

DHS's Office of Licensing and Regulatory Oversight

RN Delegation in Community Based Care Settings Self-study Course

A continuing education course for RNs practicing in Oregon's community-based care (CBC) settings.



(3rd edition: December 2010)

This self-study is intended for RNs working in community-based care (CBC) settings. Delegation is outlined in Division 047 and is not applicable to other settings such as hospitals and nursing homes. This self-study is designed to be used in conjunction with Division 047 rules, and where applicable, Division 045 and Division 048. For questions regarding Division 045, 047 or 048 or community-based practice guidance, contact the Oregon Board of Nursing (OSBN.)

Table of contents

INTRODUCTION.....	1
MODULE ONE: Oregon RN delegation fundamentals	2
Module One learner objectives	2
RN delegation in Oregon.....	2
Division 47 definitions.....	4
Delegation	4
Unlicensed person.....	5
Tasks of nursing care.....	5
Community-based care setting	6
MODULE TWO: The process of RN delegation in Oregon.....	7
Module Two learner objectives.....	7
The delegation process.....	7
The decision to delegate or not.....	11
The process of periodic inspection, supervision and evaluation of a task of nursing care	11
MODULE THREE: RN delegation practice situations	14
Module Three learner objectives.....	14
When the delegating and supervising RNs are two different individuals.....	14
Transferring of delegation and supervision from one RN to another.....	15
Rescinding delegation	15
Application for 4.0 continuing education (CE) contact hours	17
Appendix	18
References	18
Contact information	18

Introduction

Welcome to Oregon Department of Human Services Office of Licensing and Regulatory Oversight's (OLRO) **Self-study Program: RN Delegation in CBC Settings**. The goal of this self-study is to assist registered nurses in attaining a **fundamental understanding** of registered nurse (RN) delegation in Oregon.

This RN delegation self-study consists of three separate modules:

1. Oregon RN delegation fundamentals;
2. The process of RN delegation in Oregon; and
3. RN delegation practice situations.

This self-study is for professional continuing education purposes only. It is not intended to replace Oregon Administrative Rules (OAR) Chapter 851 Division 047, Standards for Registered Nurse Delegation of Nursing Care Tasks to Unlicensed Persons (Secretary of State, 2004, February 12).

This self-study does not address all regulations contained within Chapter 851 Division 047. It does not cover rules specific to the delegation of medication administration by the intravenous route.

OLRO is a continuing education provider approved by the California Board of Registered Nursing. This course is approved for 4.0 contact hours. Application for continuing education contact hours can be found at the end of this self-study.

As nurses, we have the professional responsibility to act in the public interest by providing safe, effective and quality nursing services. Continuing education is one means by which we ensure this trust is met. Your completion of this self-study demonstrates your commitment to attaining the skills and knowledge necessary to provide safe, effective and quality nursing services. Your actions also serve to promote professional nursing excellence within Oregon's community-based care system.

Oregon RN delegation fundamentals

Oregon is one of a few states in the nation with a Nurse Practice Act (NPA) that supports an RN's discretionary authority to delegate a task of nursing care. This scope of RN practice authority is a key piece of the state's regulatory framework that enables Oregon's community-based care (CBC) system to lead the nation in alternatives to nursing facility placement.

This scope of authority also brings great responsibility to the RN practicing within Oregon's community-based care system — the responsibility of the individual practitioner to understand the rules governing RN delegation and to achieve the competence to delegate and supervise.

Module One learner objectives

Following completion of Module One of this learning series, the RN will be able to:

1. Describe RN delegation in Oregon, and
2. Identify settings where registered nurse delegation can occur.

RN delegation in Oregon

In response to the increasing number of people being supported in CBC settings, Oregon statute was amended in 1987 to allow RNs to delegate nursing care tasks to unlicensed persons. The Oregon State Board of Nursing (OSBN) adopted the first rules on RN delegation into Chapter 851 Division 45 in 1988. Today, Oregon's RN delegation rules are found in Chapter 851 Division 047 and are commonly referred to as Division 47 of Oregon's NPA.

Oregon nursing law gives the RN discretion in what nursing tasks can be considered for delegation to lay caregivers. This is due to the descriptive nature of Division 47. This descriptive format grants the RN the discretionary authority to examine each unique client, nursing care task, lay care provider and environmental situation to determine if delegation can safely occur.

This descriptive format is in contrast to other states where nursing law prescribes what nursing tasks will be delegated and weakens or removes the RN's discretionary authority to choose to delegate or not. It is important to note that some states' NPAs do not include delegation, or they contain a definition of delegation that varies greatly from that of Oregon's.

In Oregon, each time a registered nurse considers delegation as a way to support a client in a CBC setting, the RN must apply the practice standards and descriptive guidance set forth in Division 47 to make the determination if delegation can be done safely.

