

DELEGATION: TASKS THAT THE RN CAN SAFELY DELEGATE



Delegation is the transfer of responsibility for performance of a task to another while retaining accountability for the outcome.

5 Rights of Delegation

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

Considerations

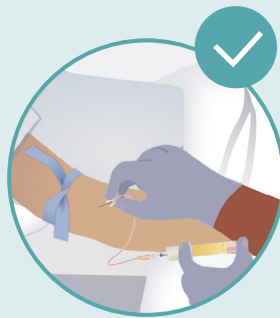
- Potential for harm
- Complexity of task
- Amount of problem solving and innovation required
- Unpredictability of outcome
- Level of client interaction

Ensure Delegation is Permissible According To

- State scopes of practice
- Team members' position or job description
- Facility policies and procedures

Tasks the RN May Consider Delegating to LPN/LVN

- Assisting RN in data collection and client monitoring
- Reinforcing RN's teaching
- Administering medications
- Inserting a urinary catheter
- Administering enteral tube feedings
- Dressing changes, tracheostomy care, suctioning



Tasks that CANNOT Be Delegated to LPN/LVN

- Independent assessment or client education, establishing outcomes, evaluating care
- Administering high-risk medications
- Administering IV push medications, titrating medications
- Client admission or discharge



Tasks the RN May Consider Delegating to Assistive Personnel

- Assisting clients with ADLs (eating, bathing, toileting, ambulating)
- Obtaining routine vital signs
- Monitoring and recording intake/output (food, drink, urine)



Tasks that CANNOT Be Delegated to Assistive Personnel

- Any task requiring critical thinking, professional judgment, professional knowledge (medication administration, tube feeding, wound care, dressing changes, sterile technique)
- Assessments or client education
- Establishing outcomes, evaluating care



NOTES

