

Delegation of Nursing Care Activities

The American Nephrology Nurses Association (ANNA) believes every individual with kidney disease has the right to care from professional registered nurses (RNs) that encompasses all aspects of the nursing process and meets or exceeds the *ANNA Nephrology Nursing Scope and Standards of Practice (2022)* and Centers for Medicare and Medicaid Services (CMS) Conditions for Coverage (2008). Each RN must comply with the scope of practice, regulations, laws, and licensure requirements of the state(s) in which they practice.

The RN is accountable for the safety of all individuals within their care.

Background and Rationale

The relationship between the RN and the patient constitutes a legal and binding contract. The existence of this contract has been established through case law.

Delegation is an essential nursing skill (NCSBN & ANA, 2019). ANNA recognizes the contributions of licensed personnel, including licensed practical nurses/licensed vocational nurses (LPNs/LVNs) and unlicensed assistive personnel including but not limited to medical assistants (MAs), patient care technicians (PCTs), and certified clinical hemodialysis technicians (CCHTs) in the delivery of care for individuals with kidney disease. Each state has a nurse practice act or state statute equivalent that is the legal authority for nursing practice in the respective state. These statutes address delegation of care activities and may limit the delegation of nursing care activities or interventions to licensed and unlicensed personnel. The National Council of State Boards of Nursing (NCSBN) at www.ncsbn.org provides links to each state board of nursing

It is the position of ANNA that: Delegation is an essential competency for the RN and the RN is accountable for all delegation.

- The RN uses critical thinking and professional judgment when following the Five **Rights** of Delegation to ensure the delegation or assignment is:
 - a) The **right** task
 - The delegated activity must fall within the delegatee's job description and scope of practice.
 - The knowledge and expertise derived from the completion of a nursing education program and the specialized skill, judgment, and decision making of a RN must not be delegated.
 - b) Under the **right** circumstance
 - This is determined by the condition of the patient, the competence of the delegatee, and the degree of supervision that will be required of the RN if a task is delegated.
 - c) To the **right** person (per State Nurse Practice Act/State Statute Equivalent)
 - Care activities must be within the delegatee's skill/knowledge set, certification requirements, practice setting, scope of practice, and the licensure requirements in effect in the state in which the RN is employed. Additional specific facility/agency policies and procedures related to delegation also may apply. Facility and agency policies must adhere to the State Nurse Practice Act and the *Nephrology Nursing Scope and Standards of Practice (2022)*.

- d) With the **right** directions and communication
 - The RN shall instruct the licensed/unlicensed personnel in the delegated nursing care activity with a clear concise description, including its objective, limits, and expectations and verify the individual's competency to perform the activity.
 - The delegatee must understand the delegated task and agree to perform the activity.
- e) Under the **right** supervision, evaluation, and feedback
 - Persons to whom tasks are delegated are encouraged to ask questions and/or request clarification of expectations.
 - The RN is responsible for monitoring the delegated activity and evaluating individual outcomes.
- The RN must never delegate a nursing care activity that requires:
 - a) Elements of the Nursing Process: the foundation of the RN's decision-making, practice, and provision of care.
 - Assessment: The RN completes an assessment of the individual's nursing care needs before delegating any nursing intervention/activity.
 - Diagnosis: Analyzes data to determine actual or potential problems.
 - Outcomes Identification: Outlines expected outcomes for an individual plan of care.
 - Planning: Develops a plan to achieve expected outcomes.
 - Implementation: Implements identified plan of care.
 - Coordination of care: Collaborates with the individual and interprofessional teams to achieve expected outcomes.
 - Health teaching and health promotion: Addresses individual-specific learning needs.
 - Evaluation: Evaluates goals and attainment of expected outcomes. (NCSBN & ANA, 2019)
- The RN is legally accountable and clinically responsible for the complete documentation of the entire nursing process, including aspects of the nursing care activities or interventions that are delegated to other personnel.
- The RN cannot delegate patient education. ANNA recognizes the role of licensed and unlicensed assistive personnel in reinforcing education initially provided by the RN.
- Delegation of nursing care activities to licensed and unlicensed assistive personnel shall comply with the following criteria:
 - a) The RN shall be accountable and responsible for all delegated nursing care activities or interventions and must be **directly** (physically present and immediately available) or **indirectly** (through written, verbal, or telecommunications) available for ongoing monitoring and evaluation of the individual's response to the care provided.
 - b) Administration of medication is a nursing responsibility requiring knowledge of the indications, pharmacokinetic action, potential adverse reactions, correct dosage, and contraindications. In general, medication administration is beyond the scope of practice of unlicensed assistive personnel. For PCTs/CHHTs in hemodialysis, the administration of medications shall be limited to those medications considered part of the routine hemodialysis treatment, that is, normal saline and heparin via the extracorporeal circuit, intradermal lidocaine, and oxygen by nasal cannula, as allowed by the State's scope of practice, organization policies, and regulatory requirements in the state in which the RN and PCT/CCHT practices.
 - c) Administration of any blood products and/or intravenous medications by infusion is a nursing responsibility and beyond the scope of practice of unlicensed assistive personnel.

