

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 and rules permit the delegation of tasks, including the **technical task** of medication administration, to unlicensed assistive personnel (UAP) by the registered nurse (RN) and licensed practical nurse (LPN).

The technical task of medication administration is defined solely as giving medications to the client via the appropriately ordered route.

[Note: Medication Aides and Medication Technicians (Techs) are considered UAP. Please see the NCBON Position Statement on [Medication Aides](#) for specific information about the roles and requirements for these different types of Medication Aides.]

RN Role:

- Maintains overall responsibility and accountability for assessing the capabilities of UAP, to include validation of qualifications, knowledge, and competence in skills needed, prior to delegating the technical task of medication administration to UAP.
- Provides UAP with ongoing supervision, teaching, and evaluation.

Educational requirements for UAP administering medications may or may not be addressed in the laws, rules, standards, policies, and procedures applicable to medication administration in specific practice settings. If addressed, the educational requirements must be provided and validated as specified. If not addressed, the RN is responsible for assuring that medication administration education appropriate to the technical tasks that will be delegated to UAP is implemented. **NCBON-approved Medication Administration Teaching Modules are available on the Board's website for RN use in providing UAP medication administration education.** In unusual situations not addressed in the NCBON-approved modules, the RN is responsible for developing, delivering, and documenting the education appropriate to prepare UAP. If UAP are already educated, listed, and/or experienced in medication administration, the RN is responsible for assuring the appropriateness of their training for the specific practice setting and patient population. In all cases, the RN is responsible, once formal education has been delivered or validated, for validating the competence of UAP in performing the delegated technical task of medication administration and for assuring that applicable policies and procedures are in place

LPN Role:

- Maintains accountability for her/his decision to delegate the technical task of medication administration to UAP validated as competent by an RN.
- Monitors the performance of the UAP, verifying that the technical task of medication administration has been performed as delegated and in accordance with the established standards of practice.

Both RN and LPN Role:

UAP are employed in diverse settings including not only healthcare settings but also settings in which the healthcare needs of the client may be incidental to their needs for other services. Any of these settings may: be regulated by Federal and/or State laws and rules; be accountable for meeting specified accreditation and/or certification standards; and/or have applicable agency policies and procedures in place. In specific settings, the technical task of administration of medications by UAP may be limited, prohibited, or permitted.

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, all nursing laws and rules then apply to RN and LPN delegation of those technical tasks.

IMPORTANT: The licensed nurse (RN or LPN) may delegate only technical aspects of medication administration to UAP. All on-going assessments, interpretations, judgments, and decision-making required relative to clients receiving medications must be carried out by the licensed nurse within the parameters of RN or LPN Scope of Practice. Decisions to withhold medications or to administer PRN (when necessary) medications in response to client request may be implemented by UAP only after assessment by and direction from the RN or LPN. (Please reference Medication Administration – Continuum of Care on page 4 of this document).

In those practice settings where licensed nurses (RN and LPN) are permitted to delegate the technical task of medication administration to UAP, **the delegation of the technical task of medication administration to UAP must meet all of the criteria indicated in the NCBON [Decision Tree for Delegation to UAP](#). Delegation decisions are always based on specific client status and needs.**

PERMITTED ROUTES

Delegation of the technical task of medication administration to appropriately educated and competent UAP and according to agency policy and procedure via the following routes is permitted:

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| • 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 and Enemas)
- 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.)

CAREFUL CONSIDERATION INJECTABLE ROUTES

Delegation of the technical task of medication administration to appropriately educated and competent UAP and according to agency policy and procedure **via the following injectable routes is permitted ONLY with careful consideration** of applicable laws, rules, standards, policies, procedures, and application of all components of the NCBON Decision Tree for Delegation to UAP:

- Intradermal (ID)
- Subcutaneous (SQ)
- Intramuscular (IM)

NON-PERMITTED ROUTES

Delegation of the technical task of medication administration to UAP via the following routes is **NOT PERMITTED within current standards of practice:**

- Intravenous (IV)
- Epidural/Caudal
- Intrathecal
- Intraosseous
- Intraoral
- Cranial Intraventricular
- Body Cavity/Organ (**Exception:** May delegate via gastrostomy tube.)

