DECISION TREE FOR DELEGATION BY APRN, RN, LPN TO ASSISTIVE PERSONNEL (AP)
(This decision tree does not apply to delegating nursing duties to Medical Assistants as restricted by NAC 630.800)

Step 1 of 4: Assessment and Implementation

Is the task within the scope of practice for a licensed nurse (APRN/RN/LPN)?

- Yes
  Is the activity allowed by the Nursing Practice Act, Board Rules, Statements, or by any other regulatory requirements?
    - Yes
      Is APRN/RN assessment of client’s nursing care needs complete?
        - Yes
          Is the APRN/RN/LPN competent to make delegation decisions? Nurse is accountable for the decision to delegate, to implement the steps of the delegation process, and to assure that the delegated task is appropriate based on individualized needs of each client which includes stability, absence of risk of complications, and predictability of change in condition. The delegating nurse must be competent to perform the activity. See (A) and (B) pg. 2
            - No
              Stop! APRN/RN to complete assessment, then proceed with consideration of delegation.
        - No
          Stop! Do not delegate to AP.
    - No
      Is the task consistent with the rules for delegation to AP? Must meet all the following criteria:
        - Frequently occurs in the daily care of a client or group of clients
        - Is performed according to a routine established sequence of steps
        - Involves little to no modification from one client care situation to another
        - May be performed with a predictable outcome
        - Does not inherently involve ongoing assessment, interpretation, or decision making which cannot be logically separated from the procedure(s) itself; and
        - Does not endanger the client’s life or wellbeing.
          - Yes
            Is the AP properly trained and validated as competent by an APRN/RN/LPN to accept the delegation?
              - Yes
                Does the capability of AP match the care needs of the client? See (A) and (B) pg. 2
                  - Yes
                    Are there written agency policies, procedures, and/or protocols in place for this task?
                      - Yes
                        Is appropriate supervision available? See (C) (D) (E) pg. 3
                          - Yes
                            Proceed with delegation.
                          - No
                            Stop! Do not delegate to AP.
                      - No
                        Stop! Do not delegate until evidence of education and validation of competency available, and then reconsider delegation; otherwise do not delegate.
                - No
                  Stop! Do not delegate until the nurse has evaluated capability of AP matches the care needs of the client.
            - No
              Stop! Do not delegate to AP.
  - No
    Stop! Do not delegate to AP.

The AP is responsible for accepting the delegation, seeking clarification of and affirming expectations, performing the task correctly and timely communicating results to the nurse. Only the implementation of a task/activity may be delegated. Assessment, planning, evaluation and nursing judgment cannot be delegated. Delegation is a client and situation specific activity in which the nurse must consider all components of the delegation process for each delegation decision. Specific direction by the nurse (APRN/RN, LPN) to AP when assisting the nurse with a task or nursing activity and under the direct visual supervision of the nurse is not considered delegation.
Prior to proceeding to Step 2, consider the following:
Delegation is a process of decision-making, critical thinking and nursing judgment. Decisions to delegate nursing tasks/activities to AP are based on the APRN/RN’s assessment of the client’s nursing care needs. The LPN may delegate nursing tasks/activities to AP under the supervision of the RN. Additional criteria that must be considered when determining appropriate delegation of tasks include, but are not limited to:

<table>
<thead>
<tr>
<th>(A) Variables:</th>
<th>(B) Use of critical thinking and professional judgment for The Five Rights of Delegation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Knowledge and skill of AP</td>
<td>1. Right Task – the task must meet all of the delegation criteria</td>
</tr>
<tr>
<td>▪ Verification of clinical competence of AP</td>
<td>2. Right Circumstance – delegation must be appropriate to the client population and practice setting</td>
</tr>
<tr>
<td>▪ Stability of the client’s condition which involves predictability, absence of risk of complication, and rate of change</td>
<td>3. Right Person – the nurse must be competent to perform the activity and to make delegation decisions, the nurse must ensure the right task is being delegated to the right person (AP) and competence has been validated by an APRN/RN, and the delegation is for the individualized needs of the client</td>
</tr>
<tr>
<td>▪ Variables specific for each practice setting:</td>
<td>4. Right Communication – the nurse must provide clear, concise instructions for performing the task</td>
</tr>
<tr>
<td>o The complexity and frequency of nursing care needed by a given client population</td>
<td>5. Right Supervision – the nurse must provide appropriate supervision/monitoring, evaluation, and feedback of AP performance of the task</td>
</tr>
<tr>
<td>o The proximity of clients to staff</td>
<td></td>
</tr>
<tr>
<td>o The number and qualifications of staff</td>
<td></td>
</tr>
<tr>
<td>o The accessible resources</td>
<td></td>
</tr>
<tr>
<td>▪ Established policies, procedures, practices, and channels of communication which lend support to the types of nursing activities being delegated, or not delegated, to AP</td>
<td></td>
</tr>
</tbody>
</table>

