

Delegation of Specific Tasks

The following table is to be used to determine to whom specific tasks may be delegated.

Only the Nurse responsible for the student's nursing care may determine which nursing tasks may be delegated to an Unlicensed Assistive Person. The tasks listed in the chart below may only be delegated if the Five Rights of Delegation are met. Refer to the section on Delegation Principles.

After assessment and consideration of the principles of delegation, the decision to delegate nursing care must be based on the following:

1. Child's nursing care needs are stable.
2. Performance of the task does not pose a potential harm to the child.
3. Task involves little or no modification.
4. Task has a predictable outcome.
5. Task does not inherently involve ongoing assessments, interpretations or decision making.
6. The unlicensed assistive personnel's skills and competency levels.
7. The availability of supervision.

NURSING TASKS						
A = Within Scope of Practice S = Within Scope of Practice with supervision D = Delegated task with supervision EM = In emergencies X = Cannot perform			Provider = Person w/legal authority to prescribe – M.D., APN with prescriptive authority, Dentist, Physician Assistant with prescriptive authority, etc.			
Procedure	Provider Order Required	RN	LPN/LPTN	Unlicensed Assistive Personnel	Self	RN Scope of Practice: The delivery of health care services which require assessment, diagnosis, planning, intervention, and evaluation. LPN Scope of Practice: The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including observation, intervention and evaluation.
1.0 Activities of Daily Living						
1.1 Toileting/Diapering		A	A	A		
1.2 Bowel/Bladder Training		A	A	D	S	
1.3 Dental Hygiene		A	A	S	S	
1.4 Oral Hygiene		A	A	S	S	
1.5 Lifting/Positioning/Transfers		A	A	S	S	
1.6 Feeding						
1.6.1 Nutritional Assessment		A	X	X	X	
1.6.2 Oral Feeding		A	A	S	A	
1.6.3 Naso-Gastric Feeding	Yes	A	S	X	S	
1.6.4 Monitoring N/G Feeding		A	S	X	S	
1.6.5 Gastrostomy Feeding	Yes	A	S	D	S	
1.6.6 Monitoring Gastrostomy Feeding		A	S	D	S	
1.6.7 Jejunostomy Tube Feeding	Yes	A	S	X	X	
1.6.8 Total Parenteral Feeding (intravenous)	Yes	A	S	X	X	
1.6.9 Monitoring Parenteral Feeding		A	S	X	X	
1.6.10 Naso-Gastric Tube Feeding	Yes	A	S	X	X	
1.6.11 Naso-Gastric Tube Removal	Yes	A	S	EM	S	
1.6.12 Gastrostomy Tube Reinsertion	Yes	X	X	X	X	
2.0 Urinary Catheterization						

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		RN	LPN/ LPTN	Unlicensed Assistive Personnel	Self					
2.1 Clean Intermittent Cath.	Yes	A	S	D	S					
2.2 Sterile Catheterization	Yes	A	S	X	X					
2.3 External Catheter application	Yes	A	A	S	S					
2.4 Indwelling Catheter Care (cleanse with soap & water, empty bag)		A	A	S	S					
3.0 Medical Support Systems										
3.1 Ventricular Peritoneal Shunt Monitoring	Yes	A	S	D	X					
3.2 Mechanical Ventilator										
3.2.1 Monitoring	Yes	A	S	D	X					
3.2.2 Adjustment of Ventilator	Yes	A	S	X	X					
3.2.3 Ambubag		A	S	EM	X					
3.3 Oxygen										
3.3.1 Intermittent	Yes	A	S	D	X					
3.3.1 Continuous – monitoring	Yes	A	S	D	S					
3.4 Central Line Catheter	Yes	A	S	X	X					
3.5 Peritoneal Dialysis	Yes	A	S	X	X					
4.0 Medication administration										
4.1 Oral – Prescription	Yes	A	S	D	X					
4.2 Oral – Over the Counter (written parental consent)		A	S	D	S					
4.3 Injection	Yes	A	S	X	S					
4.4 Epi-Pen Allergy Kit	Yes	A	S	EM/S	S					
4.5 Inhalation										
4.5.1 Prophylactic/Routine asthma inhaler	Yes	A	S	D	S					
4.5.2 Emergency/Rescue asthma inhaler	Yes	A	S	D	S					
4.5.3 Nasal Insulin	Yes	A	S	X	X					
4.5.4 Nasal controlled substance (such as but not limited to Versed)	Yes	A	S	X	X					
4.6 Rectal	Yes	A	S	X	X					
4.7 Bladder Instillation	Yes	A	S	X	X					
4.8 Eye/Ear Drops	Yes	A	S	D	X					
4.9 Topical	Yes	A	S	D	X					
4.10 Per Naso-gastric Tube	Yes	A	S	X	X					
4.11 Per Gastrostomy Tube	Yes	A	S	D	X					
4.12 Intravenous	Yes	A	S	X	X					
5.0 Ostomies (colostomy, ileostomy)										
5.1 Ostomy Care (empty bag, cleanse w/soap & water)		A	S	S	S					
5.2 Ostomy Irrigation	Yes	A	S	X	S					
6.0 Respiratory										
6.1 Postural Drainage	Yes	A	S	D	X					

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Procedure	Provider Order Required	RN	LPN/LPTN	Unlicensed Assistive Personnel	Self
6.2 Percussion	Yes	A	S	D	X
6.3 Suctioning					
6.3.1 Pharyngeal	Yes	A	S	D	X
6.3.2 Tracheostomy	Yes	A	S	D	X
6.4 Tracheostomy Tube Replacement	Yes	A	EM	EM	EM
6.5 Tracheostomy Care (clean/dress)	Yes	A	S	D	X
7.0 Screenings					
7.1 Growth (height/weight)		A	S	D	S
7.2 Vital Signs		A	A	S	X
7.3 Hearing		A	S	D	X
7.4 Vision		A	S	X	X
7.5 Scoliosis		A	S	D	X
8.0 Specimen Collecting/Testing					
8.1 Blood Glucose	Yes	A	S	D	S
8.2 Urine Glucose/Ketone	Yes	A	S	D	S
9.0 Other Healthcare Procedures					
9.1 Seizure Safety Procedures		A	S	D	X
9.2 Pressure Ulcer Care	Yes	A	S	D	X
9.3 Dressings, Sterile		A	S	D	X
9.4 Dressings, Non-sterile		A	S	D	S
9.5 Vagal Nerve Stimulator	Yes	A	S	D	X
10.0 Developing Protocols					
10.1 Healthcare Procedures		A	X	X	X
10.2 Emergency Protocols		A	X	X	X
10.3 Individualized Healthcare Plan		A	X	X	X