

 <p>Connecticut Valley Hospital Nursing Policy and Procedure</p>	<p>SECTION B: THE NURSING PROCESS</p> <p>CHAPTER 7: NURSING PLAN OF CARE PROCESSES</p> <p>Policy and Procedure: 7.2 Role of the Registered Nurse</p>
<p>Authorization: Nursing Executive Committee</p>	<p>Date Effective: May 1, 2018 Scope: Registered Nurses</p>

DECLARATORY RULING

Standard of Practice:

The registered nurse retains the responsibility and accountability for appropriate delegatory decisions and supervision in the delivery of quality patient care.

Standard of Care:

Each patient will receive quality nursing care from staff competent to deliver such care.

Policy:

The registered nurse will delegate nursing care tasks to unlicensed assistive personnel in accordance with the Declaratory Ruling - Delegation by Licensed Nurses to Unlicensed Assistive Personnel – April 5, 1995 (Connecticut Board of Examiners for Nursing).

Definitions:

- 1) Unlicensed assistive personnel include, but may not be limited to, mental health workers, lead mental health workers, forensic treatment specialists, and lead forensic treatment specialists. (Refer to Nursing Policy & Procedure “Nursing Care Assignments” (#7.3).
- 2) Connecticut General Statutes, Sect. 20-87a (c) defines the practice of nursing by a LPN as “the performing of selected tasks and sharing of responsibility under the direction of an RN or APRN and within the framework of supportive and restorative care; health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen and executing the medical regimen under the direction of a licensed physician or dentist.

The Board’s LPN Declaratory Ruling, dated January 2009, further clarifies the statutory definition of an LPN’s practice as being under the direction of a Registered Nurse (RN). The Declaratory Ruling, therefore, provides the framework for answering these specific questions. The question regarding an LPN receiving telephone orders and acting upon them independently is not within the scope of practice of the LPN, because an RN is not

directing the action of the LPN. However, within the context of the Declaratory ruling, the Board noted that with clear parameters given as part of the RN's delegation of the task, the LPN may take and act upon specified orders.

The other question address issues which could be within the scope of practice of an LPN, provided an RN has delegated these tasks to the LPN, and the delegation is based on the LPN having received appropriate training, demonstrated skill competency, and appropriate ongoing RN supervision. The task itself is not the critical factor in determining whether it is delegating the task, of the LPN's training and skill competency, and the availability of the RN to supervise. The Board recommends the use of their Decision-Making Model as similar scope of practice questions arise. CT Board of Examiners for Nursing, May 2002 (See attached Nursing Competency/Scope of Practice Decision-Making Model)

Procedure:

The registered nurse will:

1. Retain responsibility for the total nursing process and for its outcomes in all situations where delegation of nursing activities to unlicensed assistive personnel has occurred.
2. When making decisions about delegation, consider: patient safety and acuity of the patient's condition; the nature and complexity of the task; the type of technology employed in providing nursing care, with consideration given to the knowledge and skill required to effectively use the technology; relevant infection prevention and safety issues; the task specific competency of the person to whom the task is being delegated.
3. Retain accountability for appropriate delegatory decisions, supervision, and the coordination of nursing care.
4. Only delegate nursing functions to unlicensed personnel in the presence of clearly written agency policies and role definitions and documented training of the unlicensed personnel specific to the task being delegated.
5. Be solely responsible for the assessment, planning, and evaluation phase of the nursing process, for interpreting reports or diagnostic parameters and comparing client outcomes to objectives and making adjustments in the plan of care.
6. Do not delegate tasks which require nursing assessment, judgement, planning and evaluation during implementation. *No task may be delegated which requires an understanding of nursing process and principles necessary to recognize and/or manage complications. Health counseling, teaching, case finding and referral may never be delegated to unlicensed personnel.*
7. Exercise professional judgement within his or her scope of practice in determining what patient care activities are appropriate for assignment to specific unlicensed personnel.