20:48:04.01:09. Requirements for delegated medication administration to a nursing assistant. A licensed nurse may delegate the administration of medications authorized under §§ 20:48:04.01:09 and 20:48:04.01:11, inclusive, to a nursing assistant who:

(1) Has a minimum of a high school education or the equivalent;
(2) Completed a board-approved medication administration training program in accordance with § 20:48:04.01:13 or completed a program that the board determines is equivalent; and;
(3) If administering medications in a skilled nursing facility, assisted living center, or a hospital, licensed under SDCL chapter 34-12, are registered with the board in accordance with chapter 20:48:16.

Source: 21 SDR 13, effective August 7, 1994; 41 SDR 12, effective July 31, 2014; 49 SDR 51, effective November 27, 2022.

20:48:04.01:09.01. Delegation of medication administration tasks to a nursing assistant. A licensed nurse may delegate the following medication administration tasks to a nursing assistant if the delegation complies with the general criteria for delegation and supervision set forth in §§ 20:48:04.01:01 and 20:48:04.01:02, respectively:

(1) Administration of scheduled medications by oral, sublingual, eye, ear, nasal, rectal, topical, transdermal, vaginal, or inhalation route;
(2) Measurement of a prescribed amount of liquid medication or crushing a tablet for administration if a licensed nurse, physician, or pharmacist has calculated the dose; and
(3) Administration of schedule II controlled substances listed in SDCL 34-20B-16 and 34-20B-17 that are prescribed and labeled in a container for a specific client.

If the nursing assistant is administering medications in a hospital setting, a registered nurse must provide direct supervision as defined in § 20:48:01:01.

Source: 49 SDR 51, effective November 27, 2022.

20:48:04.01:10. Delegation of additional medication administration tasks to a medical assistant. In addition to the tasks listed in § 20:48:04.01:09.01, a licensed nurse may delegate the following medication administration tasks to a medical assistant, who holds current certification with a national certification body approved by the board, in a stable nursing situation as defined in § 20:48:01:01:

(1) Administration of scheduled medications by intradermal, subcutaneous, or intramuscular route; and
(2) Calculation of the dose of a prescribed amount of medication.

20:48:04.01:11. Medication administration tasks that require a written protocol. A registered nurse must develop, and maintain on file, a written protocol that includes specific medication administration instructions and training requirements, before delegating the following medication administration tasks to a nursing assistant:

1. Administration of the initial dose of a medication that has not been previously administered to the client;
2. Administration of medications on an as-needed basis, including schedule II controlled substances listed in SDCL 34-20B-16 and 34-20B-17 that are prescribed and labeled in a container for a specific client; and
3. Administration of insulin by the subcutaneous route, when a licensed nurse is not available to administer the insulin, in accordance with §§ 20:48:04.01:16 and 20:48:04.01:17.

Source: 21 SDR 13, effective August 7, 1994; 26 SDR 174, effective July 4, 2000; 41 SDR 12, effective July 31, 2014; 49 SDR 51, effective November 27, 2022.


20:48:04.01:12. Medication administration tasks that may not be delegated. A licensed nurse may not delegate the following tasks of medication administration:

1. Administration of schedule II controlled substances listed in SDCL 34-20B-16 and 34-20B-17 from a locked stock supply;
2. Administration of medications by subcutaneous, intramuscular, intradermal, or intravenous route except as authorized in § 20:48:04.01:10 and 20:48:04.01:16 to 20:48:04.01:18, inclusive;
3. Administration of medications by way of a tube inserted in a cavity of the body, except as authorized in § 20:48:04.01:18;
4. Administration of medications via inhalation route in a complex nursing situation as defined in § 20:48:04.01:10; and

Source: 21 SDR 13, effective August 7, 1994; 26 SDR 174, effective July 4, 2000; 28 SDR 36, effective September 18, 2001; 41 SDR 12, effective July 31, 2014; 49 SDR 51, effective November 27, 2022.


