judgment. For example, simple non-sterile dressing changes, external care to urinary catheters enema administration when not contraindicated by patient's skin integrity and condition, bowel and bladder program care including intermittent urinary catheterization and digital rectal stimulation, 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 may include the administration of feedings or medications as outlined below 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.

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4 Per 201 KAR 20:400, Section 1 (11) “nursing task” is defined as “an act included in the definition of registered nursing practice, advanced practice registered nursing, or licensed practical nursing practice pursuant to KRS 314.- 11(6), (8), or (10).”
g) Socialization activities.

h) Transportation of client.

**Medication Administration**

As stated in KRS 314.011(6)(c) and (10)(c), the administration of medication is the practice of nursing. KRS 314.011(6)(c) concerning registered nursing practice states:

“The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Scope and Standards of Practice or with standards of practice established by nationally accepted organizations of registered nurses.

It is the opinion of the Board that following assessment of a client, a nurse utilizing 201 KAR 20:400 may delegate components of the administration of medication regardless of route.

**Long Term Care**

In Kentucky, 902 KAR 20:048 states that unlicensed personnel known as certified medicine technicians, may function by administering oral and topical medication in long-term care facilities only through delegation by and under the supervision of licensed medical or nursing personnel. Unlicensed personnel who administer oral and topical medications 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.

**School Setting**

Unlicensed school personnel were given authority (2014) to administer insulin in school settings under the delegation of a physician, advanced practice registered nurse or registered nurse by KRS 158.838. Unlicensed assistive personnel are required to successfully complete an approved course for administration of insulin and validate competency.

**Dialysis Technicians**

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

**Paramedics**

Effective July 15, 2002, KRS 311A.170(5) permits a paramedic to be employed by a hospital to work as a licensed paramedic in the emergency department of the hospital subject to specific conditions. KRS 314.170(5) (b) states: “…A paramedic shall provide patient care services under the orders of a physician, physician assistant, advanced practice registered nurse, or as delegated by a registered nurse…” and as per 201 KAR 20:400.

**Decisions Related to Delegation**

A registered nurse who makes decisions related to delegation of tasks is governed by 201 KAR 20:400 Delegation of nursing tasks. (An informational copy of the regulation may be downloaded from the KBN website at [http://www.lrc.state.ky.us/kar/201/020/400.htm](http://www.lrc.state.ky.us/kar/201/020/400.htm). In addition to this advisory opinion the Kentucky Board of Nursing has published the Decision Tree for Delegation to Unlicensed Assistive Personnel which provides guidance to the nurse in determining whether a selected act should be delegated (An informational copy of the decision tree may be downloaded from the KBN website at [http://kbn.ky.gov/practice/Documents/DecisionTreeforDelegationtoUAP.pdf](http://kbn.ky.gov/practice/Documents/DecisionTreeforDelegationtoUAP.pdf). In summary, delegation should occur only if, in the professional opinion of the delegating nurse, the act may be competently and safely performed by the person to whom the act is delegated.
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**Applicable Statutes From the Kentucky Nursing Laws**

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.

KRS 314.011 (3) defines “nurse” as:

> ...A person who is licensed or holds the privilege to practice under the provisions of this chapter as a registered nurse or as a licensed practical nurse.

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 Scope and 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;

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5 A copy of the Kentucky Nursing Laws may be downloaded from the Kentucky Board of Nursing website at [http://kbn.ky.gov](http://kbn.ky.gov).
2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of
derug 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; and
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(8) defines "advanced practice registered nursing practice" as:

...The performance of additional acts by registered nurses who have gained advanced clinical
knowledge and skills through an accredited program that prepares the registered nurse for one
(1) of four (4) APRN roles; who are certified by the American Nurses' Association or other
nationally established organizations or agencies recognized by the board to certify registered
nurses for advanced practice registered nursing as a certified nurse practitioner, certified
registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist; and who certified
in at least one (1) population focus. The additional acts shall, subject to approval of the board,
include but not be limited to prescribing treatment, drugs, devices, and ordering diagnostic tests.
Advanced practice registered nurses who engage in these additional acts shall be authorized to
issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905 and
to issue prescriptions for but not to dispense Schedules II through V controlled substances
described in or as classified pursuant to KRS 218A.020, 218A.060, 218A.080, 218A.100, and
218A.120 under the conditions set forth in KRS 314.042 and regulations promulgated by the
Kentucky Board of Nursing on or before August 15, 2006.

