

**PROPOSED REGULATION OF THE
STATE BOARD OF NURSING**

LCB File No. R018-22

February 25, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: § 1, NRS 632.120.

A REGULATION relating to nursing; revising the facilities where an apprentice nurse may practice; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Nursing to adopt regulations establishing standards of professional conduct for the practice of nursing. (NRS 632.120) Existing law authorizes the practice of nursing by students enrolled in accredited schools of nursing and certain graduates of those schools. (NRS 632.316) Existing regulations authorize a nursing student, as an apprentice nurse, to perform tasks which the student has successfully demonstrated in his or her program of education if the student works as an apprentice nurse: (1) in a licensed hospital for acute care, a licensed hospital for long-term care or a community health clinic or for a health maintenance organization; and (2) under the supervision of a registered nurse who is at the site where care is provided. (NAC 632.252) This regulation additionally authorizes an apprentice nurse to practice at other medical facilities licensed pursuant to chapter 449 of NRS.

Section 1. NAC 632.252 is hereby amended to read as follows:

632.252 1. A nursing student may, as an apprentice nurse, perform those tasks which the nursing student has successfully demonstrated in his or her program of education if:

(a) The nursing student works as an apprentice nurse in a ~~licensed hospital for acute care, a licensed hospital for long-term care,~~ *medical facility*, a community health clinic or *for* a health maintenance organization and works under the supervision of a registered nurse who is at the site where care is provided;

(b) The nursing student presents to his or her employer satisfactory evidence from his or her school of nursing of successful demonstration of his or her skills;

(c) The nursing student has been evaluated by the chief nurse as safe to perform those tasks in the health care facility employing him or her;

(d) The description of the position of apprentice nurse provided by the health care facility employing the nursing student identifies the roles and responsibilities of the position;

(e) The tasks delegated to the nursing student acting as an apprentice nurse are identified in the health care facility's description of the position and have been approved by the Board as tasks that are delegable to the nursing student;

(f) There is a formal procedure for the nursing student to refuse to perform any task until he or she is comfortable with his or her ability to do so safely; and

(g) The nursing student, acting as an apprentice nurse, identifies himself or herself as an apprentice nurse on his or her name tag when recording patients' records and in his or her introduction to patients.

2. While performing nursing functions as an apprentice nurse, the nursing student is subject to the provisions of the Nurse Practice Act and regulations adopted by the Board.

**PROPOSED REGULATION OF THE
STATE BOARD OF NURSING
LCB File No. R019-22**

March 3, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§ 1-5, NRS 632.120.

A REGULATION relating to nursing; authorizing advanced practice registered nurses, registered nurses and licensed practical nurses to delegate nursing care to other persons in certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Nursing to adopt regulations necessary to enable it to administer the provisions of law governing the practice of nursing. (NRS 632.120) Existing regulations: (1) authorize registered nurses to delegate nursing care to other personnel who are qualified to provide such care and to supervise such personnel in the provision of such care; (2) require a registered nurse to consider certain information before delegating nursing care; and (3) provide that a registered nurse who delegates nursing care is responsible for the actions taken by the person to whom the care is delegated. (NAC 632.222)

Section 1 of this regulation generally authorizes an advanced practice registered nurse, registered nurse or licensed practical nurse to delegate nursing care to certain other persons and supervise such other persons in the provision of such care. **Section 1** requires that the care being delegated is within the scope of practice of the nurse who is delegating the care and, if the care is being delegated to a registered nurse or licensed practical nurse, within the parameters of the authorized scope of practice of that nurse. **Section 1** also requires that: (1) the person to whom nursing care is delegated is competent to provide the care and verbally accept the responsibility to provide the care; and (2) the delegated nursing care will not involve the use of any nursing judgment or critical decision making. **Section 1** generally authorizes a person to whom nursing care is delegated to perform any nursing activity, skill or procedure that is outside the traditional role and basic responsibilities of his or her job, but requires the nurse who is delegating the care to perform or supervise any act necessary to ensure the quality and sufficiency of the delegated care. **Section 1** additionally requires an advanced practice registered nurse, registered nurse or licensed practical nurse to consider certain information before delegating nursing care. **Section 1** further provides that an advanced practice registered nurse, registered nurse or licensed practical

nurse who delegates nursing care maintains overall accountability for the patient whose care is delegated, but the person to whom such care is delegated is responsible for any delegated activity, skill or procedure that he or she performs. Finally, **section 1** specifies that the provisions of the section apply to the delegation of nursing care and not to the assignment of any duties.

Sections 2, 3 and 4 of this regulation make conforming changes to refer to the ability of licensed nurses to delegate appropriate care pursuant to **section 1**. **Section 5** of this regulation repeals the existing regulation that pertains to the delegation of nursing care by registered nurses.

