

Rule 225.1-225.14

RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions

QUICK REFERENCE GUIDE

225.1	Three Gate Keeping Criteria: All must be met to use Rule 225
225.1(c)	One acute condition does not preclude using 225 for tasks unrelated to the acute condition.
225.2	Exclusions: Rule 225 does not apply to listed conditions (4)(D) - Tasks assigned to LVN or other licensed practitioners. (RN is not accountable for tasks when they are assigned to other licensed practitioners)
225.3	Purpose: To maintain client in least restrictive environment and promote client independence to the extent possible. <ul style="list-style-type: none"> • What may be a “nursing task” in an acute environment/acute condition may be a supportive task in an Independent Living Environment (ILE).
225.4	Definitions <ul style="list-style-type: none"> • ADL’s (Activities of Daily Living) • Administration vs Assistance with self-administered medications • Assistance (#3) ° includes UAP assisting with calling in pre-authorized prescription refills • Client’s Responsible Adult(CRA) - may or may not be a “paid” person (However, must comply with state and federal regulations, which may preclude designating agency employee as CRA) • HMA (Health Maintenance Activity) • “Not Requiring Delegation” (new concept) • Stable and Predictable (one of the “gate-keeping” criteria) • Unlicensed Person (in BNE rule, may be paid or volunteer, but application of Rule 225 will vary in different practice settings as regulations beyond BNE rule may be stricter)
225.5	RN Accountability (b) RN is not accountable for UAP’s actual performance of ADL’s or HMA’s that the RN determines meet criteria for <u>not requiring delegation</u> .
225.6	RN Assessment of Client <ul style="list-style-type: none"> - RN not required to assess UAP - Strength in one assessment criterion may compensate for weakness in another assessment criterion
225.7	ADL’s Exempt from Delegation ADL’s are not considered “nursing task” when related to: <ol style="list-style-type: none"> 1. Functional disability (see definition in 225.4) 2. RN determines any UAP could do task(s) without supervision (remember Gate Keeping Criteria)

<p>225.8</p>	<p>HMA Exemption (does “not require delegation”)</p> <ol style="list-style-type: none"> 1. Related to functional disability. 2. Client or CRA capable of directing UAP. 3. Client/CRA has agreed in writing to participate in directing UAP. 4. Either <ol style="list-style-type: none"> (a) Client willing/able to train... <p style="text-align: center;">or</p> <ol style="list-style-type: none"> (b) CRA willing/able to train... <p style="text-align: center;">and will be</p> <ol style="list-style-type: none"> (1) present <p style="text-align: center;">or</p> <ol style="list-style-type: none"> (2) available via telecommunications
<p>225.9</p>	<p>Delegation Criteria (for tasks that cannot or do not qualify for specific client as “not requiring delegation”)</p> <p>In Addition to 225.6, RN °</p> <ol style="list-style-type: none"> 1. Determines task does not require nursing judgment. 2. Verifies UAP’s competency to perform the task. 3. Determines with client or CRA level of RN supervision according to five factors: <ul style="list-style-type: none"> • stability of client • training, experience, & capability of UAP • nature of nursing task • proximity and availability of RN to UAP • level of participation of client or CRA 4. "5 Rights" of delegation must be met.
<p>225.9 (c)</p>	<p>Employer must have written policy acknowledging that final decision to delegate (or not) is made by the RN - delegation cannot be mandated by facility policy.</p>
<p>225.10</p>	<p>Tasks that may be delegated:</p> <ol style="list-style-type: none"> (1) ADL's Ū <ul style="list-style-type: none"> ↳ That RN determines require delegation (2) HMA'sŪ (3) ÷ (12) = these items are typically nursing tasks, but there can be exceptions (ie, some tasks may qualify as “not requiring delegation” for a specific client. For example: <ol style="list-style-type: none"> (6)(A) Inserting tubes - “(A) Irrigation and/or insertion of intermittent caths” (Straight catheters only, <u>Not</u> Foleys) Ÿ {Intermittent caths can be HMA if meets criteria} (7) Trach Care (10) Med. Administration <ul style="list-style-type: none"> - Not related to functional disability - May have to be delegated because of lack of ability of client or CRA to participate (11) Daily Pill Reminder Container ÷ see 225.11 (12) Insulin (various routes) ÷ see 225.11

<p>225.11</p>	<p>Pill Boxes and Insulin</p> <p>(a) Pill Reminders ÷ supervisory visits @ RN discretion</p> <p>(b) Insulin - some same and some new requirements:</p> <ul style="list-style-type: none"> • A RN must be on call for consultation/intervention 24 hours • Supervising visits to clients location three (3) times in 60 days (new), but after that, frequency of supervisory visits decided by RN in consultation with client or CRA.
<p>225.12</p>	<p>Tasks Prohibited from Delegation</p> <ul style="list-style-type: none"> • Any task that requires professional nursing judgement • No exhaustive list, but examples provide guidance; RN must use good professional judgement • Includes specific medication-related tasks (calculating doses, administering any drug with the exception of Insulin via injectable route, etc. • (5)(E) Initial Dose of a medication: A RN can delegate if document rationale in client's medical record. Ex: OTC medication, such as MOM, or prescription laxative.
<p>225.13</p>	<p>Supervising UAP Performing Tasks Delegated by Other Practitioners</p> <ul style="list-style-type: none"> • As with previous rule (218), RN must assure client safety [Rule 217.11(5)] through gadequate supervision and gassuring adequate training to perform the task, and greport to delegating practitioner if UAP is performing task incorrectly.
<p>225.14</p>	<p>Application of Other Laws and Regulations (new)</p> <ul style="list-style-type: none"> • If laws are inconsistent, "most restrictive" standard is applied