
A Position Statement does not carry the force and effect of law and rules but 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:

Nursing law permits the delegation of tasks to unlicensed assistive personnel (UAP) including the medication aide by the RN and LPN.

RN Role:

The RN 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 RN is responsible for providing the medication aide with ongoing supervision, teaching, and evaluation.

LPN Role:

The LPN is accountable for her/his decision to delegate medication administration to a qualified medication aide. The LPN 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 Roles:

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

In order for the 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 occur 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 nurse may only delegate **technical** aspects of medication administration to the medication aide.

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

- (1) recognizing side effects;
- (2) recognizing toxic effects;
- (3) recognizing allergic reactions;
- (4) recognizing immediate desired effects;
- (5) recognizing unusual and unexpected effects;
- (6) recognizing changes in client’s condition that contraindicates continued administration of the medication;
- (7) 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:

MED AIDE IN LONG TERM CARE/SKILLED NURSING FACILITY	MED AIDE IN ADULT CARE SETTING
PREREQUISITES	
High school diploma/GED is required (validated at time of training)	No requirement for high school diploma/GED.
TRAINING REQUIREMENTS	
Successful completion of the 24-hour medication aide training program approved by the NC Board of	Successful completion of the 5-hour DHHS – approved training prior to administering medications and

<p>Nursing – 21 NCAC 36 .0403(d)(1) is required (validated at time of testing)</p>	<p>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 & passed the State written exam prior to 10/01/2013.) <u>§ 131D-4.5B. Adult care home medication aides; training and competency evaluation requirements.</u></p> <p>Note: Individuals who have completed the 24-hour Board of Nursing-approved Medication Aide course and are currently listed on the NC Medication Aide Registry are not required to complete the 5/10 or 15-hour training. However, they must complete Section 3 of the Infection Control course because the 24-hour training <i>does not include injections or blood glucose monitoring.</i> They also must complete all Adult Care Licensure testing and competency requirements. (see below)</p>
<p>MED AIDE IN LONG TERM CARE/SKILLED NURSING FACILITY</p>	<p>MED AIDE IN ADULT CARE SETTING</p>
<p>LISTING REQUIREMENTS</p>	
<p>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.</p> <p>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 Personnel Registry Section. Employer responsible for validation.</p>	<p>Listing on the state Medication Aide Registry maintained by the DHR 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.)</p> <p>Additionally, the medication aide must have no substantiated findings on the N.C. Health Care Personnel Registry. Employer responsible for validation.</p>

PRIOR TO FUNCTIONING IN ROLE	
<p>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 an RN – 10A NCAC 13O .0202 (a). Employer responsible for validation</p>	<p>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 an RN or registered pharmacist using the Medication Administration Skills Validation Form - 10A NCAC 13F/G .0503 (e), G.S. 131D-4.5B.</p>
FOR ADDITIONAL INFORMATION	
<p>For medication aide listing information contact: NC Medication Aide Registry 2709 Mail Service Center Raleigh, NC 27699-2709 Registry Staff: (919) 855-3969 (M-F, 8am –noon & 1 – 3pm) https://www.ncnar.org/ncma.html</p> <p>For list of medication aide instructors contact: North Carolina Board of Nursing 3724 National Drive – Ste 201 Raleigh, NC 27612 Staff: 919-782-3211 ext. 244 (M-F, 8:30am-5pm) www.ncbon.com</p>	<p>For information about working as a medication aide in an adult care setting, contact: Adult Care Licensure Section 2708 Mail Service Center Raleigh, NC 27699-2708 (919) 855-3793. (M-F, 8:30am - 4pm) or via email: AdultCare.ctu@dhhs.nc.gov http://www.ncdhhs.gov/dhsr/acls/medtech.html http://mats.dhhs.state.nc.us</p>

Approved Medication Aide Activities (activities with “√” are allowed.)		
	Med Aide in Long term care/skilled nursing facility*	Med Aide in Adult Care Setting**
IM and IV Medications	No	No
Subcutaneous injections	No	√
Insulin	No	√
Anticoagulants	No	No
Inhalants	√	√
Nasal	√	√
Nebulizers	√	√****
Ophthalmic	√	√
Oral (liquid, sublingual)	√	√
Otic	√	√
Rectal	√	√****
Topical (including transdermal)	√	√
Vaginal	√	√****
Via G-tube	No***	√****