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,
advanced practice registered nurse, physician assistant, 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; and

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

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

KRS 314.021(2) imposes individual responsibility and holds nurses accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care. 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 (KRS Chapter 314), established standards of practice, and be evidence based.

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The legal scope of advanced practice registered nursing is defined by a) post-basic education; b) certification as an advanced practice registered nurse; and c) the national nursing organization’s published scope and standards of practice.

Attachments:
201 KAR 20:400
KBN Decision Tree for Delegation to Unlicensed Personnel
Section 1. Definitions.

1. "Board" is defined by 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. "Delegatee" means a person to whom a task is delegated.
5. "Delegation" is defined by KRS 314.011(2).
6. "Delegator" means the nurse delegating a task to another person.
7. "Direct supervision" means the continuous, direct, onsite supervision by a registered nurse.
8. "Nurse" is defined by KRS 314.011(3).
9. "Nurse Extern" means an employee in a healthcare facility who is also actively enrolled as a student in a board-approved prelicensure program of nursing.
10. "Nursing assistance" is defined by KRS 314.011(13).
11. "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).
12. "Paramedic" is defined by KRS 311A.010.
13. "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.
14. "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, 4, and 5 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, may be competently and safely performed by the delegate without compromising the client's welfare;
3. The nursing task shall not require the delegatee to exercise independent nursing judgment or intervention; and
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.

Section 5. Nurse Extern. (1) The nurse extern may perform nursing tasks as delegated under the direct supervision of a registered nurse in accordance with this section. Those tasks may include the administration of medication or other tasks that have been taught in the nurse extern's nursing education program. The nurse extern shall be individually educationally prepared and clinically competent to perform the task. At a minimum, this competency shall be verified by an official letter from the nursing program documenting that the nurse extern has successfully completed the task as a student in the program of nursing. The employer shall independently verify and document the competency of the nurse extern to successfully perform the acts that the nurse extern will perform.
(2) A licensed practical nurse may participate with the registered nurse in providing supervision of a nurse extern enrolled in a practical nurse program of nursing.
(3) The nurse extern may provide nursing assistance that is routinely a part of any nursing assistant's job description.
(4) For a nurse extern enrolled in a practical nurse program of nursing, the administration of medications shall be limited by 201 KAR 20:490.
(5) A nurse extern shall not substitute for licensed nursing staff.
(6) A nurse extern shall not be required to independently assume the role, function, or responsibility of licensed personnel. (19 Ky.R. 1242; eff. 1-27-1993; 25 Ky.R. 2189; 2546; eff. 5-19-1999; 29 Ky.R. 2947; eff. 8-13-2003; TAm eff. 7-15-2010; 44 Ky.R. 1382, 1816; eff. 2-15-2018.)
KBN Decision Tree for Delegation to Unlicensed Assistive Personnel (UAP)

Is the task within the scope of practice for a licensed nurse?

No → Cannot delegate to UAP
Yes → Has there been an assessment of the client’s needs?

No → RN to complete assessment, then proceed with consideration of delegation.
Yes → Is the RN/LPN competent to make delegation decision? Nurse is accountable for the decision to delegate, to assure the delegated task is appropriate and to adhere to the criteria for delegation.

No → Do not delegate
Yes → Is the task consistent with the criteria for delegation to UAP?

Must meet all the following criteria:

- A task that a reasonable and prudent nurse would find is within the scope of sound nursing judgment and practice to delegate.
- 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.
- A task shall not require the delegatee to exercise independent nursing judgment or intervention.
- The delegator shall be responsible for assuring that the delegated task is performed in a competent manner by the delegatee.

No → Do not delegate
Yes → The nurse shall provide supervision of a delegated nursing task. The degree of supervision required determined by the delegator after an evaluation including the following:

- The stability and acuity of the client’s condition
- The training and competency of the delegatee
- The complexity of the nursing task being delegated

No → Do not delegate
Yes → Proceed with delegation.

The UAP is responsible for accepting only those delegated acts for which they are competent to perform. Only the implementation of a task/activity may be delegated. Assessment, planning, evaluation, and nursing judgment cannot be delegated.

