

0723F: Delegation for Lay Caregivers

Introduction

Adult Foster Homes (AFH) and other community based settings, frequently have clients (residents) with nursing procedures such as insulin injections. Nursing procedures must be delegated to the caregiver by an RN. This self-paced course on RN Delegation is designed to help the caregiver learn the basics of RN Delegation. While the RN is responsible for understanding rules of RN Delegation, it is important for the caregiver to understand what to expect from the RN when a nursing procedure is delegated and ***your responsibilities*** when you have been delegated a nursing procedure.

RN Delegation is an important tool in supporting persons living in community based settings with chronic on-going health support needs however:

- There are numerous steps which requires time up front from both the caregiver and the RN;
- RN Delegation will not work in all situations; and
- RN Delegation requires a team approach between the RN and the caregiver(s).

Good communication between the RN and the caregiver(s) and detailed step-by-step written instructions for the delegated procedure ensures safety for the client and a good experience for the caregiver(s).

Time spent in the beginning of the RN Delegation process will reduce confusion and misunderstanding of what needs to be done by the delegated caregiver(s).

The term *non-licensed care giver(s)* in this course means the individual doing the task does not hold a professional license in the health care field. If a care giver working in AFH has a certificate as a medication aide or nursing assistant must still have tasks of nursing delegated.

In Oregon, RN Delegation in a community setting is defined as: "...settings where a Registered Nurse is not regularly scheduled and not available to provide direct supervision...."

What is RN Delegation

RN Delegation is a legally defined process that allows a RN to authorize a non-licensed caregiver to perform a nursing procedure for a client (resident) without the RN being present each time the procedure is performed. The Oregon Board of Nursing (OSBN) grants the authority to delegate nursing procedure through Oregon's Nurse Practice Act. This allows the RN to delegate the performance of a procedure. ***The RN cannot delegate assessment or the evaluation of the person's health status.***

RN Delegation requirements do not apply to care givers who are performing a nursing procedure for a family member. Additionally, licensed practical nurses (LPN) cannot delegate or be delegated a nursing procedure.

When Can Delegation Occur

The only time a nursing procedure can be delegated is if a RN has determined it is safe and each of the required care components have been met:

- The RN has experience with RN Delegation and the task to be delegated;
- The resident's chronic condition is stable and predictable;
- The nursing task can be delegated;
- The caregiver is willing and able to perform the nursing procedure; and
- The setting is appropriate to perform the nursing procedure.

We will go into more details on each of these components later in this course.

The RN is the one who makes the final decision if the delegation of a nursing task can safely occur in your AFH.

RN Delegation Process

RN Delegation is a *task and person specific* process. For each task of nursing there is one nurse who delegates to one care giver for a single resident in your AFH.

EXAMPLES

You have a resident with chronic diabetes and needs daily insulin injections. You are the only care giver. The RN would authorize you to give insulin injections to your resident.

RN \longrightarrow 1 care giver + 1 resident + 1 task + 1 setting

IF you have two residents living in the AFH with diabetes needing insulin injections the RN would need to do each step of the delegation process with you for each resident.

RN \longrightarrow 1 care giver + $\begin{cases} \longrightarrow 1 \text{ resident} + 1 \text{ task} + 1 \text{ setting} \\ \longrightarrow 1 \text{ resident} + 1 \text{ task} + 1 \text{ setting} \end{cases}$

IF you have two residents living in the AFH with diabetes needing insulin injections and tube feedings living in the AFH **and** there are three care givers. The RN would need to do each step the delegation process with each care giver for each resident.

