Delegation of Nursing Tasks

Chapter Objectives

1. Define delegation.
2. Identify the five rights of delegation.
3. Review the circumstances where delegation is appropriate.
4. Identify tasks appropriate for delegation.
5. Discuss the role of unlicensed personnel in the delivery of health care.
6. Identify the role of the nurse in the delegation of health care.
7. Review the legal ramifications of delegation of care.

Definitions

Accountability Acknowledgment and assumption of responsibility for actions, decisions, and policies within the scope of the role or employment position and encompassing the obligation to report, explain, and be answerable for resulting consequences

Delegation Transferring the authority to perform a selected nursing task in a selected situation to a competent individual

Assignment Delegation of work to a selected group of patient caregivers. The downward or lateral transfer of the responsibility of an activity from one individual to another while retaining accountability for the outcome

Supervision Active process of directing, guiding, and influencing the outcome of an individual’s performance of an activity

Unlicensed assistive personnel Individuals who are not licensed by the state and are trained to assist nurses by performing patient care tasks as allowed by the organization. There are many job titles for such employees, such as nursing assistant (NA), patient care associate (PCA), and unlicensed assistive personnel (UAP)

Direct patient care activities Activities such as hygienic care, feeding patients, taking vital signs, and so on that are performed on the patient

Indirect patient care activities Routine activities of the patient unit that deal with the day-to-day functioning of the unit, such as restocking supplies

DELEGATION

Delegation is defined as the “transfer of responsibility for the performance of an activity from one individual to another while retaining accountability for the outcome. Example: the nurse, in delegating an activity to an unlicensed individual, transfers the responsibility for the performance of the activity but retains professional accountability for the overall care” (ANA, 1992).

It is the entrusting of a selected nursing task to an individual who is qualified, competent, and able to perform such a task.

The majority of health care institutions have care delivery systems that include various levels of caregivers. The acuity of patients within hospitals has increased during the past 10 years, and many hospitals have moved from total patient care, primary care, and
other care delivery systems that require an all-registered nurse staff. To meet the needs of the higher-acuity patients, nurses must delegate aspects of care to non-registered nurse team members. Delegation changes as the health care environment changes. Since the advent of the nursing shortage, unlicensed assistive personnel (UAP) have been used to help fill the workforce gaps. The role of these assistive personnel is defined by the institution that employs them and defines their practice. In addition to UAP, they are called noncredentialed assistive personnel. Individuals hired into these jobs are trained by the facility and by facility personnel and are evaluated by the facility. They may use a variety of titles, such as nursing assistant (NA), patient care associate (PCA), nursing technician, unit technician, and others (Carroll, 1998). They cannot practice nursing, and they must be directed, supervised, and evaluated by a registered nurse, who is ultimately responsible for all patient care (see Box 3-1 for the nurse’s responsibility in delegation). One form of licensed personnel, the licensed practical nurse (LPN), is used by many facilities. The LPN works under the direction and supervision of the registered nurse. Licensed personnel work according to the state board regulations (see Chapter 7), but the job descriptions will vary from institution to institution. Sample job descriptions can be obtained at the websites listed in Table 3-1.

There are two types of nursing activities that may be delegated: direct patient care activities and indirect activities.

### Table 3-1 SAMPLE JOB DESCRIPTIONS

<table>
<thead>
<tr>
<th>Position</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Care Assistant I</td>
<td><a href="http://www.hr.duke.edu/jobs/descr_duhs/printer.php?ID=4105">http://www.hr.duke.edu/jobs/descr_duhs/printer.php?ID=4105</a></td>
</tr>
<tr>
<td>Nursing Care Assistant II</td>
<td><a href="http://www.hr.duke.edu/jobs/descr_duhs/printer.php?ID=4106">http://www.hr.duke.edu/jobs/descr_duhs/printer.php?ID=4106</a></td>
</tr>
<tr>
<td>Unit Services Coordinator</td>
<td><a href="http://www.hr.duke.edu/jobs/descr_duhs/select.php?ID=4165">http://www.hr.duke.edu/jobs/descr_duhs/select.php?ID=4165</a></td>
</tr>
</tbody>
</table>

### Box 3-1 NURSES’ RESPONSIBILITY IN DELEGATION

1. Prior to delegating a nursing task, the nurse shall determine the nursing care needs of the patient. The nurse shall retain responsibility and accountability for the nursing care of the patient, including nursing assessment, planning, evaluation, and nursing documentation.

