

LTCCN Delegated Nursing Procedures and Taught Procedures

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INTRODUCTION

The purpose of this Case Manager guidance is to provide guidelines for nursing procedures performed by caregivers in in-home settings (Consumer-Employed Provider Program) and in adult foster home care settings, also known as delegation.

Per OAR 851-006-0040 (1) “ the delegation process means the process utilized by a registered nurse (RN) to authorize an unregulated assistive person to perform a nursing procedure for a client for which the RN retains accountability for the outcome. The delegation process must only occur in those settings that do not mandate the presence of 24/7 nursing services per any law, rule, or regulation.”

The term “unregulated assistive person” more commonly known as a caregiver, refers to anyone who does not have a nursing license. Home Care Workers (HCW) are caregivers that work in consumers own home.

A CNA, for the purpose of Division 047 is considered a caregiver regardless of the CNA’s role, if the CNA is asked to perform a nursing procedure, that procedure must be delegated unless they are a family member. Family members do not require delegation, however the LTCCN may need to teach the family members how to properly perform the nursing procedure.

## DELEGATION PROCESS

The delegation process includes:

- The RN's nursing assessment of the client;
- Evaluation of the ability **and** willingness of the caregiver to perform the nursing procedure;
- Determination that the environment is safe;
- Teaching the caregiver which includes:
  - Performance of the procedure.
  - Why the client requires the procedure.
  - Potential side effects/adverse reactions and infection control practices.
  - How and what to document.
  - When to call the RN.
  - All applicable infection control processes.
- Updating the care plan to reflect the delegation;
- Providing supervision of the delegation at regular intervals; and
- Evaluating the safety of the delegation at regular intervals.

Delegated nursing procedures **and** taught procedures should be reflected in the client's care plan. **This is a requirement for the RN.** The RN must leave a care plan even when there is no setting requirement. If the care setting uses a care plan it can be added to the existing care plan or it can be a separate care plan. If there are multiple components to a procedure that includes nursing components and components that can be taught, the RN does not need to create separate documents however, the care plan must clearly identify what components are completed by the caregivers and what components are completed by the RN. Additionally, documentation must clearly describe what was delegated and what was taught. The step-by-step instructions must include all steps for all the

components, including infection control measures, what actions to take if the caregiver observes side effects and when to call 9-1-1

### COMMON DELEGATED NURSING PROCEDURES

There is no “list” of nursing procedures that can be delegated. The RN is responsible for determining if a procedure or medical order needed by the client is a nursing procedure. **Then** the RN determines if it is safe to delegate the nursing procedure. However, there are some nursing procedures that are commonly seen delegated in ODHS’ community settings.

**Delegation requires the RN to provide written step-by-step instruction on the performance of a nursing procedure.** Per OAR 851-047-0050, the RN must instruct and ensure the caregiver is using the written step-by-step instructions each time they perform the procedure.

- **Subcutaneous injection** such as insulin, heparin, B12 shots or growth hormones.
  - This includes the use of subcutaneous needles or injection pens.
- **Intramuscular injections (IM)** used to treat chronic ongoing health conditions may be considered by the RN. The RN must consider many factors before delegating IM injections due to the potential risks. **New, effective 7/2023**
- **Jejunostomy or gastrostomy tubes:**
  - This includes administering food, fluids, medication, nutrition or flushing.
  - Nasogastric tubes should not be used in community-based settings due to the risk involved and the need to assess placement each time anything is administered through the tube.
    - Use of a nasogastric tube may occur when Hospice or Home Health is involved, however Hospice and Home Health RN must manage the nasogastric tube.

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- **Blood glucose (CBG) testing** only needs to be delegated if the client receives insulin administration.
  - It is not a separate delegation but included in the delegation of insulin injections.
  - CBG testing for a client without insulin *is taught and not delegated*.
- **Peritoneal Dialysis**, also known as home dialysis.
- **Deep suctioning** may be delegated but only in community- settings that manage ventilator care with staff who have additional specialized training.
- **Routine trach care and oral suctioning** may be delegated in a community setting.
- **Intermittent straight urinary catheterization.**
  - Delegating the replacement of an indwelling foley catheter is at the discretion of the RN.
- **Manual stimulation.**
  - The RN may decide the administration of an enema should be delegated.

