



Delegating Medication Administration to Licensed Nursing Assistants

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HB 484 Expanded the Scope of Practice for LNAs in New Hampshire



- HB 484, amended a section NH's Nurse Practice Act (RSA 326-B:14, II) to **allow delegation of medication administration to LNAs who work in non-institutional settings**. The law took effect on 9/11/15.
- The law required the Board of Nursing to revise rules and develop education.
- The Nur 404 rules, re: delegation, were revised effective 4/26/16.
- The Board of Nursing posted an educational presentation on its website in May 2016.

Rationale for Passage of the HB 484

- New Hampshire has the 2nd oldest population in the country.
- As the elderly population continues to grow, there will be greater demand for a range of assistive services in non-institutional settings.
- An elderly person's ability to remain as independent as possible may hinge on whether or not they can take their medications.
- There are no limitations on unlicensed personnel administering medications, yet LNAs – who have clinical training – were historically prohibited from performing this task.



Before Passage of HB 484

- Only LNAs *with* a valid “Certificate of Medication Administration” (MNA) were allowed to **administer** medications, if delegated by a RN or LPN.
 - Obtaining a certificate involves completion of a 60-hour BoN-approved curriculum and competency exam.
- LNAs *without* a certificate could only **assist** patients with medication administration, if delegated by a RN or LPN.



After Passage of HB 484

- LNAs *with* a “Certificate of Medication Administration” (MNA), may **administer** medications, if delegated by a RN or LPN
- LNAs *without* a MNA certificate – *who work in the home care, hospice, residential care, or adult day care setting* -- may **administer** medications, if delegated by a RN or LPN.
- LNAs *without* a MNA certificate *who work in any setting* may continue to **assist** patients with medication administration, if delegated by a RN or LPN

“Administration” vs. “Assistance” (Nur 404.03)

- **“Administration of Medication”** means an action taken by a licensee or authorized delegate whereby a single dose of the prescribed medication is instilled into or applied to the body of a person for immediate consumption or use.
- **“Assistance with administration of medication”** means an action taken by a licensee or authorized delegate whereby a client with stable medical condition(s) and who is fully able to recognize and accept prescribed medications is assisted with one or more of the following steps in the process of instilling or applying a single dose of prescribed medication.
 - Providing assistance, observation and documentation to a client
 - Taking the medication to the client
 - Opening the medication container
 - Reminding or prompting the client
 - Reading a label
 - Physically assisting the client to self-administer using hand or hand technique
 - Providing food or liquids if necessary with the medication

What the New Law Is and Is Not

- RSA 326-B:14, II is a change of scope of practice for LNAs, but **only in certain employment settings and within specific parameters** set out in Nur 404 rules.
- The new law is essentially “enabling legislation.” Home care agencies and other providers listed in the law **may** allow nurses to delegate medication administration to individual LNAs. There is no requirement that agencies *must* allow this type of delegation.
- RSA 326-B:14,II is **not a blanket scope of practice expansion** that allows all LNAs to administer all medications.
- Delegation of medication administration to a LNA is done **on an individual basis** – by a specific nurse to a specific LNA for a specific patient for a specific medication.

Important Sections of the Nurse Practice Act

- A RN or LPN may delegate specific nursing activities and tasks, in accordance with rules adopted by the BoN. (RSA 326-B:28)
- A “nursing task” means a procedure that requires nursing education and a license as a RN or LPN to perform (Nur 404.03,c)
- A nurse who delegates a specific nursing activity or task in compliance with Nurse Practice Act shall not be subject to disciplinary action because of the performance of the person to whom the task was delegated. (RSA 326-B:29,I)
- No person may coerce an nurse into compromising client safety by requiring a nurse to delegate a task when the nurse determines it is inappropriate to do so. A nurse shall not be disciplined for refusing to delegate or refusing to provide training when the nurse has determined that client safety may be compromised. (RSA 326-B:29,II)

The 5 Rights of Delegation

- **Right Task** – must be appropriate to delegate
- **Right Circumstance** – delegation must be appropriate to the client and the practice setting
- **Right Person** – nurse must ensure the right task is being delegated to the right person and competence must be validated
- **Right Communication** – nurse must provide clear, concise instructions for performing the task
- **Right Supervision** – nurse must provide appropriate supervision/monitoring, evaluation and feedback of the performance of the delegated task