20:48:04.01:13. Approval of training program required for delegated medication administration. Medication administration as outlined in § 20:48:04.01:09.01 to 20:48:04.01:11, inclusive, may be delegated to individuals who have successfully completed a training program approved by the board pursuant to §§ 20:48:04.01:14 to 20:48:04.01:15, inclusive. A training program must apply for renewal every two years.
**20:48:04.01:14.** Requirements for approval of medication administration training programs. An institution or individual must submit an application for a training program for delegated medication administration for approval to the board. The board shall grant approval to an applicant upon proof that the training program:

1. Is based on the training curriculum in §20:48:04.01:15;
2. Includes no less than 16 hours of theoretical instruction;
3. Is taught by a registered nurse who has a minimum of two years of clinical nursing experience and who holds a registered nurse license from the board or privilege to practice;
4. Includes no less than four hours of clinical or laboratory instruction that is taught by a registered nurse or licensed practical nurse who has a minimum of two years of clinical nursing experience and who holds a registered nurse or licensed practical nurse license from the board or privilege to practice.

The training program must submit an evaluation to the board every two years to demonstrate compliance with program standards in §20:48:04.01:14.01 to maintain approval.

**Source:** 21 SDR 13, effective August 7, 1994; 41 SDR 12, effective July 31, 2014; 49 SDR 51, effective November 27, 2022.

**General Authority:** SDCL 13-33A-2, 36-9-21.

**Law Implemented:** SDCL 13-33A-1, 36-9-3, 36-9-4, 36-9-4.1, 36-9-21.

**20:48:04.01:14.01.** Standards for medication administration training programs. An individual or institution approved by the board to offer a medication administration training program must ensure the training program meets the following standards:

1. Maintains a faculty-to-student ratio that does not exceed 1:8 in the clinical setting and a faculty-to-student ratio that does not exceed 1:1 for skills performance evaluation;
2. Requires the student to complete a skills performance evaluation administered by a registered nurse instructor utilizing a board-approved competency checklist;
3. Requires the student to pass a written examination on the curriculum content in §20:48:04.01:15. A passing score of 85 percent is required on the examination. If the student fails the examination, the student may retake the test one time. If the student fails the retake, additional instruction is required before further testing is allowed;
4. Awards a completion certificate to a student who successfully completes the training program. The certificate must include the name and location of the institution, the length of the program, the date of completion, the full name of the student who completed the program, the signature of the faculty member in charge of the course, and the date the certificate was awarded; and
5. Maintains documentation of:
(a) Each student enrolled in the program, including documentation of successful completion or the date and reason the student withdrew or failed; 
(b) Each faculty member teaching the program, including the qualifications and nursing experience of each faculty; and 
(c) All tests administered. 
Source: 49 SDR 51, effective November 27, 2022. 

20:48:04.01:15. Medication administration curriculum. The training curriculum for delegated medication administration must include: 
(1) General information relevant to the administration of medications, including: 
(a) Governmental regulations related to the practice of nursing, the administration of medication, and the storage, administration, and recording of controlled substances; 
(b) Ethical issues; 
(c) Terminology, abbreviations, and symbols; 
(d) Medication administration systems; 
(e) Forms of medication; 
(f) Procedures and routes of medication administration; 
(g) Medication references available; 
(h) The role of nursing assistive personnel in administering medications; 
(i) The rights of medication administration including the right patient, right medication, right dose, right time, right route, and right documentation; 
(j) Infection control policies and procedures; 
(k) Documentation; 
(l) Medication errors; 
(m) Safe medication storage and disposal; and 
(n) Circumstances to consult with or report to the delegating nurse, including the administration of an as-needed medication, a deviation from the delegated instruction of the nurse, or a concerning observation; 
(2) An overview of the major categories of medications related to the body systems, including: 
(a) Cardiovascular; 
(b) Endocrine; 
(c) Gastrointestinal; 
(d) Integumentary and mucous membranes; 
(e) Musculoskeletal; 
(f) Nervous; 
(g) Reproductive; 
(h) Respiratory; 
(i) Sensory; 
(j) Urinary and renal; and 
(k) Immune; 
(3) Instruction on categories of medications relevant to the health care setting where the nursing assistant will be administering medications; and
(4) Clinical or laboratory instruction demonstrating medication administration and evaluation of individual competence.

Source: 21 SDR 13, effective August 7, 1994; 26 SDR 174, effective July 4, 2000; 41 SDR 12, effective July 31, 2014; 49 SDR 51, effective November 27, 2022.