A. In order for the licensed nurse (RN or LPN) to delegate **technical** medication administration activities to UAP, including Medication Aides, the following criteria must be met.

Tasks may be delegated to an unlicensed person which:

- (1) frequently recur 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.

Client-care services which do not meet **all five** of these criteria above, or which endanger the client's life or well-being, must be performed by a licensed nurse.

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.

B. The licensed nurse **may not** delegate professional judgment or decision-making responsibility to UAP, including Medication Aides, 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 contraindicate continued administration of the medication;
- (7) anticipating those effects which may rapidly endanger a client's life or well-being; and,
- (8) making judgments and decisions concerning actions to take in the event such untoward effects occur.

C. Those activities which may be delegated to UAP are determined by the following variables:

- (1) knowledge and skills of the unlicensed personnel;
- (2) verification of clinical competence of the unlicensed personnel by the RN in the employing agency;
- (3) stability of the client's condition which involves predictability, absence of risk of complication, and rate of change, which thereby excludes delegation of nursing care activities which do not meet the five criteria required in item A above;
- (4) the variables in each service setting which include but are not limited to:
 - (A) the complexity and frequency of nursing care needed by a given client population;
 - (B) the proximity of clients to staff;
 - (C) the number and qualifications of staff;
 - (D) the accessible resources; and
 - (E) established policies, procedures, practices, and channels of communication which lend support to the types of nursing activities being delegated, or not delegated, to unlicensed personnel.

UAP Role:

UAP are responsible for:

- Affirming acceptance and understanding of delegation based on individual competence;
- Performing all medication administration technical tasks correctly as delegated by the RN or LPN;
- Declining delegation if not educated and competent to perform specific tasks until receives RN education and validated competence;
- Seek clarification as needed;
- Request additional training and guidance as needed;
- Documenting all medication administration timely and accurately based on employer policies and procedures; and,
- Reporting all deviations in client condition or in medication administration to the delegating nurse.

References:

[NC GS 90-171.19 – Nursing Practice Act](#)

[21 NCAC 36.0221\(b\) and \(c\) – License Required](#)

[21 NCAC 36 .0224 \(c\) \(d\) \(i\) 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 36.0401 \(b\) and \(c\) – Roles of Unlicensed Personnel](#)

[NCBON Decision Tree for Delegation to UAP](#)

[NCBON Medication Aide Position Statement](#)

[NCBON Delegation and Assignment of Nursing Activities Position Statement](#)