2. Prior to the delegation of the nursing task to unlicensed assistive personnel, the nurse shall determine that the unlicensed person has been trained in the task and determined to be competent.

**Criteria for Delegation**

1. The delegated nursing task shall be a task that a reasonable and prudent nurse would find within the scope of sound nursing judgment and practice to delegate.

2. The delegated nursing task shall be a task that can be competently and safely performed by the unlicensed personnel without compromising the patient’s safety.

3. The nursing task shall not require the unlicensed personnel to exercise independent nursing judgment or intervention.

4. The nurse shall be responsible for ensuring that the delegated task is performed in a competent manner by the unlicensed personnel.

**Supervision**

1. The nurse shall provide supervision of the delegated nursing task.

2. The degree of supervision required shall be determined by the nurse after an evaluation of the following factors:
   - Stability and acuity of the patient condition
   - Training and competency of the unlicensed personnel
   - Complexity of the nursing task being delegated; and
   - Proximity and availability of the nurse to the unlicensed personnel when the nursing task is being performed

patient care activities. Direct patient care activities include activities such as assisting with feeding, grooming, hygienic care, taking vital signs, ambulation, electrocardiogram tracing, and measuring blood sugar levels. Indirect patient care activities are those activities that are routinely done to support the functioning of the patient care unit. Such activities include the restocking of supplies, the transport of patients, and clerical activities.

**THE FIVE RIGHTS OF DELEGATION**

The National Council of State Boards of Nursing (1997) has defined the Five Rights of Delegation, as follows:

1. Right task
2. Right circumstance
3. Right person
4. Right direction/communication
5. Right supervision

To assist you in reviewing these five rights, Box 3-2 will help you to determine if you are following these rights in your delegation.

**Box 3-2   THE FIVE RIGHTS OF DELEGATION**

**Right Task**
- Has the nursing department established policies and standards consistent with the nurse practice act of the state and professional nursing standards?
- Are you aware of the specific policies and standards of your institution?
- Do you know to whom you can delegate what?
- Can this task be delegated to any staff, or only to certain staff?

**Right Circumstance**
- Are the setting and resources conducive to safe care?
- Do the job description and competency of the caregiver match the patient requirements?
- Do staff members understand how to do the task safely?
- Do staff members have the appropriate resources and equipment to carry out the task safely?
- Do staff members have the appropriate supervision to carry out the task safely?

**Right Person**
- Is the right person delegating the task, and is the right person being delegated to?
- Is the patient condition appropriate for the level of delegation?
- Does hospital policy and the nurse practice act of the state allow delegating this activity?
- Can you verify the knowledge and competency of the staff member to whom you are delegating a specific task?

**Right Direction/Communication**
- Have you clearly communicated the task? With directions, limits, and expected outcomes?
- Are the times for feedback specified in your assignment?
- Does the staff member understand what is to be done?
- Can the staff member ask questions as needed?

**Right Supervision**
- Will you be able to appropriately monitor and evaluate patient response to the delegated task?
- Will you be able to give feedback to the staff member if needed?
THE VALLEY HOSPITAL
Ridgewood, New Jersey

PATIENT CARE SERVICES (PCS) POLICY AND PROCEDURE

SUBJECT: Delegation – Nursing Tasks

POLICY:
1. In delegating selected nursing tasks to licensed practice nurses and other health care team members, the registered professional nurse shall be responsible for exercising that degree of judgment and knowledge reasonably expected to assure that a proper delegation has been made.
2. A registered professional nurse may not delegate the performance of a nursing task to persons who have not been adequately prepared by verifiable training and education and have not demonstrated the adequacy of their knowledge, skill and competency to perform the task being delegated.
3. A RN may not delegate non-PCA tasks to staff employed as PCA II or PCA I who are RNs from a foreign country or those enrolled in nursing school. In order to function/perform tasks that are approved under the scope of practice of a RN, staff must be licensed as a RN in New Jersey.
4. No task may be delegated which is within the scope of nursing practice and requires:
   a. The substantial knowledge and skill derived from completion of a nursing education program and the specialized skill, judgment and knowledge of a registered nurse; and
   b. An understanding of nursing principles necessary to recognize and manage complications which may result in harm to the health and safety of the patient.

WHO CAN PERFORM: RN

RESPONSIBILITY:
It is the responsibility of nursing leadership or management member, as appropriate to implement, maintain, evaluate, review and revise this policy.


