

# NORTH CAROLINA BOARD OF NURSING NURSE AIDE II TASKS\*

## OXYGEN THERAPY

- Room Set-up
- Monitoring flow-rate

## BREAK-UP AND REMOVAL OF FECAL IMPACTION

## STERILE DRESSING CHANGE

(Wound over 48 hours old)

## WOUND IRRIGATION

## I.V. FLUID – ASSISTIVE ACTIVITIES

- Assemble/flush tubing during set-up
- Monitoring flow-rate
- Site care/dressing change
- Discontinuing peripheral intravenous infusions

## NUTRITION ACTIVITIES

- Oral/nasogastric infusions (after placement verification by licensed nurse)
- Gastrostomy feedings
- Clamping tubes
- Removing oral/nasogastric feeding tubes

## ROLE OF NURSE AIDE II ON HEALTH CARE TEAM

\*The licensed nurse maintains accountability and responsibility for the delivery of safe and competent care. Decisions regarding delegation of any of the above activities are made by the licensed nurse on a client-by-client basis. The following criteria must be met before delegation of any task may occur:

- Task is performed frequently in the daily care of a client or group of clients;
- Task is performed according to an established sequence of steps;
- Task involves little to no modification from one client situation to another;
- Task may be performed with a predictable outcome;
- Task does not involve on-going assessment, interpretation or decision-making that cannot be logically separated from the task itself; and
- Task does not endanger the client's life or well-being.

As part of accountability, the registered nurse must validate the competencies of the NAI prior to delegating tasks. The licensed nurse (RN or LPN) must monitor the client's status and response to care provided on an on-going basis.

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\* Core tasks which the North Carolina Board of Nursing has determined are appropriate for inclusion in NAI education programs.

The "Decision Tree for Delegation to UAP" ([www.ncbon.com](http://www.ncbon.com) – Position Statements) is an additional tool to assist the RN and LPN in making appropriate decisions related to delegation of tasks to UAP.

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