NORTH CAROLINA BOARD OF NURSING **NURSE AIDE I TASKS***

I. **PERSONAL CARE (ADL)**

- Bathing (assist, bed bath, tub bath, shower, sitz)
- Mouth care
- Skin care
- Hair care
- Nail care
- Bedmaking (modified)
- Dressing and undressing

BODY MECHANICS II.

- Turn and position
- Transfer chair and stretcher
- Use of lifts
- Assist with ambulation
- Range of motion exercises

III. **NUTRITION**

- Prepare patients for meal time
- Feed patients
- Intake and output
- Force and restrict fluids

IV. **ELIMINATION**

- Bedpan/urinal
- Bowel/bladder retraining
- Collect/test specimens
- Perineal/catheter care
- Apply condom caths
- + Douches
 - Enemas
- + Insert rectal tubes/flatus bags
 - Empty drainage devices from body cavities/wounds
- + Maintain gastric suction

٧. SAFETY

- Side rails/ call rails
- Mitts and restraints
- CPR/Heimlich Maneuver
- Infection control

Handwashing Isolation technique Standard precautions

SPECIAL PROCEDURES VI.

- Vital signs

Temp (oral, rectal, axillary) Pulse (radial, apical)

Respirations

BP

- Height and weight (stand-up scales/bed scales)
- Application of heat/cold
- Prevent and care for decubitus ulcers
- + Surgical skin preps and scrubs
 - Clean dressing changes
 - Apply ace bandages, TEDs and binders
- + Apply and remove EKG monitor leads
 - Postmortem care
 - Cough/deep breathing

Role of Nurse Aide I 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-byclient basis. ALL of 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 NA I 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.

- * Core tasks which the North Carolina Board of Nursing has determined are appropriate for inclusion in basic NAI education programs.
- + Common tasks which are appropriate for delegation to NAI following appropriate education and competency validation by a registered nurse but are not required to be taught in the Division of Health Service Regulation approved 75 hour course.

The "Decision Tree for Delegation to UAP" (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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