Step 2 of 4: Communication - Communication must be a two-way process
<table>
<thead>
<tr>
<th>The nurse:</th>
<th>The AP:</th>
<th>Documentation by nurse and AP</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assesses the AP’s understanding of:</td>
<td>• Asks questions and seeks clarification</td>
<td>(as determined by facility/agency policy) is:</td>
</tr>
<tr>
<td>o Task to be performed and expectations of</td>
<td>• Informs the nurse if AP has never performed</td>
<td>Timely, complete and accurate documentation of</td>
</tr>
<tr>
<td>performance of tasks</td>
<td>the task or has performed it infrequently</td>
<td>provided care:</td>
</tr>
<tr>
<td>o Information to report including client</td>
<td>• Requests additional training or guidance as</td>
<td>• Facilitates communication with other</td>
</tr>
<tr>
<td>specific observations, expected outcomes</td>
<td>needed</td>
<td>members of the health care team</td>
</tr>
<tr>
<td>and concerns</td>
<td>• Affirms understanding and acceptance of</td>
<td>• Records the nursing care provided.</td>
</tr>
<tr>
<td>o When and how to report/record information</td>
<td>delegation</td>
<td></td>
</tr>
<tr>
<td>• Communicates individualized needs of</td>
<td>• Complies with communication method between</td>
<td></td>
</tr>
<tr>
<td>client population, practice setting, and</td>
<td>nurse and AP</td>
<td></td>
</tr>
<tr>
<td>unique client requirements</td>
<td>• Reports care results to nurse in a timely</td>
<td></td>
</tr>
<tr>
<td>• Communicates and provides guidance,</td>
<td>manner</td>
<td></td>
</tr>
<tr>
<td>coaching, and support for AP</td>
<td>• Complies with emergency action plans</td>
<td></td>
</tr>
<tr>
<td>• Allows AP opportunity for questions and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clarification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assures accountability by verifying AP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>accepts delegation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Develops and communicates plan of action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>in emergency situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Determines communication method between</td>
<td></td>
<td></td>
</tr>
<tr>
<td>nurse and AP</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Documentation by nurse and AP (as determined by facility/agency policy) is:
Timely, complete and accurate documentation of provided care:
- Facilitates communication with other members of the health care team
- Records the nursing care provided.
Step 3 of 4: Supervision and Monitoring – The APRN/RN supervises the delegation by monitoring the performance of the task and assures compliance with standards of practice, policies and procedures. The LPN supervision is limited to on-the-job assurance that tasks have been performed as delegated and according to standards of practice established in agency policies and procedures. Frequency, level, and nature of monitoring vary with the needs of the client and experience of the AP.

(C) The nurse takes into consideration the:
- Client’s health stability, status, and acuity
- Predictability of client response to interventions and risks posed
- Practice setting and client population
- Available resources
- Complexity & frequency of nursing care needed
- Proximity of clients to staff
- Number and qualification of staff
- Policies, procedures, & channels of communication established

(D) The nurse determines:
- The amount/degree of supervision required
- Type of supervision: direct or indirect
- The Five Rights of Delegation have been implemented:
  1. Right Task
  2. Right Circumstances
  3. Right Person
  4. Right Directions and Communications
  5. Right Supervision and Evaluation

(E) The nurse:
- Maintains accountability for nursing tasks/activities delegated and performed by AP
- Monitors outcomes of delegated nursing care tasks
- Intervenes and follows-up on problems, incidents, and concerns within an appropriate timeframe
- Nursing management and administration responsibilities are beyond LPN scope of practice. To assure client safety, the LPN may need authority to alter delegation or temporarily suspend AP per agency policy until appropriate personnel action can be determined by the supervising APRN/RN.
- Observes client response to nursing care and AP’s performance of care
- Recognizes subtle signs and symptoms with appropriate intervention when client’s condition changes
- Recognizes AP’s difficulties in completing delegation activities

Step 4 of 4: Evaluation and Feedback – Evaluate effectiveness of delegation and provide appropriate feedback

- Evaluate the nursing care outcomes:
  - (APRN/RN) Evaluate the effectiveness of the nursing plan of care and modify as needed
  - (LPN) Recognize the effectiveness of nursing interventions and propose modifications to plan of care for review by the APRN/RN
- Evaluate the effectiveness of delegation:
  - Task performed correctly?
  - Expected outcomes achieved?
  - Communication was timely and effective?
  - Identify challenges and what went well
  - Identify problems and concerns that occurred and how they were addressed
- Provide feedback to AP regarding performance of tasks/activities and acknowledge the AP for accomplishing the task
Nevada Administrative Codes (NAC) and Nevada Revised Statutes (NRS):

NAC 632.047  “Delegation” defined
NAC 632.048  “Direct supervision” defined.
NAC 632.059  “Immediate supervision” defined
NAC 632.087  “Supervision” defined.
NAC 632.222  Delegation and supervision of nursing care. (see revised LCB File RO19-22)
NAC 632.224  Supervision of others; duties of chief nurse; determination of authorized scope of practice; verification of competency.
NAC 632.230  Limitations on performance of tasks; supervision of others.
NAC 632.212  Duties included; competency required.

NAC CHAPTER 630 - PHYSICIANS, PHYSICIAN ASSISTANTS, MEDICAL ASSISTANTS, PERFUSIONISTS AND PRACTITIONERS OF RESPIRATORY CARE
NAC 630.800  “Delegating practitioner” defined.

Information Links:
American Nurses Association Decision Tree for Delegation by Registered Nurses, 2012
Joint Statement on Delegation ANA and NCSBN Decision Tree for Delegation to Nursing Assistive Personnel, 2005
National Council of State Boards of Nursing Decision Tree – Delegation to Nursing Assistive Personnel, 2015