Section 1. Chapter 632 of NAC is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 3, 4 or 6 of NAC 632.226 or paragraph (e) of subsection 1 of NAC 632.252 or as otherwise provided by law or regulation, a licensed nurse may delegate nursing care to another person and supervise the other person in the provision of that care if the following requirements are met:

(a) The licensed nurse is:

(1) An advanced practice registered nurse and delegates the care to a registered nurse, licensed practical nurse or any assistive personnel;

(2) A registered nurse and delegates the care to a licensed practical nurse or any assistive personnel; or

(3) A licensed practical nurse and delegates the care to any assistive personnel;

(b) The nursing care being delegated is within the scope of practice of the delegator;

(c) If the nursing care is being delegated to a registered nurse or licensed practical nurse, the nursing care is within the parameters of the authorized scope of practice of the delegatee;

(d) The delegatee is competent to provide the nursing care delegated to him or her and verbally accepts the responsibility to provide that care; and

(e) The nursing care being delegated will not involve the use of any nursing judgment or critical decision making.

2. Subject to the limitations set forth in subsection 1, a delegatee may perform a specific nursing activity, skill or procedure that is outside the traditional role and basic responsibilities of his or her current job.

3. A delegator shall perform or supervise any act necessary to ensure the quality and sufficiency of the delegated nursing care provided to a patient.

4. Before delegating the nursing care of a patient, the delegator must consider the following:

(a) The amount of direction required to be given to the delegatee;

(b) The complexity of the nursing care needed by the patient, recognizing that simple care may be performed by following an established policy while more complex care requires greater knowledge and a higher level of judgment, direction and supervision;

(c) Whether the delegatee has obtained the education and training and has the validated competence to perform the nursing care, recognizing that the context and processes associated with competency validation are different for each activity, skill or procedure being delegated and that competency validation should be specific to the knowledge and skill required to perform the delegated care safely and the level of practitioner of the delegatee; and

(d) The established policies and procedures relating to the care of the patient and the procedures used to communicate to other providers of health care the patient's symptoms, reactions and progress.

5. A delegator maintains overall accountability for the patient whose nursing care is delegated pursuant to this section, but a delegatee is responsible for any delegated activity, skill or procedure that he or she performs.

6. The provisions of this section apply to the delegation of nursing care to a registered nurse, licensed practical nurse or assistive personnel and do not apply to the assignment of duties to such persons.

7. As used in this section:

(a) "Assignment" means entrusting the performance of routine care, activities and procedures that are within the authorized scope of practice of a registered nurse or licensed practical nurse or part of the routine functions of assistive personnel.

(b) "Assistive personnel" means any person trained to function in a supportive role, regardless of title or licensure, to whom nursing care may be delegated. The term includes, without limitation, certified nursing assistants, patient care technicians, medication aides - certified, home health aides and unlicensed assistants.

(c) "Delegatee" means a registered nurse, licensed practical nurse or assistive personnel, as applicable, to whom nursing care is delegated.

(d) "Delegator" means an advanced practice registered nurse, registered nurse or licensed practical nurse, as applicable, who delegates nursing care.

Sec. 2. NAC 632.212 is hereby amended to read as follows:

632.212 1. The Board will interpret the practice of professional nursing to include, but not be limited to, the duties specified in NAC 632.214 to 632.224, inclusive.

2. A registered nurse shall demonstrate in the performance of those duties competence in:

- (a) The diagnosis and treatment of human responses to actual or potential health problems;
- (b) Synthesizing the biological, psychological and social aspects of the patient's condition;
- (c) Exercising sound judgment;
- (d) Making decisions;
- (e) Carrying out his or her duties based on an established plan of care;
- (f) Evaluating, assessing and altering, if appropriate, the established plan of care;
- (g) Delegating appropriate duties to other persons ~~H~~ *in accordance with section 1 of this regulation;*
- (h) Supervising a person to whom the registered nurse has delegated nursing duties;
- (i) Maintaining accountability in the delegation of care;
- (j) Administering medication and carrying out treatments which are properly authorized;
- (k) Determining the necessity and appropriateness of health care services for a patient or prospective patient and determining that patient's eligibility for payment of those health care services by a licensed insurer;
- (l) Managing the cases of patients assigned to him or her by coordinating services and collaborating with other health care professionals in the provision of health care services, including, without limitation, an ongoing evaluation of the patient's focused nursing assessments conducted by a licensed practical nurse pursuant to NAC 632.232;
- (m) Planning for the discharge of patients; and
- (n) Managing risk in the provision of health care services.