RN $\begin{cases} \longrightarrow 1 \text{ care giver} + \begin{cases} \longrightarrow 1 \text{ resident} + 1 \text{ task} + 1 \text{ setting} \\ \longrightarrow 1 \text{ resident} + 1 \text{ task} + 1 \text{ setting} \end{cases} \\ \longrightarrow 1 \text{ care giver} + \begin{cases} \longrightarrow 1 \text{ resident} + 1 \text{ task} + 1 \text{ setting} \\ \longrightarrow 1 \text{ resident} + 1 \text{ task} + 1 \text{ setting} \end{cases} \\ \longrightarrow 1 \text{ care giver} + \begin{cases} \longrightarrow 1 \text{ resident} + 1 \text{ task} + 1 \text{ setting} \\ \longrightarrow 1 \text{ resident} + 1 \text{ task} + 1 \text{ setting} \end{cases} \end{cases}$



The RN can provide teaching about the resident's condition and about the nursing task to several care givers at the same time. However, for delegation to occur the RN must evaluate each individual care giver(s) and observe each individual care giver(s) perform the nursing task from start to finish for each resident. Depending on the task this may mean the RN will need to return several times to complete a delegation to multiple individuals.

What Tasks of Nursing Must be Delegated

There is no list of what nursing tasks must be delegated. There are some tasks that cannot be delegated which will be covered later. It is each RNs responsibility to determine if a task requires delegation and can be delegated. The following list is a sample of common delegations seen in AFH settings:

- Ongoing subcutaneous injections of insulin
- Providing nutrition and oral medications through a gastrostomy tube (g-tube) or other feeding tubes
- Routine trach care and suctioning

There may be other nursing tasks that are appropriate for delegation. The RN will be able to evaluate the resident and the task to determine if a task needs to be delegated and is appropriate to delegate. Additionally, the RN may determine a common nursing task cannot be delegated in a particular situation. We will cover more on conditions that may not be appropriate for RN Delegation.



If a resident is taking oral medication for their diabetes they may still need to have someone check their blood sugar. Checking a persons' blood sugar (capillary blood glucose aka CBGs) does not require delegation. However, if the person receives insulin injections checking blood sugar is always a part of the delegation process.

What Cannot be Delegated

- A RN cannot delegate assessment, evaluation or decision making. *Only* performing the task can be delegated.
- A RN cannot delegate any task of nursing when the resident's condition is unstable or requires the RN to assess the resident before and/or after the task is performed.
- A RN cannot delegate the administration of intramuscular (IM) injections. If the medication is glucagon or an epi-pen the RN will teach you how to give but you will not demonstrate on the resident as the medication can only be given in an emergency. This is not delegation but teaching for anticipatory emergency.

- A RN cannot delegate the administration of intravenous (IV) medications except when the RN is an employee of a licensed home health, home infusion or hospice agency providing services for the resident. **NOTE: Adult Foster Home (AFH) rules may restrict what tasks of nursing can be delegated.**
- A RN cannot delegate medications used for anticipatory emergencies. The RN will provide teaching but cannot watch you demonstrate since the injectable medication can only be given in an emergency as outlined in the medical order:
 - * Glucagon for diabetes; and
 - * Epi-pens for allergies.
- RN Delegation may not be appropriate if a resident is being discharged from a hospital/nursing facility, last minute late Friday discharges or urgent direct admits from another community setting without proper equipment, medical orders or when there is no RN available to delegate tasks of nursing.



Giving a resident oral medication does not require RN Delegation.

The Five Components of RN Delegation

RN Delegation process has five components the RN must consider before making the decision to delegate a task of nursing



UAP stands for: Unlicensed assistive personnel. This term is used nationally. In Oregon's AFH settings SPD uses the term *care givers* instead of *UAP*.



Before the process of RN Delegation can begin the RN must have expertise with the:

- Delegation process; AND
- Nursing task being considered for delegation

The RN may need to consider if they have time to complete the RN Delegation process and provide the ongoing supervision of the delegation. When an AFH has only one or two residents and care givers this is probably not an issue. However, as the number of residents who need RN Delegation increases and if the AFH has multiple care givers the amount of time the RN must be available may require more time than the RN has available.



The RN must evaluate the resident's health condition related to the nursing task being considered for delegation. The resident's condition must be:

- Stable; and
- Predictable.

To determine if the resident is stable and predictable the RN will do a focused assessment of the resident related to the task of nursing being considered for delegation.

