Delegation of Medications to Pilot-study Medication Technicians
Protocols

Introduction:
Delegation means transferring to a competent individual the authority to perform a selected nursing task in a designated situation in which the nurse making the delegation retains accountability for the delegation (ARS 32-1601 (7)). The delegating nurse must make decisions within the context of the five rights of delegation:

- *Right task*—Ensure that the activity may legally be delegated. The activity should not require nursing judgment, should have predictable results and unchanging procedures. Nurses may not delegate assessment or evaluation.
- *Right circumstance*—Assess client, the complexity of the activity, and the nurse's ability to supervise and monitor the client, the activity, and the personnel.
- *Right person*—Identify the competency level of the personnel and the needs of the client on an individual basis.
- *Right communication*—Communicate any specific data to be collected; variations in procedure; timelines; expected results
- *Right supervision/evaluation*-- Monitor performance, provide feedback, evaluate client response

(NCSBN, 1997)

Protocols
The purpose of these protocols is to identify the circumstances for which the nurse is allowed, under the pilot study (HB 2256), to delegate the administration of medications. A licensed nurse may delegate the administration of medications to pilot-study medication technicians (PSMT) who have completed a prescribed curriculum and passed an Arizona State Board of Nursing approved competency test.

May Be Delegated:
Under the pilot study conditions, the licensed nurse, when present and available to the PSMT, may delegate to the PSMT:

- Regularly scheduled medications, including controlled substances, to residents by the following routes: oral, topical, nasal, otic (ear drops), optic (eye drops), and rectal
- PRN or "as needed" medications for bowel care or over-the-counter analgesics. The nurse shall assess the need for the medication, evaluate the effect of the medication, and document findings in the resident record.
- If a resident identifies a need for sublingual nitroglycerine and there is sublingual nitroglycerine available for the resident's self-administration, the PMST may assist the resident in self-administration of the medication.

NOT Be Delegated:

A nurse shall not delegate:

- In situations where the delegation would pose an unacceptable risk of harm or jeopardize the health or welfare of the resident in the professional judgment of the nurse or where safe delegation cannot be accomplished.
- The first dose:
    - Of a new medication, or
    - Of a previously prescribed medication when the dosage is changed.
- Checking all new medications that arrive from the pharmacy to assure they reflect the original prescription.
- PRN or “as needed” medications except as noted above.
- The counting of controlled substances at the beginning and end of a shift.
- Any medication delivered by a needle or by intradermal, subcutaneous, intramuscular, intravenous, intrathecal, and intraosseous routes.
- Any medication that must be inserted into a nasogastric tube or gastric tube.
- A change in oxygen settings or turning oxygen on/off.
- Inhalant medications.
- Regulation of intravenous fluids or programming insulin pumps.
- Topical patches, topical medications requiring a sterile dressing or assessment of skin condition.
- Sublingual medications (except as noted above—assisting in nitroglycerine)
- Any medication that requires a mathematical conversion between units of measurement to determine the correct dose. A licensed nurse shall calculate all dosages that involve such conversions and write and initial the correct dosage on the administration record and the pharmacy label before a PSMT may administer the medication. The PSMT should verify that the calculation and dosage is correct before administration.

Approved by the Board 7/20/05