### PROCEDURES THAT CANNOT BE DELEGATED

There are some procedures that cannot be delegated:

- **Assessment** required before, during or after the procedure is performed.
- **Intravenous (IV) medication/fluid administration** – can only be delegated if the RN is an employee of Home Health or Hospice and the OARs allow IV's to be administered in the setting, and the IV is safe to delegate. Administration of IVs by Home Health or Hospice is limited to the treatment for ongoing chronic conditions or the treatment of an infection. IVs include:
  - Implanted ports (neck, chest, or arm) to administer medication/fluids is considered an IV.
  - Flushing or connecting/disconnecting the IV cannot be delegated and must be done by a nurse.

- Changing the dressing can be taught.
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- **Medications administered for life saving emergencies** (formally anticipatory emergencies) cannot be delegated but **are taught**.
  - Medications that are considered lifesaving emergency drugs are specifically identified in statute and are limited to:
    - Glucagon for low blood sugar.
    - Epi-pens for severe allergic reactions.
    - Medications used for opioid overdose.
    - Medications used for adrenal crisis.
  - The client's physician, hospital staff or the pharmacist can also provide teaching **if** step-by-step instructions are provided.

### COMMON TAUGHT PROCEDURES

Procedures ordered for a client **that are not nursing procedures** may require an RN to teach caregivers how to safely perform. Taught procedures require the RN to provide step-by-step written instructions for the caregiver to reference.

- **Non-injectable medications** such as oral, sublingual, topical, eye, ear or nose, suppositories - rectal and vaginal, and inhalants - including breathing treatments. If oral medications are administered through a jejunostomy or gastrostomy tubes the process of administering the oral medications through the tube is delegated.
- **Dressing changes.**
  - Dressing changes in some cases can be taught to the caregiver if no wound assessment is needed. Wound management is not the same as a dressing change and requires a nursing assessment and cannot be delegated
- **CBG testing.**

- Delegation is not required if the client is not using insulin. If the client is using insulin the CBG testing must be included in the delegation process for insulin injections. There does not need to be a separate delegation for CBG testing and can be included in the delegation for insulin injections.
- **A1C testing.**
  - A1C testing is used to evaluate the overall success of diabetic management over time and is not used to adjust insulin on a routine basis. Results of A1C testing must be communicated to the client's provider.
- **PT/INR Testing (international normalized ratio).**
  - The expectation is results are reported to the prescriber immediately.
- **Catheter care.**
  - Excludes catheter change or straight catheterization.
- **Nighttime use of CPAP.**
  - Placement and monitoring of CPAP or cannula and ensuring the mask is maintained during sleeping, cleaning of tubing and equipment.
  - Excludes oral suctioning.
- **Ventilator care in accordance with the prescriber's written parameters.** A respiratory therapist may write parameters to support the prescriber's orders. This includes:
  - Changing ventilator tubing and connections.
  - Monitoring and changing ventilator settings (oxygen level, positive end expiratory).
  - Pressure, peak flow, and/or intermittent mandatory ventilation
- **Oxygen Administration** is given during regular intervals and with daily unplanned changes.

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- Oxygen administration requires a prescriber's order, which includes oxygen flow and method of administration.
- Medical orders should also contain parameters regarding any changes based on saturation levels or physical symptoms such as shortness of breath or breathing difficulties.
- **Pulse Oximeter** including:
  - Placement and monitoring oxygen saturation levels.
  - Adjusting the oxygen as necessary to keep within acceptable parameters established by the prescriber.
- **Apnea Monitoring** is used after oxygen desaturation or episodes of apnea or respiratory distress have occurred.
- **Routine vital sign** monitoring for such things as blood pressure, pulse, heart rate, respiration, oxygen saturation, or weights.

### LICENSED PRACTICAL NURSE (LPN) PRACTICE LIMITATIONS

In settings with LPNs, the LPN can perform a nursing procedure, **if** an RN authorizes the nursing procedure and it is documented in the client's care plan, but the RN cannot "delegate" a nursing procedure to an LPN regardless of the LPNs role.

LPNs do not have independent practice authority and cannot provide nursing care or services unless they are supervised by an RN that has a formal legal relationship with the LPN **and** the RN has authorized the nursing service portions of the client's care plan. This applies even if the LPN is a family member of the client requiring a nursing procedure.

A legal formal relationship means the RN and LPN must be employed by the same employer or the RN has a contract outlining the RN's role including supervision of LPN practice. **An LTCCN does not meet the requirement of a formal legal relationship.**