In some cases you may have a resident with a degenerative condition such as Parkinson's disease and their health is declining. However, if they also have diabetes and need insulin and their insulin needs, including sliding scale, is stable the RN may still delegate insulin injections.



The RN must determine if the task being considered for delegation is appropriate in this specific situation. The RN must use professional judgment to decide if a nursing task can be delegated in each individual situation.

There may be a situation when a nursing task you have had previous experience with another resident might not be appropriate for a new resident because of their health condition requires an assessment before and/or after the nursing task is performed.



The RN must assess each care giver individually and determine if the care giver is:

- Able to perform the task (this includes their physical ability)
- Willing to perform the task
- Able to follow written instructions and to communicate
- Able to perform the task routinely.



The RN should not delegate a nursing task to all care givers in an AFH if any of the care givers do not have a chance to perform the task frequently enough to maintain the skills necessary for the safe performance of the task.



The RN must also decide if the environment where the task of nursing will be performed is appropriate. For example is there an area for hand washing, appropriate storage or a private area where the nursing task can be performed?

RN Delegation Begins

The RN has much to teach you about the nursing task before delegation can occur. Here is a list of what the RN must teach you about the task you will be performing:

- Basic information about the resident's chronic condition including why the resident needs a particular nursing task performed
- Any potential risks associated with the nursing task and possible side effects the resident may experience when performing the nursing task
- Any signs and symptoms you need to observe, any action you need to take and what needs to be documented.
- How to perform the task

The RN must:

- Observe the care giver performing the nursing task from start to finish. While the RN can provide teaching about the task to several care givers at one time, the RN must observe each care giver perform the task from start to finish on the resident.
- Provide clearly written step by step instructions including when to call:
 - The RN who has delegated the nursing task. *The RN is not on call for emergencies but should be called when there is a change in the resident's medical orders or condition for the nursing task.*
 - The resident's medical practitioner
 - 9-1-1
- Document in the resident's record each care giver the RN has authorized to perform the nursing task.
- Provide a nursing plan of care that identifies the delegation and when the RN will return to review the delegation.



It is your responsibility to talk with the RN if you are unable to read their handwriting, if any of the instructions are unclear, or do not match what you were taught by the RN.

Periodic Inspection, Supervision and Evaluation

After a nursing task has been delegated the RN has ongoing supervision responsibilities for each delegated nursing task. Supervision of RN Delegation is limited to the delegated task and is not *general supervision* of the care giver(s).

The Oregon's Nurse Practice Act calls this *Periodic Inspection, Supervision and Evaluation*. Oregon's Nurse Practice Act has minimum requirements for the frequency the RN does periodic inspection, supervision and evaluation of the delegated nursing task:

- A new delegations require the RN evaluate the care giver and resident within 1-60 days from the date the nursing task was delegated
- Thereafter the RN is required to evaluate each care giver and resident no less than every 180 days from the last visit



The RN may decide to evaluate the care giver more frequently. The decision to review more frequently is based on the complexity of the nursing task, the skill and confidence of the care giver and the resident. Frequency of the RNs supervision visits should be documented in the nursing care plan. In addition, if the residents needs have changed or medical orders have changed the RN may need to return and review the delegation to assure it is still appropriate or make any necessary changes to the instructions.

When the RN returns to your AFH for the supervision visit they will be:

- Assessing the current condition of the resident
- Reviewing the procedures and written directions established
- Ensure documentation in the AFH demonstrates the written instructions are being followed
- Observing each individual care giver(s) who the RN delegated to perform the nursing task



A common complaint we hear is the RN wants to come to the AFH during busy times such as meals or during the morning. If the delegated nursing task is scheduled during a busy time the RN must visit during the time the nursing task will be performed.