Figure 3-1 • Sample hospital policy on delegation.
CHAPTER 3  Delegation of Nursing Tasks

Tasks which could be delegated based on patient condition and staff ability

<table>
<thead>
<tr>
<th>TASK</th>
<th>PRACTICE ACT</th>
<th>REGULATORY</th>
<th>VALLEY POLICY</th>
<th>PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal binders/breast binders, Apply</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Advance Directive-determine intent</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Air casts to sprains/Strains, Apply</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assess effects of teaching</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assessment, Family</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assessment, need fall protocol</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assessment, Physical, patient</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assessment, Psycho Social</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Assignments</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Bath, Sitz</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Bed Making</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Bili Lights</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Transfusions</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Bowel Disimpaction</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buddy tape to toes, Apply</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Call Lights</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Care Plan – evaluate, update</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Care Plan – initiate</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Chest Pt.</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Chest Tube Drainage System:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adjust amount of suction</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Change drainage system</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Maintain Water Seal</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- Measure/mark drainage</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Circumcision Care</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Code Cart Teach/Education, Check</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cold/Heat, Apply</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Communication</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cough/Deep Breath</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Count Controlled Substances</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Crutch walking &amp; crutch use, Demonstrate</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Douche</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Drains:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Biliary, measure output</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>- Hemovac, empty/recharge</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 3-1 • cont’d**

**RIGHT CIRCUMSTANCE**

The right circumstance refers to the workplace. The circumstance is the context in which the delegation takes place. As stated earlier, an LPN will be performing different tasks under different circumstances. In a long-term facility, it is not unusual to have an LPN as “charge nurse” with a registered nurse covering multiple units for supervision. However, it would be unusual to have an LPN assigned as a “charge nurse” in an acute care facility with a high acuity of patients. There may be differences in extreme circumstances, such as disasters, but in such a situation, the right communication/direction needs to occur.

**RIGHT PERSON**

The requirement of the right person means that you must know the competency level, job description, individual level of skill, and education of the individual to whom you are delegating. Job descriptions will give you a broad view of what an individual is expected to do, but you must know the individual’s capabilities, experience, attitude, and skills. A novice nurse will not have the competency that a nurse with 10 years of experience, a professional certification, and a clinical ladder position will have. It is also necessary to have knowledge of the individual strengths and weaknesses of each team member. A team member who just lost her
mother to breast cancer may not be the best person to delegate to perform tasks for a patient with breast cancer.

**THE RIGHT DIRECTION/COMMUNICATION**

The right direction/communication is required of the nurse as she delegates the task to a staff member. It is not enough to assign the task to a staff member; the staff member must know what is expected of him or her. “You will take Ms. Smith’s temperature every hour starting at 8 AM, and report the temperature back to me immediately.” If you tell the staff member to take the temperature every hour, he or she may not know when to start and may report a sudden increase in temperature to you because he or she has not been trained to determine when an independent nursing action is needed. Your directions must follow the 4Cs—be clear, concise, correct, and complete. A clear communication is one that is understood by the listener. If you say “can you get Mrs. Jones,” what are you asking? For that patient to be transported back to the unit from a test? For the staff member to assume full care for Mrs. Jones? Or to answer Mrs. Jones’s bell? Tell the staff member exactly what you want done. A concise communication is one in which the right amount of communication has been given. If you are asking a PCA to take a patient’s temperature, he does not need to know the physiological response to an increased temperature. It confuses the communication and wastes time. Tell the associate what he needs to know. A correct communication is one that is accurate. You may have two patients named Edward Norton on your unit. It is not enough to tell the LPN to give Mr. Norton his pain medication. Which Mr. Norton are you referring to? Last, a complete communication leaves no questions on the part of the delegate. Do not assume that just because you asked a PCA to take a patient’s temperature that she will know to report it to you.

Communication is a two-way activity, and it is important to create an environment where the staff member feels free to say that he is not comfortable doing a task because he has not done it for a long time.

**RIGHT SUPERVISION**

The nurse remains accountable for the total care delivered to the patients on the unit. The right supervision includes “the provision of guidance, direction, oversight, evaluation and follow up by the licensed nurse for accomplishment of a nursing task delegated to nursing assistive personnel” (NCSBN, 2005). While you will not directly perform the tasks delegated, you will be responsible to determine the patient progress and outcomes of the care delivered, as well as evaluating and improving staff performance. This requires you to be able to communicate effectively to support team performance.

