

**§3709. Delegation of Medication Administration to Unlicensed Assistive Personnel in Outpatient Clinic Settings**

A. Introduction. Registered nurses and advanced practice registered nurses may delegate medication administration in outpatient clinic settings for patients with stable and predictable health conditions under specific provisos as provided for in this Subpart. When delegating to unlicensed assistive personnel, the registered nurse or advanced practice registered nurse is authorizing the unlicensed assistive personnel to perform a task that is normally within the registered nurse's or advanced practice registered nurse's scope of practice. Prior to agreeing to delegate tasks including medication administration, the registered nurse or advanced practice registered nurse is responsible for understanding rules relative to delegating nursing care and for achieving the competence to delegate and supervise.

B. Definitions

*Administration of Medication*—removal of an individual dose from a previously dispensed or distributed, properly labeled container, verifying the dose and medication with the prescriber's order, giving the individual dose to the proper patient at the proper time by the proper route and promptly recording the time and dose given.

*Delegation*—entrusting the performance of selected nursing tasks by the registered nurse to other competent nursing personnel in selected situations. The registered nurse or advanced practice registered nurse retains the accountability for the total nursing care of the individual. The registered nurse and advanced practice registered nurse is responsible for and accountable to each consumer of nursing care for the quality of nursing care he or she receives, regardless of whether the care is provided solely by the registered nurse/advanced practice registered nurse or by the registered nurse/advanced practice registered nurse in conjunction with other licensed or unlicensed assistive personnel.

*Direct Supervision*—the registered nurse or advanced practice registered nurse is physically present in the office or suite where the procedure, including medication administration, is being performed at all times that the unlicensed assistive personnel is on duty providing services. Direct supervision also includes ongoing oversight, follow-up and evaluation of the individual patient and the ongoing oversight, follow-up and evaluation of competency of the unlicensed assistive personnel.

*Outpatient Clinic Setting*—nonresidential facilities, that provides treatment for health conditions that is obtained on an outpatient basis which allows patients to return to and function in their usual environment. Outpatient clinic settings for the purpose of this subpart do not include facilities such as hospitals, emergency rooms, and ambulatory surgical centers.

*Person-Specific*—health care needs and related factors in order to meet the unique needs of the specific person receiving care.

*Stable and Predictable*—a situation in which the person's clinical and behavioral status is determined by a licensed registered nurse or advanced practice registered nurse to be non-fluctuating and consistent. A stable and predictable condition involves long term health care needs which are recuperative in nature, do not require the regular scheduled presence or reassessment of a licensed nurse, and is not characterized by rapid changes.

*Unlicensed Assistive Personnel*—an unlicensed individual who is trained to function in an assistive role to the licensed nurse in the provision of patient activities as delegated by the nurse. Unlicensed assistive personnel have no authority to provide nursing care, despite any education or training, without the delegation of such care and tasks from registered nurses or advanced practice registered nurses.

C. Responsibilities. Registered nurses and advanced practice registered nurses may delegate medication administration in outpatient clinic settings provided the following conditions are met.

1. The registered nurse or advanced practice registered nurse has assessed the health status of the individual immediately prior to the delegation, and the patient's health condition is determined to be stable and predictable.

2. The registered nurse or advanced practice registered nurse provides direct supervision and retains the accountability for the total nursing and advanced practice nursing care of the individual and retains the responsibility to:

- a. assess the patient;
- b. develop and implement the plan of care;
- c. determine that the medication administration can be safely and legally delegated;
- d. ensure the medication administration is properly documented in the patient's record;
- e. ascertain the training and competency of the unlicensed assistive personnel to whom the registered nurse or advanced practice registered nurse delegates the administration of medication;
- f. rescind the delegation if the patient's condition changes, it is determined that the unlicensed assistive personnel is not safe or competent to administer the medication, or as otherwise determined by the registered nurse or advanced practice registered nurse.

3. The delegation of medication administration to unlicensed assistive personnel must be person-specific, and the unlicensed assistive personnel must:

- a. be adequately trained for the task;
- b. have demonstrated that the task has been learned;
- c. be able to perform the task safely in the given nursing situation;
- d. be safe for the person to carry out the task;

e. have appropriate supervision available during the task implementation.

4. The delegation of medication administration by the unlicensed assistive personnel must be an established policy of the practice setting and include all aspects of LAC 46:XLVII.3709.G at a minimum. The policy must be written, recorded, and available to all.

5. The registered nurse or advanced practice registered nurse and the unlicensed assistive personnel must be employed by the same organization or otherwise be formally accountable to the same institution or organization.

#### D. Prohibitions and Exceptions

1. Under no circumstances shall a registered nurse or advanced practice registered nurse delegate the administration of:

- a. drugs given by the intravenous route;
- b. blood and blood products;
- c. investigational drugs;
- d. cancer therapeutic agents;
- e. total parenteral nutrition solutions;
- f. drugs given through accessing an implanted device;
- g. insulin;
- h. oxygen;
- i. controlled substances;
- j. anesthetic agents;
- k. any agents used in the provision of cosmetic and aesthetic dermatological procedures.

2. The delegation of medication administration is person-specific and is in no way considered a certification or skill that authorizes the unlicensed assistive personnel to utilize the title or credentials of other professionals including licensed persons.