When a RN Rescinds a Delegation

If any of the five components are not met the RN cannot delegate a nursing task. Additionally, if there are changes to any one of the five components, after the task has been delegated, the RN may be required to rescind a delegation. Common reasons for rescinding a delegation:

- The resident's condition has changed and is no longer stable or is more complex
- The nursing task is no longer needed
- Care giver(s) is not able to follow through with the instructions for any reason
- The RN is not able to provide adequate supervision of a care giver.
- The care giver quits or the AFH has frequent changes in care givers and the RN is unable to evaluate new care givers in a timely fashion.
- The resident moves to another setting or dies



No matter why the RN needs to rescind a delegation it must be documented in the resident's record. Documentation needs to include the date the delegation was rescinded; the name of each care giver for whom the delegation is rescinded; and the reason why the RN needs to rescind the delegation.

Transfer of RN Delegation

The transfer of RN Delegation to from one RN to another involves all steps required in the RN Delegation process. The new RN may not need to teach the care giver(s) about the resident's condition or the nursing task again but the RN needs to be able to evaluate the care giver(s) understanding and their ability to perform the task safely. The RN can use the existing step-by-step instructions as long as the RN agrees with the instructions and verifies the instructions are appropriate for the resident.

Home Health and Hospice

A resident may be receiving home health services or is on hospice and has delegation needs for a chronic on-going condition such as diabetes. If you have a resident receiving home health or the resident is on hospice, you are responsible for discussing the resident's needs with each RN to determine who is doing what and when. This should all be documented in the resident's record. Clear communication in the beginning will assure the resident's health care needs are fully supported.

Common Questions

Question: The RN delegated a task of nursing for two of my residents but did not leave any written instructions. What should I do?

Answer: You should contact the RN immediately. If you still do not get a response you may need to find another RN. In this circumstance it is recommended you also let your licenser know you're having trouble getting documentation from the RN.

Question: The RN who works in my home seems to spend more time on RN Delegation for the same nursing task than another RN in my friends AFH. Does the RN I contract with not know what they are doing?

Answer: RN Delegation is a resident and care giver specific process so no two RN Delegations, even for the same nursing task, will always look the same. Some situations require more time to go through the RN Delegation process. Some factors could include: the care givers may not have as much experience, needing more teaching or your resident may have more complex issues. If you are unsure what the RN is doing ask.

Question: The RN asked me if I have a form they must use for the delegation. Is there a form?

Answer: There is no universal form. It is the responsibility of the RN to provide you with any necessary documentation for each delegation. Some RNs have created their own forms which generally reflect the type of nursing tasks they delegate. One form does not fit all situations or style of communicating. If a RN does use a standard form the RN must customize the information to reflect the individual resident's delegation needs. If you have two residents with delegation the information about the resident and the delegation should **not** be the same. The instruction should include more information than generic instructions on how to perform the nursing task and must be specific to the residents need and the care giver skills.

Question: I have a resident who is able to go out into the community without a care giver. The resident needs insulin and misses insulin injections sometimes. Can a RN still delegate insulin injections for this resident?

Answer: It depends on a couple of conditions:

- Are you still able to give insulin injections to the resident when the resident isn't in the community? and

- Does the resident respond as expected to the insulin injections they do receive without needing emergency medical care?

If the answer is yes to both then delegation for insulin injections may still be appropriate because you are able to perform the task frequently enough to maintain your skills and the resident's response is predictable.

However, in this situation the RN must:

- Discuss with the resident why it is important to follow their diabetes care routinely and the risks of missing insulin injections; and
- Document: why the insulin injections are missed; when the RN notified the resident's medical practitioner and their response; and the RN's discussion with the resident about the risks involved.

Question: The RN won't delegate insulin injections because the resident needs their sliding scale insulin dose every time their blood sugars are tested and the resident's medical practitioner changes the medical orders for the insulin frequently. What can I do?

