Position Statement for RN and LPN Practice

Issue:
Nursing law permits the delegation of tasks to unlicensed assistive personnel (UAP) including the medication aide by the registered nurse (RN) and licensed practical nurse (LPN).

RN Role:
The registered nurse has the overall responsibility and accountability for assessing the capabilities of the medication aide to include validation of the medication aide’s qualifications, knowledge, and competence in skills in carrying out the technical role of medication administration. In addition the registered nurse is responsible for providing the medication aide with ongoing supervision, teaching, and evaluation.

LPN Role:
The licensed practical nurse is accountable for her/his decision to delegate medication administration to a qualified medication aide. The licensed practical nurse oversees the performance of the medication aide, verifying that tasks have been performed as delegated to the medication aide and in accordance with the established standards of practice.

Both RN and LPN Role:
IMPORTANT: All on-going assessment, interpretation and decision-making required relative to clients receiving medications must be carried out by the licensed nurse. (please reference Medication Administration – Continuum of Care on last page of this document).

In order for the licensed nurse (RN or LPN) to delegate activities to a medication aide the following criteria must be met:

- Tasks may be delegated to an unlicensed person which:
  1. frequently recur in the daily care of a client or group of clients;
  2. are performed according to an established sequence of steps;
  3. involve little or no modification from one client-care situation to another;
  4. may be performed with a predictable outcome; and
  5. do not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure(s) itself.

For item (4) above, the “predictable outcome” expected is the application of the six (6) rights of medication administration: right medication, right patient, right dose, right time, right route, and right documentation. The licensed nurse may only delegate technical aspects of medication administration to the medication aide.

The licensed nurse may not delegate the professional judgment or decision-making responsibility to the medication aide which includes:

- recognizing side effects;
- recognizing toxic effects;
- recognizing allergic reactions;
- recognizing immediate desired effects;
- recognizing unusual and unexpected effects;
- recognizing changes in client’s condition that contraindicates continued administration of the medication;
- anticipating those effects which may rapidly endanger a client’s life or well-being; and making judgments and decisions concerning actions to take in the event such untoward effects occur.
**UAP Role:**
Medication aides may be employed in long term care/skilled nursing facilities (nursing homes). Medication aides employed in long term care/skilled nursing facilities must have 1) completed the 24 hour training program approved by the NC Board of Nursing, 2) passed a State-administered competency exam, and 3) be listed on the NC Medication Aide Registry and the Nurse Aide I Registry which are both maintained by the NC Division of Health Service Regulation’s Health Care Personnel Registry Section.

Medication aides who pass medications in long term care/skilled nursing facilities should not be confused with medication aides who pass medications in adult care settings (including assisted living facilities).

Medication aides who pass medications in adult care settings (informally referred to as medication technicians [med techs]) are listed on a separate Medication Aide Registry maintained by the NC Division of Health Service Regulation’s Adult Care Licensure Section.

The differences between the medication aide in a long term care/skilled nursing facility and the medication aide in an adult care setting related to education, testing, and performance of activities are as follows:

<table>
<thead>
<tr>
<th>MED AIDE IN LONG TERM CARE/SKILLED NURSING FACILITY</th>
<th>MED AIDE IN ADULT CARE SETTING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREREQUISITES</strong></td>
<td></td>
</tr>
<tr>
<td>High school diploma/GED is required (validated at time of training)</td>
<td>No requirement for high school diploma/GED.</td>
</tr>
<tr>
<td><strong>TRAINING REQUIREMENTS</strong></td>
<td></td>
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<tr>
<td>Successful completion of the 24 hour medication aide training program approved by the NC Board of Nursing – 21 NCAC 36 .0403(d)(1) is required (validated at time of testing)</td>
<td>Successful completion of the 5 hour DHHS – approved training prior to administering medications and complete the 10 hour DHHS – approved training within 60 days, or complete the 15 hours of DHHS – approved training prior to administering medications. (Unless verification of employment as a medication aide within past 24 months &amp; passed the State written exam prior to 10/01/2013.) § 131D-4.5B. Adult care home medication aides; training and competency evaluation requirements.</td>
</tr>
<tr>
<td><strong>LISTING REQUIREMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Listing on the NC Division of Health Service Regulation Medication Aide Registry - 21 NCAC 36 .0403(d)(3) is required. The listing is maintained by the Health Care Personnel Registry/Center for Aide Regulation and Education Branch. Additionally, the medication aide must have no substantiated findings on the N.C. Health Care Personnel Registry. Employer responsible for validation.</td>
<td>Listing on the state Medication Aide Registry maintained by the DHSR Adult Care Licensure Section is required. (The listing provides information on results of the written Medication Aide Exam for Adult Care Homes. If an individual is not listed upon employment, an individual must pass the written exam within 60 days of hire as medication staff.)</td>
</tr>
<tr>
<td>The medication aide employed in a long term care/skilled nursing facility must also be listed on the Nurse Aide I Registry which is maintained by the NC Division of Health Service Regulation’s Health Care</td>
<td>Additionally, the medication aide must have no substantiated findings on the N.C. Health Care Personnel Registry. Employer responsible for validation.</td>
</tr>
</tbody>
</table>
**Personnel Registry Section.** Employer responsible for validation.

