DELEGATION

In order to meet the increasing need for accessible, affordable, quality health care, registered nurses (RN) working in public health agencies must coordinate and supervise the delivery of nursing care. This may include the delegation of nursing tasks to licensed and unlicensed health care personnel. The RN maintains the ultimate responsibility and accountability for the management and provision of nursing care.

ACCEPTABLE USE OF THE AUTHORITY TO DELEGATE

The delegating nurse is responsible for an individualized assessment of the patient and situational circumstances, and for ascertaining the competence of the licensed or unlicensed health care worker before delegating any task. A registered professional nurse must complete the functions of assessment, evaluation, and nursing judgment. Supervision, monitoring, evaluation and follow-up by the RN are crucial components of delegation. The licensed or unlicensed health care worker is responsible for accepting the delegated task and for his/her own actions in carrying out the task.

DELEGATION DECISION-MAKING PROCESS

In delegating, the registered professional nurse must ensure appropriate assessment, planning, implementation and evaluation. The following model describes the decision-making process, which is continuous:

I. Delegation criteria.
   A. Nursing Practice Act
      1. Permits delegation
      2. Authorizes task(s) to be delegated or authorizes the nurse to decide delegation
   B. Delegator qualifications
      1. Within scope of authority to delegate
      2. Appropriate education, skills, and experience
      3. Documented/demonstrated evidence of current competency

Provided that this foundation is in place, the registered nurse may enter the continuous process of decision-making.

II. Assess the situation.
   A. Identify the needs of the patient, consulting the plan of care
   B. Consider the circumstances/setting
      A. Assure the availability of adequate resources, including supervision

If patient, needs, circumstances, and available resources indicate patient safety will be maintained with delegated care proceed to III.

III. Plan for the specific tasks to be delegated.
   A. Specify the nature of each task and the knowledge and skills required to perform the task
   B. Require documentation or demonstration of current competence by the delegate for each task
   C. Determine the implications for the patient, family and significant others

If the nature of the task, competence of the delegate and implications indicate patient safety will be maintained with delegated care, proceed to IV.

IV. Assure appropriate accountability.
   A. As delegator, accept accountability for performance of task(s)
B. Verify that delegate accepts the delegation and the accountability for carrying out the task correctly
If delegator and delegate accept the accountability for their respective roles in the delegated patient care, proceed to V.

**V. Supervise performance of the task(s).**
   A. Provide directions and clear expectation of how the task(s) is to be performed
   B. Monitor performance of the task to assure compliance to established standards of practice, policies and procedures
   C. Intervene when necessary
   C. Ensure appropriate documentation of the task(s)

**VI. Evaluate the entire delegation process.**
   A. Evaluate the client
   B. Evaluate the performance of the task(s)
   C. Obtain and provide feedback

**VII. Reassess and adjust the overall plan of care as needed.**

**THE FIVE RIGHTS OF DELEGATION**

1. **RIGHT TASK**
   One that is delegable for a specific client.

2. **RIGHT CIRCUMSTANCES**
   Appropriate patient setting, available resources, and other relevant factors considered.

3. **RIGHT PERSON**
   Right person is delegating the right task(s) to the right person to be performed on the right person.

4. **RIGHT DIRECTION/COMMUNICATION**
   Clear, concise description of the task, including its objective, limits and expectations.

5. **RIGHT SUPERVISION**
   Appropriate monitoring, evaluation, intervention, as needed, and feedback.

**REFERENCES**


Delegation Decision-making Tree
Adapted from the Delegation Decision Tree developed by the Ohio Board of Nursing

Are there laws and rules in place that support the delegation? NO → Do not delegate

Is the task within the scope of practice of the RN/LPN? NO → Do not delegate

Is the RN/LPN competent to make delegation decisions? NO → Provide and document education

Has there been assessment of the client’s needs? NO → Assess, then proceed with a consideration of delegation

Is the RN/LPN/UAP competent to accept the delegation? NO → Provide and document education

Does the ability of the care-giver match the care needs of the client? NO → Do not delegate

Can the task be performed without requiring nursing judgment? NO → Do not delegate

Are the results of the task reasonably predictable? NO → Do not delegate

Can the task be safely performed according to exact, unchanging directions? NO → Do not delegate

Can the task be safely performed without complex observations or critical decisions? NO → Do not delegate

Can the task be performed without repeated nursing assessments? NO → Do not delegate

Is appropriate supervision available? NO → Do not delegate

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