Sec. 3. NAC 632.230 is hereby amended to read as follows:

632.230 A licensed practical nurse:

1. May not independently carry out those duties which require the substantial judgment, knowledge and skill of a registered nurse.
2. Shall determine before the performance of any task that he or she has the knowledge, skill and experience to perform the task competently.
3. May supervise other personnel in the provision of care.
4. *May delegate appropriate duties to other persons in accordance with section 1 of this regulation.*

Sec. 4. NAC 632.825 is hereby amended to read as follows:

632.825 An approved program for medication aides - certified must provide training to enable each trainee to:

1. Learn the fundamentals of safety and the proper care of patients by a medication aide - certified at a designated facility.
2. Demonstrate the proper procedures for:
 - (a) The administration of medication:
 - (1) In the appropriate manner;
 - (2) At the appropriate time;
 - (3) To the correct patient; and
 - (4) In the correct dosage; and
 - (b) Documenting the administration of medication.
3. Perform three safety checks to ensure the proper administration of medication.
4. Understand the causes of errors in the administration of medication.
5. Support and promote the rights of patients.

6. Understand the scope of practice of a medication aide - certified and the role of the delegating and supervising nurse.

7. Understand that , *except as otherwise provided in section 1 of this regulation*, a medication aide - certified may not accept the delegation of any duty that is beyond the scope of practice of the medication aide - certified.

8. Understand the ethical and legal issues regarding the administration of medication and the rights of patients regarding the administration of medication.

Sec. 5. NAC 632.222 is hereby repealed.

TEXT OF REPEALED SECTION

632.222 Delegation and supervision of nursing care.

1. A registered nurse may delegate nursing care to other personnel and supervise other personnel in the provision of that care if those persons are qualified to provide that care.

2. A registered nurse shall perform or supervise any act necessary to ensure the quality and sufficiency of delegated nursing care provided to a patient.

3. Before delegating the care of a patient, a registered nurse shall consider the following:

(a) The amount of direction required by the person to whom the care is being delegated;

(b) The complexity of the nursing care needed by the patient, recognizing that simple care may be performed by following an established policy while more complex care requires greater knowledge and a higher level of judgment, direction and supervision;

(c) The educational preparation and demonstrated competency of the person to whom the care is delegated; and

(d) The established policies and procedures relating to the care of the patient and the procedures used to communicate to other providers of health care the patient's symptoms, reactions and progress.

4. A registered nurse who delegates nursing care or duties relating to that care to other personnel is responsible for the actions taken by those persons in carrying out the duties delegated or assigned.

National Guidelines for Nursing Delegation

Effective Date: **4/29/2019**
Status: **Replaces NCSBN and ANA 2010 Joint Statement on Delegation**
Written by: **NCSBN – ANA**
Jointly Adopted by: **NCSBN Board of Directors / ANA Board of Directors**

I. Purpose

Delegation is an essential nursing skill. Building on previous work of NCSBN and the American Nurses Association (ANA), this joint statement reflects an effort to standardize the nursing delegation process based on research findings and evidence in the literature and is applicable to all levels of nursing licensure (advanced practice registered nurse [APRN], registered nurse [RN], licensed practical/vocational nurse [LPN/VN]) where the nurse practice act (NPA) is silent.

These guidelines can be applied to:

- APRNs when delegating to RNs, LPN/VNs and assistive personnel (AP)
- RNs when delegating to LPN/VNs and AP
- LPN/VNs (as allowed by their state/jurisdiction) when delegating to AP.

Note: These guidelines do not apply to the transfer of responsibility for care of a patient between licensed health care providers (e.g., RN to another RN or LPN/VN to another LPN/VN), which is considered a handoff (Agency for Healthcare Research and Quality, 2015).

Introduction

Health care is continuously changing and necessitates adjustment for evolving roles and responsibilities of licensed health care providers and assistive personnel. The abilities to delegate, assign and supervise are critical competencies for every RN. It is important to note that states/jurisdictions have different laws and rules/regulations about delegation, and it is the responsibility of all licensed nurses to know what is permitted in their jurisdiction. When certain nursing care needs to be delegated, it is imperative that the delegation process and the jurisdiction NPA be clearly understood so that it is safely, ethically and effectively carried out.

The decision of whether or not to delegate or assign is based upon the RN's judgment concerning the condition of the patient, the competence of all members of the nursing team and the degree of supervision that will be required of the RN if a task is delegated. The difference between **delegation** and **assignment** has been a source of debate for years.

Definitions

Accountability: “To be answerable to oneself and others for one’s own choices, decisions and actions as measured against a standard...” (American Nurses Association, 2015, p. 41).

Delegated Responsibility: A nursing activity, skill or procedure that is transferred from a licensed nurse to a delegatee.

Delegatee: One who is delegated a nursing responsibility by either an APRN, RN or LPN/VN (where jurisdiction NPA allows), is competent to perform it and verbally accepts the responsibility. A delegatee may be an RN, LPN/VN or AP.

Delegator: One who delegates a nursing responsibility. A delegator may be APRN, RN, or LPN/VN (where jurisdiction NPA allows).