201 KAR 20:400
Step Two – Communication
Communication must be a two-way process

<table>
<thead>
<tr>
<th>The nurse:</th>
<th>The nursing assistive personnel:</th>
<th>Documentation:</th>
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<tbody>
<tr>
<td>• Assesses the assistant’s understanding</td>
<td>• Ask questions regarding the delegation and seek clarification of expectations if needed</td>
<td>Timely, complete and accurate documentation of provided care</td>
</tr>
<tr>
<td>o How the task is to be accomplished</td>
<td>• Inform the nurse if the assistant has not done a task/function/activity before, or has only done infrequently</td>
<td>• Facilitates communication with other members of the healthcare team</td>
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<tr>
<td>o When and what information is to be reported, including</td>
<td>• Ask for additional training or supervision</td>
<td>• Records the nursing care provided.</td>
</tr>
<tr>
<td>▪ Expected observations to report and record</td>
<td>• Affirm understanding of expectations</td>
<td></td>
</tr>
<tr>
<td>▪ Specific client concerns that would require prompt reporting.</td>
<td>• Determine the communication method between the nurse and the assistive personnel.</td>
<td></td>
</tr>
<tr>
<td>• Individualizes for the nursing assistive personnel and client situation</td>
<td>• Determine the communication and plan of action in emergency situations.</td>
<td></td>
</tr>
<tr>
<td>• Addresses any unique client requirements and characteristics, and clear expectations of:</td>
<td>• Assesses the assistant’s understanding of expectations, providing clarification if needed.</td>
<td></td>
</tr>
<tr>
<td>• Assesses the assistant’s understanding of expectations, providing clarification if needed.</td>
<td>• Communicates his or her willingness and availability to guide and support assistant.</td>
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<tr>
<td>• Communicates his or her willingness and availability to guide and support assistant.</td>
<td>• Assures appropriate accountability by verifying that the receiving person accepts the delegation and accompanying responsibility.</td>
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Step Three – Surveillance and Supervision
The purpose of surveillance and monitoring is related to nurse’s responsibility for client care within the context of a client population. The nurse supervises the delegation by monitoring the performance of the task or function and assures compliance with standards of practice, policies and procedures. Frequency, level and nature of monitoring vary with needs of client and experience of assistant.

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<tr>
<th>The nurse considers:</th>
<th>The nurse determines:</th>
<th>The nurse is responsible for:</th>
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<tr>
<td>• Client’s health care status and stability of condition</td>
<td>• The frequency of onsite supervision and assessment based on:</td>
<td>• Timely intervening and follow-up on problems and concerns. Examples of the need for intervening include:</td>
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<tr>
<td>• Predictability of responses and risks</td>
<td>o Needs of the client</td>
<td>• Alertness to subtle signs and symptoms (which allows nurse and assistant to be proactive, before a client’s condition deteriorates significantly).</td>
</tr>
<tr>
<td>• Setting where care occurs</td>
<td>o Complexity of the delegated function/task/activity</td>
<td>• Awareness of assistant’s difficulties in completing delegated activities.</td>
</tr>
<tr>
<td>• Availability of resources and support infrastructure.</td>
<td>o Proximity of nurse’s location</td>
<td>• Providing adequate follow-up to problems and/or changing situations is a critical aspect of delegation.</td>
</tr>
<tr>
<td>• Complexity of the task being performed.</td>
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Step Four – Evaluation and Feedback
Evaluation is often the forgotten step in delegation.

| In considering the effectiveness of delegation, the nurse addresses the following questions: | | |
|-----------------------------------------------------------------------------------------------| | | |
| • Was the delegation successful?                                                               | | | |
|   o Was the task/function/activity performed correctly?                                        | | | |
|   o Was the client’s desired and/or expected outcome achieved?                                | | | |
|   o Was the outcome optimal, satisfactory or unsatisfactory?                                  | | | |
|   o Was communication timely and effective?                                                   | | | |
|   o What went well; what was challenging?                                                     | | | |
|   o Were there any problems or concerns; if so, how were they addressed?                     | | | |
| • Is there a better way to meet the client need?                                              | | | |
| • Is there a need to adjust the overall plan of care, or should this approach be continued? | | | |
| • Were there any “learning moments” for the assistant and/or the nurse?                      | | | |
| • Was appropriate feedback provided to the assistant regarding the performance of the delegation? | | | |
| • Was the assistant acknowledged for accomplishing the task/activity/function?                | | | |

*2017 Joint Statement on Delegation, American Nurses Association and National Council of State Boards of Nursing.