Duties of the Delegating Nurse (Nur 404.06)

1. **Assess to ensure the client's condition** is stable and predictable
2. **Ensure the task does not require nursing assessment** and consider:
 - the nature, complexity and risks involved with the task
 - the skills to safely perform the task within the care setting without direct supervision
 - the willingness of the delegate to perform the task.
3. **Teach the task** to the delegate
4. **Observe the delegate** to ensure the task is performed safely
5. **Delegate the task** and instruct the delegate that the delegation is specific only to that client
6. **Document the delegation process** and leave written instructions
7. **Supervise the delegate** and provide ongoing evaluation
8. **Rescind the delegation** if the patients condition changes, the delegate is unwilling or incompetent to perform the task, or the patient objects



Duties of the Nurse Delegating Medication Administration

(Nur 404.07, a-b)

- **Specify:**
 - medication to be administered
 - dosage, route and time of the medication to be administered
 - proper method for administration
 - Required documentation
 - duty to report immediately to the delegating nurse any error in administration
- **When relevant to the client's care, instruct the delegate on:**
 - reasons for the medication
 - potential side effects
 - observation of the client's response
 - Expected actions if side effects occur

Allowable Routes for Delegated Medication Administration

(Nur 404.07, c, g, g)



- Topical
- Oral
- Nasal
- Ocular
- Auricular
- Vaginal
- Rectal
- Enteral Tube
- Injection of insulin or epinephrine from a labeled and pre-set or pre-drawn delivery device

Delegation Not Allowed (Nur 404.07,d)

- **A nurse shall not delegate the following:**
 - medication administered via a parenteral route, if it's not listed on the previous slide
 - medication administered via a nasogastric tube
 - the initial dose of a new medication
 - previously prescribed medication with a dosage change

PRN Medications (Nur 404.07,e)

- A nurse may delegate PRN medications subject to the following:
 - The delegating nurse provides written instructions, *and*
 - The administration is authorized by the supervising nurse on duty or on call



Obligations of Board of Nursing Licensees Who are Delegates (Nur 404.08)

- Perform the delegated task in accordance with the Nurse Practice Act and the Nur 404 Rules
- Wear a badge showing the delegatee's name and title when performing the delegated task
- Report to the Board of Nursing any delegation which the delegatee believes to be beyond his or her competency

Delegating Nursing Tasks to Unlicensed Persons

- Nurses may delegate nursing tasks to unlicensed assistive personnel (such as family members, personal care service providers or consumer-directed personal care attendants) who have the competency to perform the specific task to be delegated (Nur 404.04,b,3)
- Nurses should follow the same protocols for delegating to unlicensed personnel as they do for LNAs.
- The Board of Nursing has no jurisdiction over unlicensed personnel, therefore there are no limitations on the nursing tasks that may be performed by unlicensed personnel.

HB 484 Clarified the Role of Unlicensed Personnel

- HB 484 created a new section of NH law – **RSA 332-K:1**
- **No provisions of NH Title XXX** (laws related to licensure of professions) **shall prohibit:**
 - **Nursing care provided by family or friends**
 - **Consumer-directed attendant care services** directed by or on behalf of an individual of any age who requires assistance with services in order to live in his or her home or community, including a residential care facility.
 - Attendant care services means assistance with:
 - **activities of daily living**
 - **instrumental activities of daily living; or**
 - **health maintenance activities:**
 - activities that a licensed health professional determines could be performed by the individual if the individual were physically able and may be safely performed in a home or community setting, including:
 - Bowel and bladder care
 - Routine ostomy care
 - Medication administration
 - Wound care

The Role of Employers

- Home care and hospice agencies should **be knowledgeable** about NH Nurse Practice Act and Nursing Regulations
- Agencies should **decide** whether they will incorporate delegation of medication administration into their operations.
- Agencies should **develop policies and procedures** for delegation of medication administration.
- Agencies should **provide training to nurses and LNAs** regarding the regulations and obligations involved in delegation of nursing tasks, with a special emphasis medication administration.

Resources

- [NH Nurse Practice Act](#)
- [NH Nur 404 Delegation Rules](#)
- [BoN Presentation on Delegation](#)
- [Delegation Decision Tree](#)

- Questions?
 - NH Board of Nursing, Carol Brody, MSN, Ed., RN, 271-8282
 - Gina Balkus, HCANH, 225-5597