### ACCEPTANCE OF DELEGATED ASSIGNMENT

In accepting a delegated assignment, the following decision-making algorithm is appropriate (State of New Jersey, 1999):

- Is the act consistent with your defined scope of practice?
- Is the activity authorized by a valid order and in accordance with established institutional/agency or provider protocols, policies, and procedures?
- Is the act supported by research data from nursing literature/or research from a health-related field? Has a national nursing organization issued a position statement on this practice? (See Chapter 4.)
- Do you possess the knowledge and clinical competence to perform the act safely?
- Is the act to be performed within acceptable “standards of care” that would be provided under similar circumstances by reasonable, prudent nurses with similar education and clinical skills?
- Are you prepared to assume accountability for the provision of safe care?

This model will assist you if you have a question about nursing practice or the delegation of work to you.

### DELEGATION FACTORS

To recap, what to delegate will depend on a number of factors (adapted from Heidenthal & Marthaler, 2005):

- Your state’s nurse practice act
- Hospital policies and procedures
- Job descriptions
- Staff competencies
- Clinical situation
- Professional standards
- Patient needs
CHAPTER 3  •  Delegation of Nursing Tasks

What can be delegated?
• Noninvasive and nonsterile treatments such as emptying Foley catheters and providing hot/cold soaks
• Collection of and reporting data such as vital signs, height and weight, and capillary blood sugar results
• Hygienic care activities such as bathing and toileting, assistance with feeding, and assisting with ambulation
• Socialization activities

What cannot be delegated?
• Patient assessments (data collection is not assessment; assessments require interpretation)
• Planning and evaluation of nursing care
• Development of plan of care
• Health teaching and health counseling (unless it is reinforcement of previously taught material)

OBSSTRACTES TO DELEGATION

There are obstacles to delegation. They include some organizational issues, as well as personal issues, and include the following (Sullivan & Decker, 2001):
• Lack of training for nurses on how to delegate
• Personal qualities, such as poor communication or interpersonal skills
• Lack of resources
• Insecure delegator
• Unwilling delegate
• Nurse unwillingness to trust in others, or let go of tasks with personal importance

LEVELS OF CLINICAL EXPERIENCE

As a nurse grows professionally, the use of effective delegation has been related to levels of clinical experience (Benner & Benner, 1984, cited in Carroll, 2006):

The novice nurse has limited experience with tasks and needs rules to guide actions.

The advanced beginner has enough experience to recognize patterns in work but continues to need help in setting priorities; relies on rules and protocols.

The competent nurse has been practicing 2 to 3 years; can prioritize and cope with various contingencies; requires assistance working through various situations not yet experienced.

The proficient nurse has enough experience to see the “big picture” rather than a series of individual accidents/actions; decision making is more efficient and accurate; able to prioritize and plan even more challenging patient care.

The expert no longer relies on rules to understand a situation or to act appropriately; focuses quickly on viable solutions; able to lead a team efficiently; can organize others’ work and supervise them effectively.

So, it is important to know the nurses with whom you are working on any given day, so that you can also use their level of expertise in the planning of your delegation.

PRIORITY SETTING

Proper delegation also requires priority setting. One of the most difficult challenges facing both the nurse and the nurse manager is the prioritization of care delivered to the patients on a unit. The priorities change rapidly and the nurse manager needs to be aware of the unit needs at all times. To manage your priorities and to control the activity of the workplace around you, Carrick et al. (2007) suggest the three “I”s:
1. Identify your problems.
2. Interact differently with others.
3. Initiate action.

To identify your priorities, SHOULD BE PROBLEMS NOT PRIORITES CORRECT? list your entire job-related responsibilities on a piece of paper. Then classify the top priorities, and create a “to-do” list that you can work from during the day. Remember, this list will change as the day progresses, but keep updating it and rank your priorities as they change. This list serves as a reference for the actions of the day.

To interact differently with others, Carrick et al. (2007) recommend the following four tactics to maintain control over your time, energy, and priorities:
• Identify a time when you can handle an issue—You cannot refuse a task or patient request, but you will be able to say when you will be available to do the task. Reassuring a person that you will complete the task and giving a timeline help to control requests and interruptions that compete for your time.
• Ask questions before taking on an assignment—Before you take on any assignment, you need to
understand the scope, the intended outcome, and the deadlines.