Assignment: The routine care, activities and procedures that are within the authorized scope of practice of the RN or LPN/VN or part of the routine functions of the AP.

Licensed Nurse: A licensed nurse includes APRNs, RNs and LPN/VNs. In some states/jurisdictions, LPN/VNs may be allowed to delegate.

Assistive Personnel (AP): Any assistive personnel trained to function in a supportive role, regardless of title, to whom a nursing responsibility may be delegated. This includes but is not limited to certified nursing assistants or aides (CNAs), patient care technicians, CMAs, certified medication aids, and home health aides (*formerly referred to as “unlicensed” assistive personnel [UAP]*).

When performing a fundamental skill on the job, the delegatee is considered to be carrying out an assignment. The routine care, activities and procedures assigned are those which would have been included in the delegatee’s basic educational program. A licensed nurse is still responsible for ensuring an assignment is carried out completely and correctly. Delegation is allowing a delegatee to perform a specific nursing activity, skill, or procedure that is beyond the delegatee’s traditional role and not routinely performed. This applies to licensed nurses as well as AP. Regardless of the current role of the delegatee (RN, LPN/ VN or AP), delegation can be summarized as follows:

- A delegatee is allowed to perform a specific nursing activity, skill or procedure that is outside the traditional role and basic responsibilities of the delegatee’s current job.
- The delegatee has obtained the additional education and training, and validated competence to perform the care/delegated responsibility. The context and processes associated with competency validation will be different for each activity, skill or procedure being delegated. Competency validation should be specific to the knowledge and skill needed to safely perform the delegated responsibility as well as to the level of practitioner (i.e., RN, LPN/VN, AP) to whom the activity, skill or procedure has been delegated. The licensed nurse who delegates the “responsibility” maintains overall accountability for the patient. However, the delegatee bears the responsibility for the delegated activity, skill or procedure.

- The licensed nurse cannot delegate nursing judgment or any activity that will involve nursing judgment or critical decision making.
- Nursing responsibilities are delegated by someone who has the authority to delegate.
- The delegated responsibility is within the delegator's scope of practice.
- When delegating to a licensed nurse, the delegated responsibility must be within the parameters of the delegatee's authorized scope of practice under the NPA. Regardless of how the state/jurisdiction defines delegation, as compared to assignment, appropriate delegation allows for transition of a responsibility in a safe and consistent manner. Clinical reasoning, nursing judgment and critical decision making cannot be delegated.

The delegation process is multifaceted. It begins with the administrative level of the organization including: determining nursing responsibilities that can be delegated, to whom, and what circumstances; developing delegation policies and procedures; periodically evaluating delegation processes; and promoting positive culture/work environment. The licensed nurse must be responsible for determining patient needs and when to delegate, ensure availability to delegate, evaluate outcomes of and maintain accountability for delegated responsibility. Finally, the delegatee must accept activities based on their competency level, maintain competence for delegated responsibility and maintain accountability for delegated activity.



Five Rights of Delegation

Right task: The activity falls within the delegatee's job description or is included as part of the established written policies and procedures of the nursing practice setting. The facility needs to ensure the policies and procedures describe the expectations and limits of the activity and provide any necessary competency training.

Right circumstance: The health condition of the patient must be stable. If the patient's condition changes, the delegatee must communicate this to the licensed nurse, and the licensed nurse must reassess the situation and the appropriateness of the delegation.

Right person: The licensed nurse along with the employer and the delegatee is responsible for ensuring that the delegatee possesses the appropriate skills and knowledge to perform the activity.

Right directions and communication: Each delegation situation should be specific to the patient, the licensed nurse and the delegatee. The licensed nurse is expected to communicate specific instructions for the delegated activity to the delegatee; the delegatee, as part of two-way communication, should ask any clarifying questions. This communication includes any data that need to be collected, the method for collecting the data, the time frame for reporting the results to the licensed nurse, and additional information pertinent to the situation. The delegatee must understand the terms of the delegation and must agree to accept the delegated activity. The licensed nurse should ensure that the delegatee understands that she or he cannot make any decisions or modifications in carrying out the activity without first consulting the licensed nurse.

Right supervision and evaluation: The licensed nurse is responsible for monitoring the delegated activity, following up with the delegatee at the completion of the activity, and evaluating patient outcomes. The delegatee is responsible for communicating patient information to the licensed nurse during the delegation situation. The licensed nurse should be ready and available to intervene as necessary. The licensed nurse should ensure appropriate documentation of the activity is completed.

Source: NCSBN. (1995, 1996)

Guidelines for Delegation

Employer/Nurse Leader Responsibilities

1. The employer must identify a nurse leader responsible for oversight of delegated responsibilities for the facility. If there is only one licensed nurse within the practice setting, that licensed nurse must be responsible for oversight of delegated responsibilities for the facility.