Answer: First you need to talk with the RN about their concerns. There may be issues the RN is worried about that could be addressed. For example:

- The RN may be concerned the care givers will be unable to keep track of all the changes with the insulin orders. Ask if you could go through the process with them and demonstrate how new orders are handled. *Remember* the RN is responsible for the delegation and must be certain the care giver(s) can follow the medical orders and the delegation instructions.
- The RN may be concerned specifically with the insulin orders. For example the resident needs emergency care routinely because they do not respond as expected to the insulin injections. Discussing the issues with the RN and the resident's health care team could result in another approach that would have better outcomes for the resident and eliminate the emergencies.
- The RN may have discovered the care givers were not using the correct insulin orders after several attempts by the RN to provide directions. The RN determines that the frequency of the medical order changes makes it too difficult to follow the medical orders making the delegation unsafe.
- If the RN is unable to express their concern you can suggest they call the Oregon Board of Nursing and speak with the RN Consultant regarding their concerns with

delegating insulin injections. Or, you may need to talk with the case manager about finding another RN. Not all RNs are comfortable with delegation.

Question: I have a lot of experience with giving insulin injections why do I need a RN to delegate insulin injections?

Answer: Giving injections is a nursing task. If insulin injections have not been delegated you would be practicing nursing without a license. The Oregon Board of Nursing can sanction you for practicing nursing without a license.

Question: I have a new care giver coming tomorrow and I have a resident that will need insulin injections. The RN cannot come out and delegate until the following week. Is it ok for me to go ahead and teach the new care giver to perform the task as long as the RN is coming to do the RN Delegation process?

Answer: No it is not ok. An insulin injection is a nursing task and requires RN Delegation for all non-licensed care givers. Here are some suggestions if there isn't a RN available immediately:

- Does the resident have a family member willing to give the insulin injections until the RN can come into the home? Family members do not need to have nursing tasks delegated.
- Is there another RN that can do the RN Delegation?
- Can the medical practitioner teach the new care giver to give insulin injections? Medical practitioners have the authority to teach anyone how to perform a task however; this would only be a short-term temporary solution and it is expected the AFH provider have a RN delegate as soon as possible.
- Is Home health available to do the injections? Home health may be able to perform the task but generally are not willing to delegate a task. Home health services require medical orders from the resident's medical practitioner.

Question: Can a RN delegate wound care?

Answer: Wound care is a gray area. Skin breakdown or damage to the skin in resident's who are aging or have chronic illness that impairs their circulation are at higher risk of a simple wound becoming complex in a short period of time. Whether or not it is safe and reasonable for a RN to delegate wound care depends on a number of conditions:

- How serious is the wound?
- Have there been complications?
- Does the wound need to be assessed routinely by the medical practitioner or RN?
- Is the wound care task complex?
- What is the overall condition of the resident? Do they have an underlying condition that slows or prevents the wound from healing?
- If there isn't a lot of history on the resident or there is a history of complications due to poor healing the RN may consider delegating wound care unsafe.

Question: Our setting requires written Protocols for certain conditions. Should the protocols be delegated?

Answer: Protocols maybe part of the step-by-step instructions for a delegated nursing task however, not all protocols are about nursing tasks. For example a common protocol for individuals with developmental disabilities may be high risk for aspiration. Aspiration protocols typically address: food type and consistency; fluid temperature or consistency; positioning; when to call 9-1-1 and other information specific to the individual. Protocols and RN Delegation do share one thing in common: **the information is written specifically for the individuals' needs and are not merely generic information.**

Resources

DHS's Safe Medication Administration: www.tinyurl.com/p863p2g

DHS's Ensuring Quality Care tools and resources:
www.tinyurl.com/APD-EQCTools-Resources

Training credit

You will need to take and pass a test to receive a certificate for training hours. Tests are open book. Tests cannot be taken with assistance. Tests results will be sent via email from spd.hsu@state.or.us.

You must score 100% to receive training credit. All tests are graded in the order received. Processing tests can take up to 8 weeks.

Ordering tests

Fill out the test order form and submit payment to SOQ-Self-study Program, PO Box 14530, Salem OR 97309. Test order form is found at: www.tinyurl.com/DHS-AFHTraining. The test order form allows for an individual to order multiple different tests.

Tests are valid for 12 months from the date of purchase. Once a self-study test is ordered it is not transferable to another individual. **No refunds will be given.**

Questions or inquires?

Send questions or inquiries to: spd.hsu@state.or.us