*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 NAIs 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 individuals with intellectual disabilities (ICF/IID), 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 \(Health Care Personnel Registry Law\)](#)

[§ G.S. 131D-4.5B. - Adult care home medication aides; training and competency evaluation requirements.](#)

[§ G.S. 90-171.56 – Nursing Practice Act Medication aide requirements](#)

[10A NCAC 13F .0403 \(b\) – Qualifications of Medication Staff](#)

[10A NCAC 13G .0403 - Qualifications of Medication Staff](#)

[10A NCAC 13F .0503 - Medication Administration Competency](#)

[10A NCAC 13G .0503 - Medication Administration Competency Evaluation](#)

[21 NCAC 36 .0224 \(i\) and \(j\) – Components of Nursing Practice for the Registered Nurse](#)

[21 NCAC 36 .0225 \(d\) – Components of Nursing Practice for the Licensed Practical Nurse](#)

[21 NCAC 36 .0221\(b\) and \(c\) – License Required](#)

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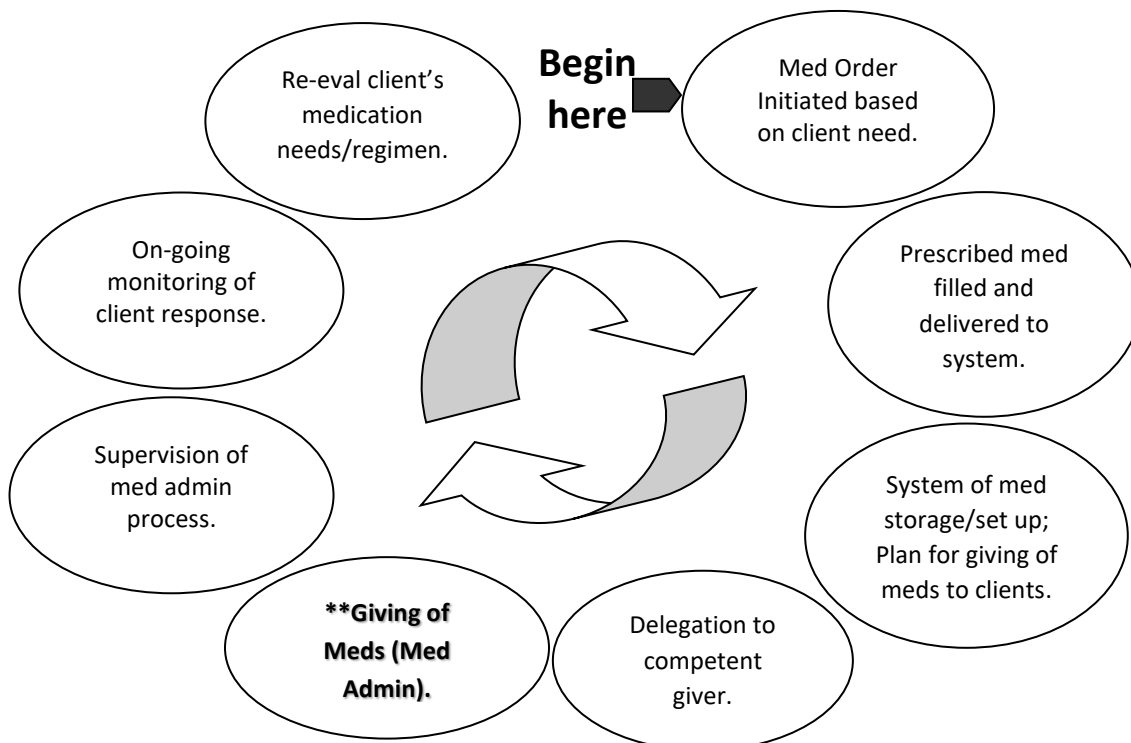
**Medication Administration
A CONTINUUM OF CARE**

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 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 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 nurse and may not be delegated to the medication aide.

Continuum of Care for Clients Receiving Medications



****Focus of Medication Aide Role Development**