- Ask for help when you need it—Quickly do a reality check of your time, prioritize alternatives, and then meet with the person who can help you make the right decision or complete the assignment. When asking for help, be realistic about the expectation of the other person, and be open to alternative decision making.
- Use delegation to manage your responsibilities—You CANNOT do it all! When delegating, be sure to explain the scope, expectations, roles, responsibilities, and authority for the task. Always be available as a resource.

To initiate action, you need to set realistic goals. To set realistic goals, be SMART—the goals need to be Specific, Measurable, Attainable, Relevant, and Time bound.

As a nurse manager, you have a responsibility to control time, set appropriate priorities, and act on the priorities. In setting priorities, you will always need to keep in mind the following question: “Of all of the important things that I need to do right now, which is the most important for the patient(s)?” Is it urgent? Or just important?

**SUMMARY**

Delegation is one of the most challenging activities of the new manager. There is more nursing care than nurses to provide that care. In addition, not all care needed for a patient requires a professional nurse. Nurses must work within an interdisciplinary team and work with individuals of varying capabilities and talents.

Delegation skills are developed by the new nurse over time. It involves an awareness of the total patient care needs for the patients assigned, as well as a thorough knowledge of the capabilities and competencies of staff members. Delegation is a process that results in safe and efficient patient care if it is used appropriately. It is a critical step in the delivery of nursing care.

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**Clinical Corner**

**New Nurses’ Experience with Delegation**

Gina Sallustio

As a new nurse, there are many tasks that you must learn to carry out in a safe and efficient manner. These tasks include things taught in nursing school such as safe medication administration and physical assessment of a patient. However, there were tasks that you were taught in classes but usually did not have enough experience with, for example, delegation.

During my first year as a nurse, I worked on a pediatric hematology/oncology floor where I had been a student nurse extern and nursing assistant for a year before I graduated. Along with making the transition to my new role as a registered nurse, I had to learn how to delegate to others instead of being delegated to. Because of my previous position on the floor, learning this task sometimes seemed more challenging than learning other nursing skills. At times I thought it would be OK for me to do a simple task myself instead of delegating it to someone else who was qualified to do it. For example, when I assess my patient at the beginning of my shift, I would take their vital signs at the same time, regardless of the fact that we had a nursing assistant whose job was to do so. Having been in the position of the nursing assistant, I know how overwhelming it is when every room on the floor is occupied. So, with this in mind, I would repeatedly avoid delegating because I felt bad asking the nursing assistant to do another task.

My preceptor was the person who noticed that I was not delegating tasks, so we decided that this was something I had to work on. She taught me how to use my resources to complete simple tasks so that more time could be spent completing nursing tasks like administering medications and providing patient education. We would then discuss what kinds of tasks could be safely delegated and to whom they could be delegated. She would often remind me by saying, “Gina, can that be delegated?” And it didn’t take long for me to answer “yes.” I then began to understand that we were all there working as a patient care team, and we had to help each other so we can carry out our responsibilities. But she didn’t fail to remind me that I was ultimately accountable for the task and for evaluating the care provided. If I had asked a nursing assistant to take a blood sugar level on a patient, I was responsible for evaluating the result and taking any action needed.

I learned that successful delegation also requires good communication between the nurse and the person
CLINICAL CORNER—cont’d

being delegated to. I have found that it is beneficial to delegates if they are given an explanation about the patient and their plan of care so they understand their responsibility. For example, a nursing assistant should understand why a patient’s urine has to be dipped and tested for specific gravity with each void so that they are aware of how important their role is to the patient’s care.

When I finished my orientation and I became more comfortable completing my own tasks, I felt more comfortable delegating as well. As a new nurse, it is very easy to become overwhelmed with all of the work that has to be completed. But by learning how to appropriately delegate, it can make things a little easier to handle and allow more time for the nursing tasks that cannot be delegated.

EVIDENCE-BASED PRACTICE BOX

Delegation of Medication Administration
G. Dickens, J. Stubbs, C. Haw

Medication management in nursing homes and in psychiatric facilities caring for older adults can be described as grim and chaotic. This study done in England stated that the Commission for Social Care Inspection recommends that all care homes urgently review their medication management policies and practices due to findings that show an increase in medication errors.

