



ASSISTING CLIENTS WITH SELF-ADMINISTRATION OF MEDICATIONS

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

Delegation of assistance with self-administration of medications to appropriately trained **unlicensed assistive personnel (UAP)** is within the scope of practice for the licensed nurse (RN or LPN) when certain criteria are present.

BOTH RN AND LPN ROLE

1. Use the NCBON Decision Tree for Delegation to UAP available at www.ncbon.com to determine appropriate delegation, including assuring that client has recently taken and tolerated the involved medication(s) an adequate number of times without an adverse reaction.
2. As with all client care services, the appropriately qualified RN or LPN must provide those medication administration activities that require judgment and decision-making.
3. The laws and rules regulating some healthcare settings may allow UAP to assist clients with self-administration of medications. In these settings, the RN must establish this activity in the plan of care and detail the extent of assistance needed for each individual client. In addition, ALL the following criteria must be present for the licensed nurse to delegate medication assistance to UAP:
 - a) physician or other person authorized by state law has prescribed the medication to be taken on a routine basis;
 - b) client requires physical and/or verbal assistance due to a disability or health impairment that prevents total independence in this act; and,
 - c) client, his/her significant other, the RN planning and delegating the care, or the LPN delegating the care, maintains ultimate responsibility for administration of the medication(s).

UAP ROLE

UAP assisting with self-administration of medications are limited to one or more of the following activities:

1. Reminding the client to take a medication through verbal suggestion, prompting, and/or gesturing;
2. Opening and handing an original marked labeled container to the client;
3. Opening and handing the client a pre-filled labeled medication holder, labeled unit-dose container, or labeled syringe;
4. Removing a medication from a labeled container, breaking a tablet, crushing a tablet, and, if necessary per plan of care, mixing a medication in water, another liquid, or a food product as directed by the nurse or client's significant other;
5. Depressing syringe plunger after client has inserted needle of injectable medications that are pre-labeled by nurse or client's significant other;
6. Guiding the hand of the client to self-administer a medication by appropriate route; and/or,
7. Observing the client take a medication.

NOTE

Pre-filling and labeling must be done by the licensed nurse or client's significant other and marked with client's name, date, and time of dose. **The unlicensed assistive personnel may not perform pre-filling and labeling of medication holders or syringes.**

REFERENCES

21 NCAC 36.0221 (b) - LICENSE REQUIRED RULE
NCBON Decision Tree for Delegation to UAP

Origin 1/95

Revised 4/2007; 5/2009; 11/2009; 5/2014

Reviewed: 2/2013