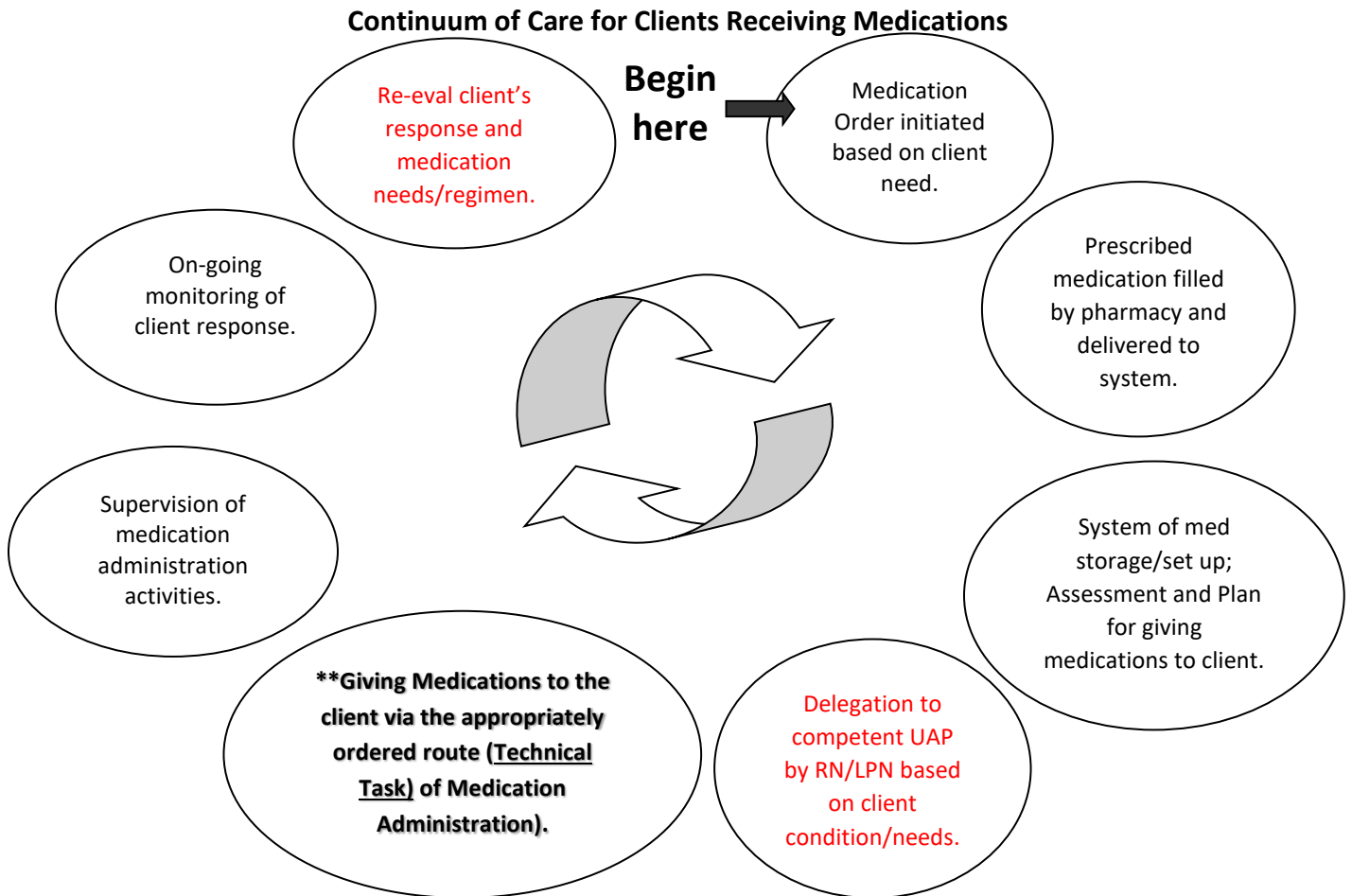
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Medication Administration A CONTINUUM OF CARE

The Medication Administration Continuum begins with the initiation of the medication order by the physician or other authorized provider based on client need and continues through seven other components ending with the re-evaluation of the client's medication needs/regimen. The component of the **technical task of medication administration** in bold print with the double asterisk (**) is the **only** aspect of the continuum that may be carried out by the appropriately qualified Unlicensed Assistive Personnel (UAP).

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 licensed nurse. Thus, the performance of this **technical** task may be delegated to an appropriately qualified UAP. **However, all on-going assessment, interpretation, judgment, and decision-making required relative to clients receiving medications must be carried out by the licensed nurse.** Decisions to withhold medications or to administer PRN (when necessary) medications in response to client request may be implemented by UAP only after assessment by and direction from the RN or LPN.

Accountability for any professional judgments or decision-making surrounding medication administration is the responsibility of the licensed nurse (RN or LPN) and may not be delegated to UAP.



**** Sole Focus of Unlicensed Assistive Personnel (UAP) Role in Medication Administration**

Delegation of the technical task of medication administration to appropriately educated and competent UAP and according to agency policy and procedure via the following routes is permitted: Oral; Sublingual; Buccal; Ophthalmic; Otic; Nasal; Inhalant; Transdermal; Vaginal; Rectal, and Topical (see detail on page 2 of 4).

IMPORTANT:

- 1) Delegation of the technical task of medication administration to UAP via an intravenous (IV) epidural/caudal, intrathecal, intraosseous, intraoral, cranial intraventricular, or body cavity/organ routes is NOT PERMITTED within current standards of practice.

- 2) 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.

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