Rationale: The nurse leader has the ability to assess the needs of the facility, understand the type of knowledge and skill needed to perform a specific nursing responsibility, and be accountable for maintaining a safe environment for patients. He or she is also aware of the knowledge, skill level and limitations of the licensed nurses and AP. Additionally, the nurse leader is positioned to develop appropriate staffing models that take into consideration the need for delegation. Therefore, the decision to delegate begins with a thorough assessment by a nurse leader designated by the institution to oversee the process.

2. The designated nurse leader responsible for delegation, ideally with a committee (consisting of other nurse leaders) formed for the purposes of addressing delegation, must determine which nursing responsibilities may be delegated, to whom and under what circumstances. The nurse leader must be aware of the state/jurisdiction's NPA and the laws/rules and regulations that affect the delegation process and ensure all institution policies are in accordance with the law.

Rationale: A systematic approach to the delegation process fosters communication and consistency of the process throughout the facility.

3. Policies and procedures for delegation must be developed. The employer/nurse leader must outline specific responsibilities that can be delegated and to whom these responsibilities can be delegated. The policies and procedures should also indicate what may not be delegated. The employer must periodically review the policies and procedures for delegation to ensure they remain consistent with current nursing practice trends and that they are consistent with the state/jurisdiction's NPA (institution/employer policies can be more restrictive, but not less restrictive).

Rationale: Policies and procedures standardize the appropriate method of care and ensure safe practices. Having a policy and procedure specific to delegation and delegated responsibilities eliminates questions from licensed nurses and AP about what can be delegated and how they should be performed.

4. The employer/nurse leader must communicate information about delegation to the licensed nurses and AP and educate them about what responsibilities can be delegated. This information should include the competencies of delegates who can safely perform a specific nursing responsibility.

Rationale: Licensed nurses must be aware of the competence level of staff and expectations for delegation (as described within the policies and procedures) in order to make informed decisions on whether or not delegation is appropriate for the given situation. Licensed nurses maintain accountability for the patient. However, the delegatee has responsibility for the delegated activity, skill or procedure.

Employer/Nurse Leader Responsibilities (continued)

5. All delegates must demonstrate knowledge and competency on how to perform a delegated responsibility. Therefore, the employer/nurse leader is responsible for providing access to training and education specific to the delegated responsibilities. This applies to all RNs, LPN/VNs and AP who will be delegates. Competency validation should follow education and competency testing should be kept on file. Competency must be periodically evaluated to ensure continued competency. The context and processes associated with competency validation will be different for each activity, skill or procedure being delegated. Competency validation should be specific to the knowledge and skill needed to safely perform the delegated responsibility as well as to the level of practitioner (i.e., RN, LPN/VN, AP) to whom the activity, skill, or procedure has been delegated.

Rationale: This ensures that competency of the delegatee is determined not only at the beginning of the delegation process, but on an ongoing basis, as well.

6. The nurse leader responsible for delegation, along with other nurse leaders and administrators within the facility, must periodically evaluate the delegation process. The licensed nurse and/or his or her manager (if applicable) must report any incidences to the nurse leader responsible for delegation. A decision should be made about corrective action, including if further education and training are needed, or if that individual should not be allowed to perform a specific delegated responsibility.

Rationale: Patient safety should always be the priority for a health care setting. If any compromises in care are noted, immediate action must be taken. Gravlin and Bittner (2010) identified that evaluation of the effectiveness of the delegation process and resolution of any issues is critical to delegation.

7. The employer/nurse leader must promote a positive culture and work environment for delegation.

Rationale: A positive culture nurtures effective communication and collaboration in order to create an environment supportive of patient directed care.

Licensed Nurse Responsibilities

Any decision to delegate a nursing responsibility must be based on the needs of the patient or population, the stability and predictability of the patient's condition, the documented training and competence of the delegatee, and the ability of the licensed nurse to supervise the delegated responsibility and its outcome, with special consideration to the available staff mix and patient acuity. Additionally, the licensed nurse must consider the state/jurisdiction's provisions for delegation and the employer's policies and procedures prior to making a final decision to delegate. Licensed nurses must be aware that delegation is at the nurse's discretion, with consideration of the particular situation. The licensed nurse maintains accountability for the patient, while the delegatee is responsible for the delegated activity, skill or procedure. If, under the circumstances, a nurse does not feel it is appropriate to delegate a certain responsibility to a delegatee, the delegating nurse should perform the activity him/herself.

1. The licensed nurse must determine when and what to delegate based on the practice setting, the patients' needs and condition, the state/jurisdiction's provisions for delegation, and the employer policies and procedures regarding delegating a specific responsibility. The licensed nurse must determine the needs of the patient and whether those needs are matched by the knowledge, skills and abilities of the delegatee and can be performed safely by the delegatee. The licensed nurse cannot delegate any activity that requires clinical reasoning, nursing judgment or critical decision making. The licensed nurse must ultimately make the final decision whether an activity is appropriate to delegate to the delegatee based on the Five Rights of Delegation (NCSBN, 1995, 1996).