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- Organizational resources must include policies and resources that support the RN's decision-making in the delegation process:
 - a) Delegation policies must include RN input into the development and maintenance of such policies.
 - b) Continuing education that reinforces an understanding of the core nephrology nursing principles necessary to recognize and manage real or potential complications that may result in adverse outcomes to the health and safety of the individual. This understanding aids in the RN's ability to assess each situation prior to delegating tasks to licensed and unlicensed assistive personnel.
 - c) Establishing a staff mix that provides safe, competent, and representative care with RN involvement.
 - d) Ensuring, at least annually, documented competencies of licensed and unlicensed assistive personnel, to which the RN has access, and guides the RN in the appropriate delegation of tasks.

Note: The Delegation of Nursing Care Activities Position Statement Addendum provides guidance on tasks that can be delegated to unlicensed assistive personnel.

References

Centers for Medicare & Medicaid Services (CMS). (2008). *Medicare and Medicaid Programs; Conditions for Coverage for End-Stage Renal Disease Facilities; Final Rule*.
<https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Downloads/ESRDfinalrule0415.pdf>

Gomez, NJ. (2022). *Nephrology nursing scope and standards of practice* (9th ed.). American Nephrology Nurses Association.

National Council of State Boards of Nursing (NCSBN) and American Nurses Association (ANA). (2019). National guidelines for nursing delegation.
<https://www.nursingworld.org/~4962ca/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/nursing-practice/ana-ncsbn-joint-statement-on-delegation.pdf>

Suggested Readings

American Nurses Association (ANA). (2021). *Nursing: Scope and standards of practice* (4th ed.).

American Nurses Association (ANA). (2015). *Code of ethics for nurses with interpretive statements*.
<https://www.nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html>

Cahill, M., Painter, D., & Branch, J. (2021). The authority for certain clinical tasks performed by unlicensed patient care technicians and LPNs/LVNs in the hemodialysis setting: An update and invitation to take action. *Nephrology Nursing Journal*, 48(2), 119-129.

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ANNA Position Statements are reviewed and reaffirmed biennially.

Addendum to American Nephrology Nurses’ Association Position Statement on Delegation of Nursing Care Activities

As a nephrology registered nurse (RN), you may be delegating to both licensed and unlicensed assistive personnel. Delegation to licensed practical nurses/licensed vocational nurses (LPNs/LVNs) is supported by the scope of practice for these nurses in the individual state’s nurse practice act, which varies considerably from state to state. Delegation to unlicensed assistive personnel may not be as clear. Obtaining weights, vital signs, scheduling appointments, managing inventory and equipment, and phlebotomy if the staff member is trained generally can be delegated. The tables below will assist the nephrology RN in determining tasks that can and cannot be delegated (Cahill, Painter, & Branch, 2021).