---

20:48:04.01:16. Written protocol required for the delegation of insulin administration by the subcutaneous route to a nursing assistant. Before a registered nurse may delegate insulin administration by the subcutaneous route to a nursing assistant, the registered nurse must develop a written protocol. The written protocol must include the following requirements:

(1) The nursing assistant shall complete a five hour board-approved training in the following areas:

(a) Diabetes basics;
(b) Hypoglycemia;
(c) Hyperglycemia;
(d) Blood glucose monitoring;
(e) Glucagon administration;
(f) Insulin types and methods of administration;
(g) Nutrition and physical activity;
(h) Documentation; and
(i) Standard precautions;

(2) The nursing assistant shall pass a written examination on the areas listed in subdivision (1). A passing score of 85 percent is required on the test. If the nursing assistant fails the test, the nursing assistant may retake the test one time. If the nursing assistant fails the retake, additional instruction is required before further testing is allowed;

(3) The nursing assistant shall complete a minimum of five hours of clinical or laboratory instruction, including the demonstration of individual competence utilizing a board-approved competency checklist, in the following areas:

(a) Blood glucose monitoring;
(b) Insulin administration;
(c) Glucagon administration;
(d) Carbohydrate counting and diet management; and
(e) Standard precautions;

(4) The registered nurse shall meet in-person with the nursing assistant, after completion of the requirements in subdivisions (1), (2), and (3), during a client’s mealtime at least two times per week in the first four weeks to consult with the nursing assistant and to evaluate competence;

(5) The registered nurse must be available by electronic communication at all mealtimes; and

(6) The registered nurse shall complete an annual review of the nursing assistant’s competence in each area identified in subdivision (3).

Source: 41 SDR 12, effective July 31, 2014; 49 SDR 51, effective November 27, 2022.


20:48:04.01:17. Qualifications of the registered nurse for delegation of insulin administration by the subcutaneous route to a nursing assistant. A registered nurse must meet the following qualifications to delegate insulin administration by the subcutaneous route to a nursing assistant in accordance with §§ 20:48:04.01:11, 20:48:04.01:16, and 20:48:04.01:18:

(1) Hold an active registered nurse license or privilege to practice in this state;
(2) Have two years of clinical nursing experience; and
(3) Have written evidence of demonstrated competence in the area of diabetes management in the past five years, or completion of a diabetes trainer program approved by the board; or
(4) Hold current specialty certification as a Certified Diabetes Educator (CDE).

Source: 41 SDR 12, effective July 31, 2014; 49 SDR 51, effective November 27, 2022.

20:48:04.01:18. Delegation of specific medication administration. A registered nurse or licensed practical nurse may delegate the administration of one specific medication to be administered to one specific client by a specific nursing assistant, who has not met the requirements in § 20:48:04.01:09, if:

(1) A registered nurse has determined that the administration of that one medication by the nursing assistant will allow the client to remain in the client’s usual place of residence;
(2) The client does not reside in a nursing facility or assisted living center licensed under SDCL chapter 34-12;
(3) A licensed nurse is not available to administer the medication;
(4) The delegation complies with the general criteria for delegation and supervision set forth in §§ 20:48:04.01:01 and 20:48:04.01:02, respectively;
(5) The licensed nurse fulfills with the nursing assistant the training requirements in § 20:48:04.01:19; and
(6) The delegation is not prohibited by any other state statute, rule, federal statute, rule, or guidance.

Source: 49 SDR 51, effective November 27, 2022.

20:48:04.01:19. Training required for the delegation of specific medication administration. A licensed nurse must meet the following requirements before delegating the administration of a specific medication as provided in § 20:48:04.01:18:

(1) Provide instruction to the nursing assistant on the specific medication to be administered, including:
(a) The trade name and generic name;
(b) The purpose of the medication;
(c) Signs and symptoms of common side effects, warnings, and precautions;
(d) Route of administration; and
(e) When to contact the licensed nurse;

(2) Verify, through the administration of a test or observation, that the nursing assistant knows:
(a) The six rights of medication administration, including the right client, right medication, right dose, right route, right time, and right documentation;
(b) The name of the medication and common dosage:
(c) The signs and symptoms of side effects for the medication;
(d) Circumstances when the licensed nurse should be contacted;
(e) How to administer the medication to the client; and
(f) How to document the medication administration;

(3) Observe the nursing assistant administering the medication to the client until the nursing assistant demonstrates competency;

(4) Document the training provided to the nursing assistant; and

(5) Evaluate the client when medication orders change to determine if further instruction of the nursing assistant is needed.

A licensed nurse who delegates the administration of insulin under this section shall follow the requirements of §§ 20:48:04.01:16 and 20:48:04.01:17.

Source: 49 SDR 51, effective November 27, 2022.
