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ISSUE

The licensed nurse can delegate specific nursing tasks to the Nurse Aide II who is also credentialed as an EMT–Intermediate (EMT-I) or EMT-Paramedic (EMT-P).

Tasks that may be delegated are those within the EMT Intermediate or Paramedic training and include, but may not be limited to:

1. Start peripheral I.V. with non-medicated fluid to keep line open
2. Insert and maintain peripheral I.V. lock with normal saline or Heparin in normal saline
3. Initiate/monitor oxygen including setting of flow rate
4. Apply sterile dressings to wounds less than 48-hours old
5. Perform basic life support including use of AED
6. Employ bag valve mask respiratory ventilation as a part of code team activities
7. Apply pulse oximeter and transcutaneous CO2 monitor
8. Perform phlebotomy
9. Perform capillary blood sugar analysis
10. Perform 12-Lead ECG test
11. Recognize 12-Lead ECG and Cardiac monitor arrhythmias
12. Provide control of bleeding with use of dressings, pressure and elevation of body part
13. Provide spinal immobilization and apply splints
14. Insert oropharyngeal and nasopharyngeal airways
15. Perform the technical task of medication administration as determined appropriate for delegation by the licensed nurse (RN or LPN) according to criteria established in the NCBON Decision Tree for Delegation to UAP available at www.ncbon.com , RN assessment of the client's nursing care needs, and as permitted by agency policies/procedures.

Note: The technical task of medication administration is defined solely as giving medications to the client via the appropriately ordered and permitted routes: Oral [PO] (Pills, Tablets, Lozenges, Powders, or Liquids, including Solutions, Suspensions, Syrups, and Elixirs); Sublingual; Buccal; Ophthalmic (Eye Drops and Ointments); Otic (Ear Drops); Nasal (Nose Drops or Sprays); Inhalant (Metered Dose Inhalers and Nebulizers or Atomizers); Transdermal (Patches or Discs); Vaginal (Suppositories, Tablets, or Creams); Rectal (Suppositories or Enemas); and Topical (Ointments, Lotions, Pastes, Creams, Powders, Sprays, or Shampoos). (Note: Delegation of Topical medication application to UAP for the purpose of wound debridement is NOT PERMITTED within current standards of practice.)

Delegation of the technical task of medication administration to UAP via injectable [i.e., intradermal (ID), subcutaneous (SQ) or intramuscular (IM)] routes is permitted ONLY with careful consideration of applicable laws, rules, standards, policies, procedures, and use of all components of the NCBON Decision Tree for Delegation to UAP available at www.ncbon.com.

Delegation of the technical task of medication administration to UAP via intravenous (IV), epidural/caudal, intrathecal, intraosseous, intraoral, cranial intraventricular, or body cavity/organ routes is **NOT PERMITTED** within current standards of practice.

Before delegating the technical task of medication administration to UAP, the RN and LPN are accountable for understanding the laws, rules, standards, policies, and procedures applicable to medication administration in their specific practice setting. If delegation of the technical task of medication administration to UAP is permitted by all applicable laws, rules, standards, policies, and procedures; then all nursing laws and rules apply. (Refer to NCBON Position Statement “Delegation of Medication Administration to UAP” available at www.ncbon.com for details.)

RN ROLE

1. Validates NA II/EMT’s initial and on-going competency.
2. Performs assessment of client’s nursing care needs.
3. Ensures capability of NAI/EMT-I/P matches the care needs of the client.
4. Maintains accountability for the delegation decision-making process.
5. Maintains ongoing supervision and evaluation of the performance of the tasks.
6. Evaluates the client’s response to the care provided and modifies the nursing plan of care as needed.

LPN ROLE

1. Assures NA II/EMT is competent to perform activity.
2. Ensures capability of NAI/EMT- I/P matches the care needs of the client.
3. Maintains accountability for the delegation decision-making process.
4. Provides limited supervision, including observation and reporting, to assure that tasks have been completed according to policies, procedures, and standards of practice.
5. Participates in the evaluation of the client’s response to nursing care provided and suggests interventions to the RN for modification of the nursing plan of care

NOTE

Since 2002, EMS personnel may also work in conjunction with nursing personnel in some settings under the authority of the medical oversight for their EMS system rather than under the supervision of nursing within the practice setting. A Joint Position Paper entitled “Non-Traditional Practice Settings for EMS Personnel” issued by the North Carolina Board of Nursing and the North Carolina Office of Emergency Medical Services is available to provide further clarification.

REFERENCES

21 NCAC 36.0224 (d) - RN Rule

21 NCAC 36.0225 (d) - LPN Rule

NCBON Position Statement - Delegation of Medication Administration to UAP

NCBON Position Statement – Delegation and Assignment of Nursing Activities

NCBON Decision Tree for Delegation to UAP

NCBON Position Statement - Joint Statements – EMS Statement

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