



Delegation

POSITION STATEMENT

The Mississippi Board of Nursing is a consumer protection agency with the authority to regulate the practice of nursing provided for by Mississippi Code of 1972, Annotated, Title 73, Chapter 15.

A position statement is a scope of practice determination made by the Board, as to whether performance of an action by a licensed nurse is within acceptable standards. Position statements are administrative and educational tools that can be used to assist providers, licensed nurses, and other interested parties in scope of practice determinations. Position statements of the Mississippi Board of Nursing are formulated in response to the Board's legally mandated charge to protect the public through safe nursing practice.

DESCRIPTION

The Registered Nurse uses professional judgment to decide which nursing duties and patient treatments may be delegated and to whom. Some duties and treatments require the knowledge, skills and judgment of the Registered Nurse and therefore may not be delegated to a Licensed Practical Nurse or unlicensed person. Some duties and treatments utilize more standardized procedures and may be delegated to another Registered Nurse or Licensed Practical Nurse. In this case, the Registered Nurse who delegates the task continues to be responsible for appraising the care given and providing guidance and assistance as needed in order to safeguard the consumer of health care. Other duties and treatments, while requiring that a Registered Nurse supervise the act, may be delegated to an appropriately prepared unlicensed person.

Some tasks, due to their complexity and the accompanying assessment and evaluation skills required, may not be delegated to unlicensed persons. To do so is a breach of the standard of nursing care, places the health care consumer at unnecessary risk and may jeopardize the licensure of the nurse. The prudent licensed nurse safeguards the consumer of health care by adhering to accepted standards of nursing care, including all ethical, legal, and competency issues related to delegation. Additional criteria that must be considered when determining appropriate delegation of tasks include but are not limited to the Five Rights of Delegation.

FIVE RIGHTS OF DELEGATION

Right task: The activity falls within the delegate'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 must be specific to the patient, licensed nurse, and delegatee. The nurse should provide clear instructions, and the delegatee should seek clarification as needed. Communication should cover data collection, reporting time frames, and relevant details. The delegatee must understand and accept the task, with no modifications allowed without consulting the 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.

SCOPE OF PRACTICE

According to Chapter III of the Mississippi Board of Nursing Rules and Regulations, "The Registered Nurse shall be held accountable for the quality and quantity of nursing care given to patients rendered by self and others being supervised. The Registered Nurse may:

1. Assign specific duties to other qualified personnel;
2. Assign the duties of administration of patient medications **to other licensed nurses only** (either a Registered Nurse or Licensed Practical Nurse, or one authorized by temporary permit to practice) except as set out in Chapter VI;
3. Assign the duties of giving patient treatments to licensed nurses and/or auxiliary workers based on their knowledge of their educational preparation and experience."

Delegation of Nursing Duties and Patient Treatments to Auxiliary Workers

Stipulations applicable to the delegation of each task to an auxiliary worker/unlicensed person are:

1. The individual must be educated and competent. This education and competence must be documented initially and on an ongoing basis;
2. There is a medical order for the procedure/care;
3. The individual practices according to accepted standards of practice; and
4. The facility must have policies and procedures in place to address all aspects of the issue.

Tasks Acceptable for Delegation to an Auxiliary Worker/Unlicensed Person

1. specimen collection (urine, stool, nasal swabs for COVID/flu, and sputum)
2. oxygen set-up
3. pulse oximeter equipment application
4. wall suction equipment set-up
5. emptying of wall suction
6. dipstick urinalysis
7. capillary blood glucose testing (Glucometer, Accu-Checks)
8. shave preps (if performed in a specialized unit as the OR or Obstetrical Unit)
9. phlebotomy (if individual's title/position and main function is primarily as a lab technician or "blood drawer")
10. enema administration (small volume, commercially prepared only, i.e., Fleets)
11. EKG
12. oral suctioning
13. vital signs
14. splinting (pre-formed, pre-manufactured, commercial splints and the application of non-inclusive extremity splinting with plaster and fiberglass) provided: the individual has completed an educational program/training in the application of splints (for example, EMTs or documented specialized training to include the application of splints, such as Rehab CNAs). This education/competence must be documented initially and on an ongoing basis; the registered nurse must document an assessment of the patient/client's status prior to splinting and an assessment regarding correct alignment/application of the splinting after application; and all criteria as outlined in the Board's Delegation Position Statement remain applicable).
Extremity casting with plaster/fiberglass may not be delegated to unlicensed personnel.
15. urinary catheterization (see Delegation of Urinary Catheterization to Unlicensed Personnel section below).