Can be Delegated*	Cannot be Delegated
Weight	Assessment
Vital signs (blood pressure, temperature, respiratory rate, and pulse), pain	Diagnosis
Scheduling appointments/reminder calls	Outcomes identification
Paperwork: chart set ups, filing, etc.	Planning
Managing inventory and equipment	Implementation
Phlebotomy	Evaluation of outcomes
Capillary blood glucose	Coordination of care
Non-sterile dressing	Health teaching and health promotion
Reinforcement of education	Education
LPN: medications	

*Dependent upon each state nurse practice act and the Five Rights of Delegation.

The use of unlicensed assistive personnel, such as medical assistants (MAs), patient care technicians (PCTs), and certified clinical hemodialysis technicians (CCHTs), has increased in home therapies. An example of tasks that may be considered for delegation is included below using a home dialysis workflow.

Home Dialysis Workflow	RN Required	Task May Be Delegated
<i>Recruitment/Referrals</i>		
Identify candidates	Education for potential candidates and families to learn about home therapies (example: Lobby Days, transitional care units [TCUs])	Assistance with Lobby Days and patient care in the TCU
Evaluation of the candidate	Completion of the home visit, assessment of the candidate/care partner to identify special needs – learning style, dexterity, treatment adherence, home environment, and education	Assistance with home visit(s) to determine necessary home modifications, completion of the tool Methods to Assess Choices for Home Dialysis (Match D)

Home Dialysis Workflow	RN Required	Task May Be Delegated
Recruitment/Referrals (cont'd)		
Acceptance of the candidate	Final determination with input from the interdisciplinary team	
Access placement and management	<p>Peritoneal dialysis (PD): site markings for PD access/catheter placement, maintenance of sterile dressings, PD catheter flushes</p> <p>Home hemodialysis (HHD): assessment of vascular access site, evaluation to ensure adequate function with referral to a dialysis access surgeon if needed</p> <p>Both: education on the care of access</p>	Scheduling appointments and follow-up for attendance, non-sterile dressing changes if not performed by the patient/care partner, consideration for PD catheter flush depending on delegation authority and training, reinforcement of education related to care of access
Admission Process	Education, assessments if not previously completed (e.g., urgent starts)	Admission paperwork, preparation of chart/filing, schedule appointments and training, reminder calls, lab draws, vital signs, weights, supply ordering, management of facility-owned equipment, obtain samples for Association for the Advancement of Medical Instrumentation (AAMI) analysis, cultures, and endotoxin, LPN/LVN may perform vaccinations/tuberculin (TB) skin tests administration of other medications if allowed by individual state practice acts
Training		
Education	Assessment of learning style, learning capabilities, education, evaluation of learning	Reinforce education within the scope of practice
Determining a safe transition	Assessment of readiness, determination of the frequency of ongoing monitoring	

Home Dialysis Workflow	RN Required	Task May Be Delegated
Monitoring and Ensuring Success		
Follow-up and oversight	Education and re-education of high-risk issues, assessment, and monitoring to include dialysis access, home environment, life goals, depression, burnout, observing lab results for trends, making recommendations for prescription management, determining frequency and completion of home visits, peritoneal equilibration test (PET), assessing when respite is needed and when transition back to home setting is appropriate	Assistance during clinic visits and home visits with phlebotomy, management of supplies, obtaining vital signs and weights, scheduling follow-up appointments, LPN/LVN may administer injections and other medications, PET tests if allowed by individual state practice acts
Emergent issues	Assessment and evaluation of issue and determination of the plan, on call	Act as a second person, if required for safety for after-hours clinic/home visit
Determining success	Evaluation of continued success at home, follow-up education	Collection of data with parameters for reporting

Reference

Cahill, M., Painter, D., & Branch, J. (2021). The authority for certain clinical tasks performed by unlicensed patient care technicians and LPNs/LVNs in the hemodialysis setting: An update and invitation to take action. *Nephrology Nursing Journal*, 48(2), 119-129.

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