This exploratory study was designed to look at whether it was feasible, prudent and practical for the RN who prepares the medication to delegate the delivery of it to another RN or to a caregiver (both would be called runners). It was an observational study that only observed the runner when she/he was in sight of the RN who had prepared the medications. The results showed that the medication errors made during the observational period all occurred during preparation or recording rather than final administration. The errors made by the runners had to do with unauthorized crushing of medication into foods.

Should runners be used in medication administration? It seems sensible to have the person who prepares the medications also administer them and sign the record as it reduces the number of transition points with the administration process. However, it will also inevitably increase the already considerable time taken to conduct a medication round. On these units older patients are often mobile, confused and nonconcordant. The authors believe it is sensible to use runners to ensure that medication is administered safely and effectively. They also found after reviewing the literature that the process will be more successful if the caregiver runners are given guidelines and education regarding medication administration.


NCLEX EXAM QUESTIONS

1. You are taking care of a patient with an acute myocardial infarction. You want to assign a PCA to this patient. Which of the following tasks would be appropriate to delegate to the PCA?
   1. Teaching about low sodium diet
   2. Assisting with bathing
   3. Pain assessment
   4. Nothing

2. Oral hygiene

3. Intravenous push medications

4. Diet teaching

3. Which of the following patients can be assigned to a PCA?
   1. A patient with sudden unexplained bleeding
   2. A patient with frequent breakthrough pain for the past 8 hours
   3. A patient scheduled for a chest radiograph this morning
   4. A patient with multiple allergic reactions to medication

Continued
4. You are the leader of a team that consists of a new registered nurse and a PCA. The following are your patients:
   • Mrs. C, a 58-year-old with unstable blood sugars who is scheduled for a pancreatic scan this morning
   • Mr. W, a 49-year-old with a history of chest pain admitted because of shortness of breath
   • Ms. K, a 22-year-old in sickle cell crisis, with multiple intravenous lines
   • Mr. F, an 83-year-old with a history of chronic leukemia admitted with an increased temperature and shortness of breath
   • Mrs. U, a 40-year-old 1 day postoperative for laparoscopic cholecystectomy
Which patients should you assign to the new nurse? (Choose all who apply.)
   1. Mrs. C
   2. Mr. W
   3. Ms. K
   4. Mr. F
   5. Mrs. U
5. On completing her shift, the new nurse lets you know that she has not completed the medication documentation for her assigned patients. You would:
   1. question her why she has not completed her work
   2. assist her with the documentation so that you can both go home
   3. grant her overtime to complete the necessary documentation
   4. notify your nurse manager to include this on her evaluation
6. You are the charge nurse on the 11 P.M. to 7 A.M. shift. One of your tasks is to assign both direct patient care activities and indirect patient care activities to the staff. You are aware that one of the direct patient care activities is:
   1. restocking supplies
   2. transport patients
   3. clerical activities
   4. electrocardiogram tracing
7. Nurses can be placed into different levels of clinical experience. You are aware that the _______ _______ has enough experience to recognize patterns in work but continues to need help in setting priorities; relies on rules and protocols.
8. Which of the following is a list of delegation factors?
   1. Your state's nurse practice act, hospital policies and procedures, job descriptions, patient needs, staff competencies, clinical situation, professional standards
   2. Your state's nurse practice act, hospital policies and procedures, job descriptions, patient needs, staff competencies, clinical situation
   3. Your state's nurse practice act, hospital policies and procedures, job descriptions, patient needs, staff competencies, professional standards
   4. Your state's nurse practice act, hospital policies and procedures, patient needs, staff competencies, clinical situation, professional standards
9. To manage your priorities and to control the activity of the workplace around you, Carrick et al. (2007) suggest the three “T’s, they are:
   1. identify your problems, interact differently with others, and initiate activities
   2. identify your problems, interact similarly with others, and initiate action
   3. identify your issues, interact differently with others, and initiate action
   4. identify your problems, interact differently with others, and initiate action
10. You are listening as your colleague, an RN, is giving out her assignments to her team, which consists of 2 LPNs and 2 nursing assistants. She is considered a competent nurse and has been practicing 2 years. You are aware that one of the tasks she is assigning to the nursing assistant should only be done by a licensed professional. What should you do?
   1. Bring the issue to the charge nurse who is at a meeting
   2. Discuss at the next staff meeting and say she was wrong
   3. Openly discuss that she is wrong and report her to nurse manager
   4. Discuss why the task is not appropriate for the non-licensed personnel
REFERENCES


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