



OFFICE PRACTICE SETTING

POSITION STATEMENT
for RN and LPN Practice

A Position Statement is not a regulation of the NC Board of Nursing and does not carry the force and effect of law and rules. A Position Statement is not an interpretation, clarification, or other delineation of the scope of practice of the Board. A Position Statement is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

Issue:

The licensed nurse (RN or LPN) and the physician or other person authorized by State law in the office practice setting must be aware of the differences in their respective practice laws in terms of authority to delegate and accountability for the outcome of patient care. The office practice setting may operate under an independent proprietor or within the jurisdiction of the policies/procedures of a healthcare delivery system. Unlicensed Assistive Personnel (UAP) often provide direct patient care under the delegation of both licensed nurses and physicians in the office practice setting. The organizational chart and job descriptions must clearly reflect the nurse's (RN and LPN) responsibilities for teaching, delegating to, and supervising UAP within respective medical and nursing scopes of practice. The nurse's responsibilities include determining nursing care tasks that are appropriate to delegate to UAP, including administration of medications, based on client assessment and criteria established in the NCBON Decision Tree for Delegation to UAP available at www.ncbon.com.

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.)

The RN or LPN is held accountable for their delegating decisions and their specific actions/advice as they relate to UAP but not for decisions to delegate made by the physician or other person authorized by State law.

In order to clarify the nurse's role in the office practice setting and his/her accountability for the care being provided by the unlicensed assistive personnel (UAP), the following questions need to be answered:

1. Who is directing the care that is being provided by the UAP? ---- the nurse, the physician, or other licensed health care provider?
2. From whom does the UAP get the authority to act? --- the nurse, the physician, or other licensed health care provider?
3. What are the nursing activities for which the licensed nurse (RN or LPN) is held accountable? ---- direct care responsibilities, teaching, delegating to, or supervising other office personnel who perform direct patient care activities?

Definition:

Unlicensed Assistive Personnel (UAP) - includes nurse aides (NA I and NA II), patient care assistants (PCA), medical office assistants (MOA), medical assistants (MA), or other unlicensed staff to whom direct patient care activities are delegated. UAP may work under the delegation of licensed nurses (RN and LPN), physicians, and other licensed health care providers authorized by State law.

Note: Although MOAs and MAs may be nationally certified, they are not regulated and/or licensed under occupational laws and rules in North Carolina and do not, therefore, have a designated scope of practice.

Physician Role:

The Medical Practice Act allows physicians to delegate patient care to UAP. When the physician delegates to UAP, he/she assumes responsibility/accountability for the actions of UAP and for patient outcomes. The NC Medical Board should be contacted for information regarding tasks that may or may not be delegated to UAP.

RN and LPN Role:

See attached charts on pages 3 of 4 and 4 of 4.

1. WHEN THE LICENSED NURSE DELEGATES PATIENT CARE ACTIVITIES TO UAP:

Nursing roles when delegating to UAP may include the following:

RN Nursing Roles	LPN Nursing Roles
<ul style="list-style-type: none">• Maintains overall accountability for the coordination and delivery of nursing care to the individual client or group of clients for whom the RN has accepted responsibility;• Assesses client's status and determines nursing care needs;• Validates initial and on-going maintenance of staff competency; assures clinical competence of licensed and unlicensed personnel;• Maintains documentation of teaching and validation of competence of UAP and other nursing personnel to perform patient care activities within the office practice and assures accessibility to those assigning/delegating;• Ensures nursing care activity is appropriate to delegate to UAP based on criteria established in the NCBON Decision Tree for Delegation to UAP;• Identifies variables of each client's nursing care needs and practice setting to determine appropriate delegation prior to permitting <u>any</u> staff to assign or delegate nursing activities;• Assigns to other RNs and LPNs, and delegates nursing care activities to UAP;• Indicates through policy, procedure, and plans of care what nursing activities and tasks may appropriately be completed by each level of licensed or unlicensed personnel based on scope of practice for each level of licensed nurse (RN or LPN) or validated competencies of UAP; and• Provides appropriate supervision and follow-up on activities to verify nursing care tasks have been performed as assigned and/or delegated and according to established standards of practice.	<ul style="list-style-type: none">• Maintains accountability for all assignments and delegations made to staff;• Participates in client assessment using structured written guidelines, policies, and forms;• Ensures nursing care activity is appropriate to delegate to UAP based on criteria established in the Decision Tree for Delegation to UAP;• Assigns to other LPNs and delegates specific tasks to UAP following assessment by RN, physician, or other person(s) authorized by State law and consistent with plan of care, provided:• RN, physician, or other person authorized by State law has validated competence of staff to whom activities are assigned or delegated; and,• RN, physician, or other person authorized by State law is continuously available for supervision.• Maintains ongoing observation of clients and their response to nursing action; and• Supervision is limited to on-the-job assurance that tasks have been performed as assigned or delegated and according to standards of practice established in agency policies and procedures. <p>Note: It is beyond the scope of practice for the LPN to participate in broader supervisory/management activities <u>related to the nursing care of clients.</u></p> <p>It is beyond the LPN scope of practice to assign or supervise the nursing activities of RNs.</p>

2. WHEN THE PHYSICIAN DELEGATES PATIENT CARE ACTIVITIES TO UAP:

As in all practice settings, the Nursing Practice Act and related NC Administrative Code Rules regulate the scope of nursing roles when the physician or other person authorized by State law delegates activities to unlicensed assistive personnel (UAP) in the office practice setting.

Nursing roles when physician or other person authorized by State law is delegating to UAP may include the following:

RN Nursing Roles	LPN Nursing Roles
<ul style="list-style-type: none">• Teaching UAP the specific physician-delegated activity;• Providing the physician or other person authorized by State law with feedback relative to the UAP's performance of the delegated activity;• Validating if/when the UAP is competent to perform the physician-delegated activity;• Supervising the performance of the physician-delegated activity; and/or,• Documenting the teaching and competence validation of UAP and other nursing personnel to perform patient care activities. (Note: Documentation should be maintained within the office practice setting and be accessible to those assigning/delegating.)	<ul style="list-style-type: none">• Demonstrating specific tasks or activities according to the office practice's established procedures;• Observing UAP return demonstration of specific tasks or activities in comparison to the office practice's established step-by-step procedure; and/or,• Providing physician or other person authorized by State law with feedback relative to the UAP's on-going performance of delegated activities <p>Note: It is beyond the scope of practice for the LPN to participate in broader supervisory/management activities related to the nursing care of clients.</p>

References:

- G.S. 90-171.20 (7) & (8) – Nursing Practice Act
- 21 NCAC 36.0224 (a)(d)(i) & (j) – Components of Nursing Practice for Registered Nurse (RN Rules)
- 21 NCAC 36.0225 (d)(1)(F),(2)(A-E) – Components of Nursing Practice for Licensed Practical Nurse (LPN Rules)
- 21 NCAC 36.0221 - License Required
- 21 NCAC 36.0401 - Roles of Unlicensed Personnel
- NCBON Position Statement - Delegation and Assignment of Nursing Activities
- NCBON Decision Tree for Delegation to UAP (for clarification of delegation within scope of practice)
- NCBON Position Statement - Delegation of Medication Administration to UAP

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