Rationale: The licensed nurse, who is present at the point of care, is in the best position to assess the needs of the patient and what can or cannot be delegated in specific situations.

2. The licensed nurse must communicate with the delegatee who will be assisting in providing patient care. This should include reviewing the delegatee's assignment and discussing delegated responsibilities, including information on the patient's condition/stability, any specific information pertaining to a certain patient (e.g., no blood draws in the right arm), and any specific information about the patient's condition that should be communicated back to the licensed nurse by the delegatee.

Rationale: Communication must be a two-way process involving both the licensed nurse delegating the activity and the delegatee being delegated the responsibility. Evidence shows that the better the communication between the nurse and the delegatee, the more optimal the outcome (Corazzini, Anderson, Mueller, Hunt-McKinney et al., 2013). The licensed nurse must provide information about the patient and care requirements. This includes any specific issues related to any delegated responsibilities. These instructions should include any unique patient requirements. The licensed nurse must instruct the delegatee to regularly communicate the status of the patient.

Licensed Nurse Responsibilities (continued)

3. The licensed nurse must be available to the delegatee for guidance and questions, including assisting with the delegated responsibility, if necessary, or performing it him/herself if the patient's condition or other circumstances warrant doing so.

Rationale: Delegation calls for nursing judgment throughout the process. The final decision to delegate rests in the hands of the licensed nurse as he or she has overall accountability for the patient.

4. The licensed nurse must follow up with the delegatee and the patient after the delegated responsibility has been completed.

Rationale: The licensed nurse who delegates the "responsibility" maintains overall accountability for the patient, while the delegatee is responsible for the delegated activity, skill or procedure.

5. The licensed nurse must provide feedback information about the delegation process and any issues regarding delegatee competence level to the nurse leader. Licensed nurses in the facility need to communicate, to the nurse leader responsible for delegation, any issues arising related to delegation and any individual that they identify as not being competent in a specific responsibility or unable to use good judgment and decision making.

Rationale: This will allow the nurse leader responsible for delegation to develop a plan to address the situation.

Delegatee Responsibilities

Everyone is responsible for the well-being of patients. While the nurse is ultimately accountable for the overall care provided to a patient, the delegatee shares the responsibility for the patient and is fully responsible for the delegated activity, skill or procedure.

1. The delegatee must accept only the delegated responsibilities that he or she is appropriately trained and educated to perform and feels comfortable doing given the specific circumstances in the health care setting and patient's condition. The delegatee should confirm acceptance of the responsibility to carry out the delegated activity. If the delegatee does not believe he or she has the appropriate competency to complete the delegated responsibility, then the delegatee should not accept the delegated responsibility. This includes informing the nursing leadership if he or she does not feel he or she has received adequate training to perform the delegated responsibility, is not performing the procedure frequently enough to do it safely, or his or her knowledge and skills need updating.

Rationale: The delegatee shares the responsibility to keep patients safe and this includes only performing activities, skills or procedures in which he or she is competent and comfortable doing.

Delegatee Responsibilities (continued)

2. The delegatee must maintain competency for the delegated responsibility.

Rationale: Competency is an ongoing process. Even if properly taught, the delegatee may become less competent if he or she does not frequently perform the procedure. Given that the delegatee shares the responsibility for the patient, the delegatee also has a responsibility to maintain competency.

3. The delegatee must communicate with the licensed nurse in charge of the patient. This includes any questions related to the delegated responsibility and follow-up on any unusual incidents that may have occurred while the delegatee was performing the delegated responsibility, any concerns about a patient's condition, and any other information important to the patient's care.

Rationale: The delegatee is a partner in providing patient care. He or she is interacting with the patient/family and caring for the patient. This information and two-way communication is important for successful delegation and optimal outcomes for the patient.

4. Once the delegatee verifies acceptance of the delegated responsibility, the delegatee is accountable for carrying out the delegated responsibility correctly and completing timely and accurate documentation per facility policy. The delegatee cannot delegate to another individual. If the delegatee is unable to complete the responsibility or feels as though he or she needs assistance, the delegatee should inform the licensed nurse immediately so the licensed nurse can assess the situation and provide support. Only the licensed nurse can determine if it is appropriate to delegate the activity to another individual. If at any time the licensed nurse determines he or she needs to perform the delegated responsibility, the delegatee must relinquish responsibility upon request of the licensed nurse.

Rationale: Only a licensed nurse can delegate. In addition, because they are responsible, they need to provide direction, determine who is going to carry out the delegated responsibility, and assist or perform the responsibility him/herself, if he or she deems that appropriate under the given circumstances.

