Step 1 of 4: Assessment and Implementation

Is the task within the scope of practice for a licensed nurse (RN/LPN)?
- No → Stop! Do not delegate to UAP.
- Yes → Is the activity allowed by the Nursing Practice Act, Board Rules, Statements, or by any other law, rule or policy?
  - No → Stop! Do not delegate to UAP.
  - Yes → Is RN assessment of client’s nursing care needs complete?
    - No → Stop! RN to complete assessment, then proceed with consideration of delegation.
    - Yes → Is the RN/LPN competent to make delegation decisions? Nurse is accountable for the decision to delegate, to implement the steps of the delegation process, and to assure that the delegated task is appropriate based on individualized needs of each client which includes stability, absence of risk of complications, and predictability of change in condition. The delegating nurse must be competent to perform the activity. See (A) and (B) pg. 2
      - No → Stop! Do not delegate to UAP.
      - Yes → Is the task consistent with the rules for delegation to UAP? Must meet all the following criteria:
        - Frequently recurs in the daily care of a client or group of clients
        - Is performed according to an established sequence of steps
        - Involves little to no modification from one client care situation to another
        - May be performed with a predictable outcome
        - Does not inherently involve ongoing assessment, interpretation, or decision making which cannot be logically separated from the procedure(s) itself; and
        - Does not endanger the client’s life or well being.
          - No → Stop! Do not delegate to UAP.
          - Yes → Is the UAP properly trained and validated as competent by an RN to accept the delegation?
            - No → Stop! Do not delegate until evidence of education and validation of competency available, and then reconsider delegation; otherwise do not delegate.
            - Yes → Does the capability of UAP match the care needs of the client? See (A) and (B) pg. 2
              - No → Stop! Do not delegate until the nurse has evaluated capability of UAP matches the care needs of the client.
              - Yes → Are there written agency policies, procedures, and/or protocols in place for this task?
                - No → Stop! Do not proceed without evaluation of need for policy, procedures and/or protocol or determination that it is in the best interest of the client to proceed with delegation in urgent or emergency situations.
                - Yes → Is appropriate supervision available? See (C) (D) (E) pg. 3
                  - No → Stop! Do not delegate to UAP.
                  - Yes → Proceed with delegation.

The UAP is responsible for accepting the delegation, seeking clarification of and affirming expectations, performing the task correctly and timely communicating results to the nurse. Only the implementation of a task/activity may be delegated. Assessment, planning, evaluation and nursing judgment cannot be delegated. Delegation is a client and situation specific activity in which the nurse must consider all components of the delegation process for each delegation decision. Specific direction by the nurse (RN, LPN) to UAP when assisting the nurse with a task or nursing activity and under the direct visual supervision of the nurse is not considered delegation.
IMPORTANT COMPONENTS FOR DELEGATION TO UAP

Prior to proceeding to Step 2, consider the following:

Delegation is a process of decision-making, critical thinking and nursing judgment. Decisions to delegate nursing tasks/activities to UAP are based on the RN’s assessment of the client’s nursing care needs. The LPN may delegate nursing tasks/activities to UAP under the supervision of the RN. Additional criteria that must be considered when determining appropriate delegation of tasks include, but are not limited to:

(A) Variables:
- Knowledge and skill of UAP
- Verification of clinical competence of UAP
- Stability of the client’s condition which involves predictability, absence of risk of complication, and rate of change
- Variables specific for each practice setting:
  - The complexity and frequency of nursing care needed by a given client population
  - The proximity of clients to staff
  - The number and qualifications of staff
  - The accessible resources
- Established policies, procedures, practices, and channels of communication which lend support to the types of nursing activities being delegated, or not delegated, to UAP

(B) Use of critical thinking and professional judgment for The Five Rights of Delegation:
1. Right Task – the task must meet all of the delegation criteria
2. Right Circumstance – delegation must be appropriate to the client population and practice setting
3. Right Person – the nurse must be competent to perform the activity and to make delegation decisions, the nurse must ensure the right task is being delegated to the right person (UAP) and competence has been validated by an RN, and the delegation is for the individualized needs of the client
4. Right Communication – the nurse must provide clear, concise instructions for performing the task
5. Right Supervision – the nurse must provide appropriate supervision/monitoring, evaluation, and feedback of UAP performance of the task