### PRIOR TO FUNCTIONING IN ROLE

Before allowing a medication aide to administer medications, the long term care/skilled nursing facility employer must conduct a clinical skills validation for those medication tasks to be performed in the facility. The validation must be conducted by a registered nurse – 10A NCAC 13O .0202 (a). Employer responsible for validation.

In addition to meeting the training requirements as noted above, before allowing a medication aide to administer medications, the adult care facility employer must conduct a clinical skills validation for those medication tasks to be performed in the facility. The validation must be conducted by a registered nurse or registered pharmacist using the Medication Administration Skills Validation Form - 10A NCAC 13F/G .0503 (e), G.S. 131D-4.5B.

### MED AIDE IN LONG TERM CARE/SKILLED NURSING FACILITY

<table>
<thead>
<tr>
<th>Approved Medication Aide Activities</th>
<th>(activities with “√” are allowed.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IM and IV Medications</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Subcutaneous injections</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Insulin</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Anticoagulants</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Inhalants</strong></td>
<td>√</td>
</tr>
<tr>
<td><strong>Nasal</strong></td>
<td>√</td>
</tr>
<tr>
<td><strong>Nebulizers</strong></td>
<td>√</td>
</tr>
<tr>
<td><strong>Ophthalmic</strong></td>
<td>√</td>
</tr>
<tr>
<td><strong>Oral (liquid, sublingual)</strong></td>
<td>√</td>
</tr>
<tr>
<td><strong>Otic</strong></td>
<td>√</td>
</tr>
<tr>
<td><strong>Rectal</strong></td>
<td>√</td>
</tr>
<tr>
<td><strong>Topical (including transdermal)</strong></td>
<td>√</td>
</tr>
<tr>
<td><strong>Vaginal</strong></td>
<td>√</td>
</tr>
<tr>
<td><strong>Via G-tube</strong></td>
<td>No***</td>
</tr>
</tbody>
</table>

**Med Aide in Long term care/skilled nursing facility**

**Med Aide in Adult Care Setting**

*Medication Aide in long term care/skilled nursing facility activities are referenced in the Medication Administration – A Medication Aide Training Course Instructor Manual. Facility policy may place additional limitations on activities.*
**Medication Aide in Adult Care Settings activities are referenced in 10A NCAC 13F/G .1004 (p), .0403, .0503, .0504, and .0505. Facility policy may place additional limitations on activities.**

***Exception: With additional education, medication administration by G-tube may be performed by NAIIs that have completed the NAII G-tube Feeding Module and by NAIIs. These individuals must also receive formal education in G-tube medication administration from an RN, must have competence validated by an RN, and agency policies and procedures must be in place prior to delegation of this activity.***

**** Medication aides in adult care settings may perform these medication administration tasks with additional training and validation. These medication administration tasks are not part of the basic medication training curriculum.

**NOTES:** The Mental Health Licensure and Certification Section of the Division of Health Service Regulation is responsible for licensing and regulating mental health facilities in North Carolina. These facilities include: intermediate care facilities for the mentally retarded (ICF/MR), and mental health group homes and outpatient facilities. See the Rules for Mental Health, Developmental Disabilities, and Substance Abuse Facilities and Services as set forth in 10A NCAC 27G.0209 for information concerning medication administration in these settings.

**References:**
G.S. 131E-114.2 - Use of medication aides to perform technical aspects of medication administration (Health Care Personnel Registry Law)
§ 131D-4.5B. Adult care home medication aides; training and competency evaluation requirements.
G.S. 90-171.56 - Medication aide requirement (Nursing Practice Act)
10A NCAC 13F/G .0403 (b);10A NCAC 13F/G .0503 Medication Staff and Competency Evaluation in Adult Care Homes
21 NCAC 36 .0224 (i) and (j) – Components of Practice for the Registered Nurse (RN Rules)
21 NCAC 36.0225 (d) – Components of Practice for the Licensed Practical Nurse (LPN Rules)
21 NCAC 36.0221(b) and (c) – License Required
Medication Administration
A CONTINUUM OF CARE

The Medication Administration continuum begins with the initiation of the medication order based on client need and continues through seven other components ending with the re-evaluation of the client’s medication needs/regimen. The component in bold print with the double asterisk (**) is the only aspect of the continuum that may be carried out by the appropriately qualified medication aide.

Within this framework and consistent with Administrative Rule 21 NCAC 36.0221 (b), the actual task of giving medications to a client is considered a technical activity that does not require the professional judgment of a licensed nurse. Thus, the performance of this technical task may be delegated to an appropriately qualified medication aide. However, all on-going assessment, interpretation and decision-making required relative to clients receiving medications must be carried out by the licensed nurse.

Accountability for any professional judgments or decision-making surrounding medication administration (i.e., deciding when to administer PRN meds, deciding when to withhold a medication) is the responsibility of the licensed nurse and may not be delegated to the medication aide.

Continuum of Care for Clients Receiving Medications

- **Giving of Meds (Med Admin)**
- Delegation to competent giver
- System of med storage/set up; Plan for giving of meds to clients
- Prescribed med filled and delivered to system
- On-going monitoring of client response
- Supervision of med admin process
- Begin here
- Med Order Initiated based on client need
- Re-eval client’s medication needs/regimen

**Focus of Medication Aide Role Development**