References

- Agency for Healthcare Research and Quality. (2015). Patient safety primers: Handoffs and signouts. Retrieved from www.psnet.ahrq.gov/primer.aspx?primerID=9
- American Diabetes Association. (2008). Diabetes care tasks at school: What key personnel need to know. Retrieved from www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/school-stafftrainings/diabetes-care-tasks.html
- American Nurses Association. Code of ethics for nurses with interpretive statements. Silver Spring, MD: Nursebooks.org, 2015.
- Anthony, M. K., & Vidal, K. (2010). Mindful communication: A novel approach to improving delegation and increasing patient safety. *The Online Journal of Issues in Nursing*, 15(2).
- Bittner, N. P., & Gravlin, G. (2009). Critical thinking, delegation, and missed care in nursing practice. *JONA*, 39(3), 142-146.

- Budden, J. (2011). The first national survey of medication aides. *Journal of Nursing Regulation*, 2(3), 4–12.
- Corazzini, K. N., Anderson, R. A., Rapp, C. G., Mueller, C., McConnell, E. S., & Lekan, D. (2010). Delegation in long-term care: Scope of practice or job description? *The Online Journal of Issues in Nursing*, 15(2). doi:10.3912/OJIN.Vol15No02Man04
- Corazzini, K. N., Anderson, R. A., Mueller, C., Hunt-McKinney, S., Day, L., & Porter, K. (2013). Understanding RN and LPN patterns of practice in nursing homes. *Journal of Nursing Regulation*, 4(1), 14–18.
- Corazzini, K. N., Anderson, R. A., Mueller, C., McConnell, E. S., Landerman, L. R., Thorpe, J. M., & Short, N. M. (2011). Regulation of LPN scope of practice in long-term care. *Journal of Nursing Regulation*, 2(2), 30–36.
- Corazzini, K. N., Anderson, R. A., Mueller, C., Thorpe, J. M., & McConnell, E. S. (2013). Licensed practical nurse scope of practice and quality of nursing home care. *Nursing Research*, 62(5), 315–324.
- Damgaard, G., & Young, L. (2014). Virtual nursing care for school children with diabetes. *Journal of Nursing Regulation*, 4(4), 15–24.
- Gravlin, G., & Bittner, N. P. (2010). Nurses' and nursing assistants' reports of missed care and delegation. *JONA*, 40(7/8), 329–335.
- Jenkins, B., & Joyner, J. (2013). Preparation, roles, and perceived effectiveness of unlicensed assistive personnel. *Journal of Nursing Regulation*, 4(3), 33–39.
- Kalisch, B. J. (2011). The impact of RN-UAP relationships on quality and safety. *Nursing Management*, 42(9), 16–22.
- McMullen, T. L., Resnick, B., Chin-Hansen, J., Geiger-Brown, J. M., Miller, N., & Rubenstein, R. (2015). Certified nurse aide scope of practice: State-by-state differences in allowable delegated activities. *Journal of the American Medical Directors Association*, 16(1), 20–24.
- Mitty, E., Resnick, B., Allen, J., Bakerjian, D., Hertz, J., Gardner, W., ... Mezey, M. (2010). Nursing delegation and medication administration in assisted living. *Nursing Administration Quarterly*, 34(2), 162–171.
- Mueller, C., Anderson, R. A., McConnell, E. S., & Corazzini, K. (2012). Licensed nurse responsibilities in nursing homes: A scope-of-practice issue. *Journal of Nursing Regulation*, 3(1), 13–20.
- Mueller, C., & Vogelsmeier, A. (2013). Effective delegation: Understanding responsibility, authority, and accountability. *Journal of Nursing Regulation*, 4(3), 20–27
- NCSBN. (1995). Delegation decision-making process. National Council of State Boards of Nursing 1995 Annual Meeting Business Book.
- NCSBN. (1996). Delegation: Concepts and decision-making process. National Council of State Boards of Nursing 1996 Annual Meeting Business Book.
- NCSBN. (2016) National Guidelines for Nursing Delegation – Continuing Education *Journal of Nursing Regulation* (April 2016 7(1) www.ncsbn.org/NCSBN_Delegation_Guidelines.pdf
- Saccomano, S. J., & Pinto-Zipp, G. (2011). Registered nurse leadership style and confidence in delegation. *Journal of Nursing Management*, 19, 522–533.
- Young, L., & Damgaard, G. (2015). Transitioning the virtual nursing care for school children with diabetes study to a sustainable model of nursing care. *Journal of Nursing Regulation*, 6(2), 4–9.

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(b) “Assistive personnel” means any person trained to function in a supportive role, regardless of title or licensure, to whom nursing care may be delegated. The term includes, without limitation, certified nursing assistants, patient care technicians, medication aides - certified, home health aides and unlicensed assistants.