Step 2 of 4: Communication - Communication must be a two-way process

The nurse:
- Assesses the UAP’s understanding of:
  - Task to be performed and expectations of performance of tasks
  - Information to report including client specific observations, expected and concerns
  - When and how to report/record information
- Communicates individualized needs of client population, practice setting, and unique client requirements
- Communicates and provides guidance, coaching, and support for UAP
- Allows UAP opportunity for questions and clarification
- Assures accountability by verifying UAP accepts delegation
- Develops and communicates plan of action in emergency situations
- Determines communication method between nurse and UAP

The UAP:
- Asks questions and seeks clarification
- Informs the nurse if UAP has not performed the task or has performed it infrequently
- Requests additional training or guidance as needed
- Affirms understanding and acceptance of delegation
- Complies with communication method between nurse and UAP
- Reports care results to nurse in a timely manner
- Complies with emergency action plans

Documentation by nurse and UAP (as determined by facility/agency policy) is:
- Timely, complete and accurate documentation of provided care:
  - Facilitates communication with other members of the health care team
  - Records the nursing care provided.
**Step 3 of 4: Supervision and Monitoring** – The RN supervises the delegation by monitoring the performance of the task and assures compliance with standards of practice, policies and procedures. The LPN supervision is limited to on-the-job assurance that tasks have been performed as delegated and according to standards of practice established in agency policies and procedures. Frequency, level, and nature of monitoring vary with the needs of the client and experience of the UAP.

<table>
<thead>
<tr>
<th>(C) The nurse takes into consideration the:</th>
<th>(D) The nurse determines:</th>
<th>(E) The nurse:</th>
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<tr>
<td>- Client’s health stability, status, and acuity</td>
<td>- The amount/degree of supervision required</td>
<td>- Maintains accountability for nursing tasks/activities delegated and performed by UAP</td>
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<td>- Predictability of client response to interventions and risks posed</td>
<td>- Type of supervision: direct or indirect</td>
<td>- Monitors outcomes of delegated nursing care tasks</td>
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<tr>
<td>- Practice setting and client population</td>
<td>- The Five Rights of Delegation have been implemented:</td>
<td>- Intervenes and follows-up on problems, incidents, and concerns within an appropriate timeframe</td>
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<td>- Available resources</td>
<td>1. Right Task</td>
<td>- Nursing management and administration responsibilities are beyond LPN scope of practice. To assure client safety, the LPN may need authority to alter delegation or temporarily suspend UAP per agency policy until appropriate personnel action can be determined by the supervising RN.</td>
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<tr>
<td>- Complexity &amp; frequency of nursing care needed</td>
<td>2. Right Circumstances</td>
<td>- Observes client response to nursing care and UAP’s performance of care</td>
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<td>- Proximity of clients to staff</td>
<td>3. Right Person</td>
<td>- Recognizes subtle signs and symptoms with appropriate intervention when client’s condition changes</td>
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<td>- Number and qualification of staff</td>
<td>4. Right Directions and Communications</td>
<td>- Recognizes UAP’s difficulties in completing delegation activities</td>
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<td>- Policies, procedures, &amp; channels of communication established</td>
<td>5. Right Supervision and Evaluation</td>
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**Step 4 of 4: Evaluation and Feedback** – Evaluate effectiveness of delegation and provide appropriate feedback

- Evaluate the nursing care outcomes:
  - (RN) Evaluate the effectiveness of the nursing plan of care and modify as needed
  - (LPN) Recognize the effectiveness of nursing interventions and propose modifications to plan of care for review by the RN

- Evaluate the effectiveness of delegation:
  - Task performed correctly?
  - Expected outcomes achieved?
  - Communication was timely and effective?
  - Identify challenges and what went well
  - Identify problems and concerns that occurred and how they were addressed

- Provide feedback to UAP regarding performance of tasks/activities and acknowledge the UAP for accomplishing the task

**References:**

- G.S. 90-171.20 (7)(d) & (i) and (8) (d) Nursing Practice Act
- 21 NCAC 36.0221 (b)Licensed Required
- 21 NCAC 36.0224 (a) (b) (c) (d) (e) (f) (i) & (j) Components of Practice for the Registered nurse
- 21 NCAC 36.0225 (b) (c) (d) (e) (f) Components of Practice for the Licensed Practical Nurse
- 21 NCAC 36.0401 (c) Roles of Unlicensed Personnel Assistive
- American Nurses Association Decision Tree for Delegation by Registered Nurses, 2012
- Joint Statement on Delegation ANA and NCSBN Decision Tree for Delegation to Nursing Assistive Personnel, 2005
- National Council of State Boards of Nursing Decision Tree – Delegation to Nursing Assistive Personnel, 2005