



# DELEGATION AND ASSIGNMENT OF NURSING ACTIVITIES

POSITION STATEMENT  
for RN and LPN Practice

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*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.*

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## **Issue:**

Delegation and assignment of nursing activities are important parts of the implementation component of practice for the licensed nurse (RN and LPN). The licensed nurse may assign and/or delegate nursing care activities to other licensed nurses and unlicensed assistive personnel (UAP) based upon their own license level, assessment of the client's status, clinical competence of available licensed and unlicensed personnel, the variables in each practice setting, and the employer's policies/procedures. Before assigning/delegating nursing activities to staff, the licensed nurse needs access to information about the RN-validated competencies for each individual. All activities delegated to UAP, including the technical task of medication administration, must meet all criteria established in the NCBON Decision Tree for Delegation to UAP available at [www.ncbon.com](http://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](http://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](http://www.ncbon.com) for details.)

**NOTE: Specific direction by the nurse 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. The nurse maintains full responsibility and accountability for the actions of the UAP in this situation.**

**Definitions:**

*Authority* - The source of the power to act.

*Accountability/Responsibility* - Being answerable for actions or inactions of self, and of others in the context of delegation or assignment. In this context, the licensed nurse retains the accountability for appropriate assignment and/or delegation. The person to whom an activity is assigned and/or delegated is accountable for carrying out the task correctly.

*Assigning* - Designating responsibility for implementation of a specific activity or set of activities to a person licensed and competent to perform such activities. The RN assigns to RNs and LPNs. The LPN assigns to LPNs.

*Delegating* - Transferring to a competent individual the authority to perform a selected nursing activity in a selected situation. The nurse retains accountability for the delegation. The RN and LPN delegate to UAP.

*Supervision* – The provision of guidance or direction, evaluation, and follow-up by the licensed nurse (RN or LPN) for accomplishment of an assigned or delegated nursing activity or set of activities. Supervision by the LPN is limited to validation that tasks have been performed as assigned or delegated and according to established standards of practice.

*UAP (Unlicensed Assistive Personnel)* - Any unlicensed personnel, regardless of title, who may participate in patient care activities through the delegation process. This may include Nurse Aide I, Nurse Aide II, Medical Office Assistant, Medical Assistant, etc.

**RN Role in Assignment and Delegation:**

- Assigns to other RNs and LPNs, and delegates nursing care activities to UAP;
- 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;
- Maintains responsibility for the decision to assign or delegate nursing care activities to other staff, licensed and UAP; and for implementing the delegation process;
- Assesses client's status and nursing care needs, develops the plan of care, determines clinical competence of licensed and unlicensed personnel, determines the appropriateness of delegation based on the individual needs of the client, and identifies variables in each practice setting prior to permitting any staff to assign or delegate nursing activities;
- Provides education, training, and validation of competency (initial and on-going) of RNs, LPNs, and 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 or validated competencies of UAP;
- Communicates and assesses understanding of assignments and delegation to nurses and UAP;
- Provides appropriate supervision, on-site if necessary, as determined by client needs 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; and
- Evaluates the effectiveness of the nursing plan of care and modifies the plan as needed.

### **LPN Role in Assignment and Delegation:**

- Assigns to other LPNs and delegates specific tasks to UAP following RN assessment and consistent with nursing plan of care, provided:
  - RN has validated competence of staff to whom activities are assigned or delegated, and
  - RN supervision is continuously available, on-site if necessary, as determined by client needs.
  - **It is beyond LPN scope of practice to assign nursing activities to an RN.**
- Maintains accountability for all assignments and delegations made to staff;
- Communicates and assesses understanding of assignments and delegations to LPNs and UAP;
- Monitors LPNs and UAP performance to assure nursing care is provided as assigned and delegated;
- Evaluates the effectiveness of the care provided, both the performance of the care and the client's response, and proposes interventions for the nursing plan of care for review by the RN;
- To assure client safety, the LPN may be given authority to alter an assignment or delegation or temporarily suspend LPNs or UAP per agency policy until appropriate personnel action can be determined by the supervising RN; and,
- Supervision is limited to validation that tasks have been performed as assigned to other LPNs or delegated to UAP and according to established standards of practice.
  - **It is beyond LPN scope of practice to supervise nursing activities of RNs.**

**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.**

### **UAP Role:**

- Affirm acceptance and understanding of delegation based on personal competence;
- Perform the delegated activities correctly;
- Seek clarification as needed;
- Request additional training and guidance as needed; and
- Report care results to nurse in a timely manner.

### **Before the RN or LPN may delegate activities to UAP, tasks must meet ALL of the following criteria:**

- Frequently recur in the daily care of a client or group of clients;
- Are performed according to an established sequence of steps;
- Involve little or no modification from one client care situation to another;
- May be performed with a predictable outcome;
- Do not inherently involve ongoing assessment, interpretation, or decision making which cannot be logically separated from the procedure itself; and
- Do not endanger client's life or well-being.

**Client care activities which do not meet ALL of these criteria shall be performed by the licensed nurse (RN or LPN).**

### **Notes:**

- Each individual is responsible for performing only those activities that they are competent to perform and are within their scope of practice.
- Delegation is a client and situation specific activity in which the nurse must consider all the components of the delegation process for each delegation decision.
- The nurse must implement the steps of delegation as provided in the Decision Tree for Delegation to UAP.
- The ability to effectively delegate requires development. Initial nursing education programs provide content in delegation but the opportunity to perform true delegation and assignment is limited by the lack of authority of a student. Employers need to provide licensed nurses (RN and LPN) opportunities to gain the knowledge, skill, and competency to perform assignments and delegations safely, and within the legal scope of practice for that level of licensure.

- An agency's chief nursing officer is responsible for establishing those policies, procedures, practices, and channels of communication, which provide the framework in which assignment and/or delegation may be carried out by those with designated levels of licensure in a safe and appropriate manner.

**References:**

G.S. 90-171.20 (7) (d) & (i) and (8)(d) Nursing Practice Act

21 NCAC 36.0224 (a) (d) (i) & (j) Components of Practice for the Registered Nurse (RN Rules)

21 NCAC 36.0225 (a) (d)(1)(F),(2)(A-E) Components of Practice for the Licensed Practical Nurse (LPN Rules)

21 NCAC 36.0221 - License Required

21 NCAC 36.0401 - Roles of Unlicensed Personnel

NCBON Position Statement - Delegation of Medication Administration to UAP

NCBON Decision Tree for Delegation to UAP

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