3. These rules do not apply to inpatient facilities, licensed emergency departments of a hospital, long term care facilities, any residential facilities, or any other facility in which a registered nurse is required to be present by statute or administrative rule.

4. This Subpart, LAC 46:XLVII.3709, does not apply to nursing students enrolled in board approved nursing programs while practicing under the direct supervision of qualified faculty and preceptors.

5. The registered nurse or advanced practice registered nurse shall not delegate medication administration or any other task if the intervention requires the registered nurse's or advanced practice registered nurse's judgment to safely alter the standard procedure in accordance with the needs of the patient; or requires the consideration of a number of factors in order to perform the procedure; or requires

judgment to determine how to proceed from one step to the next.

6. The reconstitution of and the calculation of any medication doses except for measuring a prescribed amount of a liquid medication for oral administration or breaking a tablet for administration as instructed by the registered nurse or advanced practice registered nurse shall not be delegated to unlicensed assistive personnel.

7. The registered nurse or advanced practice registered nurse shall not delegate any responsibilities of delegating including but not limited to all provisions in LAC 46:XLVII.3709.C.

E. Training. In order for a registered nurse or advanced practice registered nurse to be authorized by the board to delegate medication administration under LAC 46:XLVII.3709, there must be documented, formal training performed by a registered nurse or advanced practice registered nurse of the unlicensed assistive personnel.

1. The formal training must include, at a minimum, didactic and demonstrated competency in:

- a. legal aspects of administering medication;
- b. medical terminology;
- c. proper documentation;
- d. principles and rights of medication administration;
- e. administration techniques; and
- f. patient consent.

F. Organizational Policy. Registered nurses or advanced practice registered nurses and facilities that allow for delegating medication administration to unlicensed assistive personnel are responsible for ensuring that there is an approved organizational policy in place that:

1. addresses and allows delegation of medication administration to unlicensed assistive personnel;

2. establishes and provides for formal processes for documenting and reporting medication errors as committed by the unlicensed assistive personnel. Such provisions must provide for remediation of the unlicensed assistive personnel, registered nurse or advanced practice registered nurse, and system as appropriate;

3. provides mechanisms for documenting in writing the training and ongoing competency of the unlicensed assistive personnel and ensures that the delegating registered nurse or advanced practice registered nurse has access to such competence information;

4. provides for a formally documented, written annual review and re-assessment of competency of the unlicensed assistive personnel on no less than an annual basis and ensures that the delegating registered nurse or advanced practice registered nurse has access to such competence information;

5. provides for and recognizes that the decision to delegate tasks including delegation of medication administration in any specific situation is at the final discretion of the registered nurse or advanced practice registered nurse who is providing direct and immediate care to the patient;

6. provides for documentation and review of other pertinent procedures such as needle stick injuries, universal precautions, and infection control.

G. Limitations

1. All unlicensed assistive personnel who have been trained or otherwise recognized or authorized to administer medication in another jurisdiction or under the provisions of another code, rule, statute or other law body in Louisiana must meet the provisions of LAC 46:XLVII.3709 in order to administer medication in outpatient clinic settings through the delegation from registered nurses and advanced practice registered nurses.

H. Failure to abide by any provision of this Part may result in formal disciplinary action.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Nursing, LR 42:873 (June 2016).

## Chapter 39. Legal Standards of Nursing Practice

### §3901. Legal Standards

A. The Louisiana State Board of Nursing recognizes that assessment, planning, intervention, evaluation, teaching, and supervision are the major responsibilities of the registered nurse in the practice of nursing. The standards of nursing practice provide a means of determining the quality of care which an individual receives regardless of whether the intervention is provided solely by a registered nurse or by a registered nurse in conjunction with other licensed or unlicensed personnel as provided in LAC 46:XLVII.3703.

B. The standards are based on the premise that the registered nurse is responsible for and accountable to the individual for the quality of nursing care he or she receives. Documentation must reflect the quality of care.

C. The standards of practice shall:

1. be considered as base line for quality nursing care;
2. be developed in relation to the law governing nursing;
3. apply to the registered nurse practicing in any setting;
4. govern the practice of the licensee at all levels of practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:309 (July

1977), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

### §3903. Standard Number 1: Collection and Recording Individual's Health Status

A. Data concerning an individual's health status must be systematically and continuously collected, recorded, and communicated in order to determine nursing care needs, according to the following criteria.

1. The priority of data collection is determined by the individual's immediate condition and needs.

2. The collection and recording of data provides for systematic collection, frequent updating, accessibility, and appropriate confidentiality.

3. The appropriate data includes:

- a. growth and development factors;
- b. biophysical status;
- c. emotional status;
- d. cultural, religious, socioeconomic background;
- e. performance of activities of daily living;
- f. patterns of coping;
- g. interaction patterns;
- h. individual's perception of and satisfaction with his health status;

his health status;

i. individual's health goals;

j. environmental factor (physical, social, emotional, ecological); and

k. available and accessible human and material resources.

4. The data are collected by:

- a. interview;
- b. examination;
- c. observation; and
- d. reading of records and reports.

5. The data are collected from:

- a. the individual;
- b. family members;
- c. pertinent others; and
- d. other health care personnel.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:309 (July 1977), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).