Delegation of Urinary Catheterization to Unlicensed Personnel

The skill of urinary catheterization requires ongoing nursing judgment and, if complications develop or modifications become necessary, requires implementation of actions based on nursing knowledge. The nurse exercises judgment and applies knowledge as decisions are made regarding delegation of urinary catheterization. At the discretion of the nurse, urinary catheterization may be delegated to appropriately prepared unlicensed persons in accordance with the following guidelines:

Setting

Inpatient and rehabilitation settings may be appropriate settings in which urinary catheterization may be delegated to appropriately prepared unlicensed persons. Home health settings are inappropriate settings for delegating urinary catheterization to unlicensed persons.

Personnel

An appropriately prepared unlicensed person is a non-nurse who has successfully completed a formal training program specifically related to urinary catheterizations. This program must have been conducted by a Physician, Nurse Practitioner, Registered Nurse or a Licensed Practical Nurse. The program must include a demonstration/return demonstration component in assessing competency. The facility must maintain documentation of the initial and on-going training and competence.

Resources

A nurse supervisor must be available at all times for consultation to provide ongoing application of nursing knowledge and judgment. The Registered Nurse remains accountable and responsible for the quality of nursing care administered by persons being supervised. In addition, the Registered Nurse is responsible for appraising care given by auxiliary workers under the Registered Nurse's direction and must be given guidance and assistance as needed.

Circumstances

The following types of urinary catheterizations may be delegated to unlicensed personnel:

1. Intermittent catheterizations with a straight catheter on patients with prolonged temporary or permanent urinary dysfunction which requires frequent straight catheterizations daily;
2. Insertion of indwelling urinary catheters if, in the judgment of the nurse, the procedure does not require the direct application of nursing knowledge, skills and abilities.

The following types of urinary catheterizations **MAY NOT** be delegated to unlicensed persons:

1. Catheterization of pediatric patients;
2. Catheterization of patients following repeated unsuccessful attempts at catheterization by an unlicensed person;
3. Catheterization of patients who have discontinued their own indwelling catheter without medical authorization and/or while the bulb remained inflated; and
4. Patients who have had a medical procedure requiring resection of tissue which resulted in altered anatomy of the urinary tract. It is within the clinical judgment of the Registered Nurse to determine at what point post-operatively this may be delegated to the unlicensed person.

Agency Policy

The agency should have a policy specific to delegation of urinary catheterization to unlicensed persons, which also addresses and/or defines the following:

1. Pediatric patients; and
2. Maximum allowed number of unsuccessful attempts at urinary catheterization by unlicensed persons prior to consulting the nurse.

Tasks Not Appropriate for Delegation to Auxiliary Workers/ Unlicensed Personnel:

Including, but not limited to:

1. nasogastric tube removal
2. enteral tube feedings
3. dressing changes
4. ear irrigation
5. saline lock insertion
6. hot/cold applications
7. medication administration
8. patient assessment
9. physical or telephone triage
10. removal of fecal impactions



The registered nurse remains accountable for the acts carried out, as well as, the outcome of the acts delegated. The registered nurse may not delegate tasks to, participate in the education of, or supervise, in any capacity, an individual who is practicing beyond his/her scope.

Although the determination of medical procedures and the patient's medical status is a medical decision, the Registered Nurse has the right and the obligation to question orders and decisions which are contrary to acceptable standards and to refuse to participate in procedures which may result in harm to the patient.

HISTORY

1. Statement on Delegation of Urinary Catheterization to Unlicensed Personnel
Original: 09/08/1988
Revised: 12/03/1997; 04/06/2000
2. Statement on Delegation
Original: 02/04/1998
Revised:
04/06/2000; 2/07/2025
3. Statement on Delegation of Urinary Catheterization to Unlicensed Personnel and
Statement on Delegation consolidated into one position statement and named
Delegation. Combined: 03/19/2009