**APPROVED REGULATION OF
THE STATE BOARD OF NURSING**

LCB File No. R061-22

Filed December 29, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [omitted material] is material to be omitted.

AUTHORITY: § 1, NRS 632.120.

A REGULATION relating to nursing; revising provisions relating to procedures in venipuncture and intravenous therapy delegable to certain licensed practical nurses; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Nursing to establish reasonable standards for the placement of conditions, limitations and restrictions upon a license to practice professional or practical nursing. (NRS 632.120) Existing regulations establish and define two different levels of supervision that may be given by a supervisor of nurses: (1) "direct supervision" means direction given by a supervisor who is periodically available at the site where care is provided to a patient or who is available for immediate guidance; and (2) "immediate supervision" means direction given by a supervisor who is physically present at the site where care is provided to a patient and who is directly observing or assisting in that care. (NAC 632.048, 632.059) Existing regulations prescribe certain requirements on the practice of licensed practical nurses, including a list of procedures in venipuncture and intravenous therapy delegable to licensed practical nurses. Existing regulations authorize a licensed practical nurse who has completed a course in intravenous therapy approved by the Board and who acts pursuant to a written order issued by an advanced practice registered nurse, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric physician and, as applicable, under the immediate supervision of a physician, physician assistant or registered nurse, to perform certain procedures in venipuncture and intravenous therapy. (NAC 632.450) This regulation changes the type of supervision required to perform such procedures from immediate supervision to direct supervision. Under such direct supervision, this regulation also authorizes a licensed practical nurse who has completed a course in intravenous therapy approved by the Board to administer intravenous fluid and medication from a container which is commercially prepared or premixed, but requires the breaking of a seal that separates the intravenous fluid from the medication, does not allow manipulation of the preset dosage strength and which is properly labeled by a pharmacist or a registered nurse designated by the pharmacist.

Existing regulations authorize a licensed practical nurse who has completed a course in intravenous therapy approved by the Board to assist a registered nurse in the intravenous administration of blood and blood products when acting pursuant to a written order of a

physician and under the direct supervision of the registered nurse. (NAC 632.450) This regulation changes the supervision required for providing such assistance from direct supervision to immediate supervision.

Section 1. NAC 632.450 is hereby amended to read as follows:

632.450 1. A licensed practical nurse who has completed a course in intravenous therapy approved by the Board pursuant to NAC 632.242 and who acts pursuant to a written order issued by an advanced practice registered nurse, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric physician and, as applicable, under the ~~immediate~~ *direct* supervision of a physician, physician assistant or registered nurse may:

- (a) Start peripheral intravenous therapy that does not include midline or midclavicular catheters;
- (b) Introduce one or more solutions of electrolytes, nutrients or vitamins;
- (c) Administer, by adding a solution, any of the following medications:
 - (1) Antimicrobials;
 - (2) Blood and blood products if under the supervision of a registered nurse;
 - (3) Histamine H2 receptor antagonists;
 - (4) Proton pump inhibitors; and
 - (5) Steroids;
- (d) Administer intravenous fluid and medications from a container which is commercially prepared or premixed and properly labeled by a pharmacist or a registered nurse designated by the pharmacist;
- (e) *Administer intravenous fluid and medication from a container which is commercially prepared or premixed, but requires the breaking of a seal that separates the intravenous fluid*

from the medication, does not allow manipulation of the preset dosage strength and which is properly labeled by a pharmacist or a registered nurse designated by the pharmacist;

(f) Flush ~~locks;~~ intermittent venous access devices;

~~((f))~~ *(g) Except as otherwise provided in paragraph ~~((g))~~, (h), administer fluid by continuous or intermittent infusion through a peripheral device which uses a mechanism to control the flow;*

~~((g))~~ *(h) Administer fluid to a patient with a ~~temporary~~ central venous catheter by continuous or intermittent infusion by an electronic mechanism to control the flow;*

~~((h))~~ *(i) Maintain patency of a peripheral intermittent vascular access device, including, without limitation, a peripherally inserted central catheter, using a nontherapeutic dose of flush solutions;*

~~((i))~~ *(j) Withdraw blood from a peripherally inserted central venous catheter if performed in accordance with specific institutional policies and after specific institutional in-service training;*

~~((j))~~ *(k) Discontinue peripheral intravenous catheters; and*

~~((k))~~ *(l) Change a central venous catheter dressing.*

2. In addition to the procedures set forth in subsection 1, a licensed practical nurse who has completed a course in intravenous therapy approved by the Board pursuant to NAC 632.242 and who acts pursuant to a written order of a physician and under the ~~{direct}~~ **immediate** supervision of a registered nurse may assist the registered nurse in the intravenous administration of blood and blood products by collecting data and performing simple nursing tasks related to that administration of blood or blood products.