The RN's discretionary authority is not to be taken lightly. Division 47 clearly articulates that prior to agreeing to delegate a task of nursing care, a registered nurse has the responsibility to understand the OARs for RN delegation and achieve the competence to delegate and supervise. Please take a moment to read OAR 851-047-000 to evaluate if you meet this OSBN administrative rule requirement. Chapter 851 Division 047 Standards for Registered Nurse Delegation of Nursing Care Tasks to Unlicensed Persons is located in the Appendix of this self-study.

Understanding Division 47 and achieving the competence to delegate and supervise are of great importance to the RN who exercises his/her scope of authority to delegate. This is due in part to an Oregon Revised Statute (ORS) that can protect the RN from civil damages for the actions of the unlicensed person in performance of a task of nursing care. But this protection is dependent on the RN following the **delegation processes** set forth in Division 47. ORS 678.036:

“A nurse who delegates the provision of nursing care to another person pursuant to ORS 678.150 shall not be subject to an action for civil damages for the performance of the person to whom nursing care is delegated unless the person is acting pursuant to specific instructions from the nurse or the nurse fails to leave instructions when the nurse should have done so.”

Oregon is one of only a few states with this type of statutory protection for professional nurses who practice pursuant to their NPA.

Before we proceed to the next section of Module One, here are some principles that underpin RN delegation in Oregon. Be mindful of these principles as you progress through the RN delegation self-study:

- The OSBN holds regulatory authority over the RN who delegates.
- The decision to delegate or not rests solely with the RN; the RN has the right to refuse to delegate a task of nursing care to an unlicensed person if the RN believes that it would be unsafe to delegate or is unable to provide adequate supervision.
- For every delegation event, a registered nurse examines each unique client, nursing care task, lay caregiver and environmental situation to determine if delegation can safely occur.

- The RN may only delegate to the number of unlicensed persons who will remain competent in performing the task of nursing care; in other words, the unlicensed person to whom a task of nursing care has been delegated must have the opportunity to perform the task at a regular frequency to maintain competency in its performance.
- The RN may only delegate to the number of unlicensed persons who can be safely supervised by the RN.
- For the purpose of delegation rules, unlicensed persons do not include members of the client's immediate family; family members may perform tasks of nursing care without specific delegation from a registered nurse.

Division 47 definitions

In total, the OARs for RN delegation define 26 key words and concepts. Understanding the expressed meaning of all of these words and concepts is essential to safe and accurate application of Division 47 rules to community-based nursing practice in Oregon. This section of Module One will discuss four of those words/concepts.

From this point forward, all words and concepts defined within Division 47 that appear in this self-study will be initially **bold font**. It is your responsibility to actively seek the definition of each these words/concepts as you progress through the self-study.

Delegation

Division 47 defines delegation as follows:

“Delegation means that a Registered Nurse authorizes an unlicensed person to perform a task of a nursing care in selected situations and indicates that authorization in writing. The delegation process includes nursing assessment of a client in a specific situation, evaluation of the ability of the unlicensed persons, teaching the task, ensuring supervision of the unlicensed person and re-evaluating the task at regular intervals.”
(Oregon Secretary of State, 2004, February 12).”

In short, delegation means that a registered nurse authorizes an unlicensed person to perform a specific task of nursing care on a specific client in a CBC setting by using a specific process. Both the process and authorization are documented in writing by the RN.

Unlicensed person

Division 47 defines unlicensed person as follows:

“Unlicensed Person, for the purpose of Division 47, means an individual who is not licensed to practice nursing, medicine, or any other health occupation requiring a license in Oregon, but who provides tasks of nursing care or is taught to administer non-injectable medications. A certified nursing assistant, as defined by these rules, is an unlicensed person. For the purposes of these delegation rules, unlicensed persons do not include members of the client’s immediate family. The terms unlicensed person and caregiver may be used interchangeably.” (Oregon Secretary of State, 2004, February 12).”

Family members may perform tasks of nursing care without the task being delegated by a RN.

In Oregon’s CBC settings, unlicensed persons are known by many different names. Some of these names include, but are not limited to, providers, care providers, caregivers, lay caregivers, home care workers, client-employed providers, universal providers and unlicensed assistive personnel.

While practicing in a CBC setting, you may encounter a lay caregiver who also happens to be a certified nursing assistant (CNA) or certified medication aide (CMA). While CNAs and CMAs may possess a broader knowledge base related to client care supports, when working in a CBC setting these lay caregivers are defined as *unlicensed persons*.

Tasks of nursing care

Division 47 defines tasks of nursing care as follows:

“Tasks of Nursing Care mean procedures that require the education and license of a Registered Nurse or Licensed Practical Nurse to perform.” (Oregon Secretary of State, 2004, February 12).”

If you are not certain if a specific task or procedure is considered a task of nursing care, please reference the OSBN Policy Oregon State Board of Nursing Scope-of-Practice Decision-Making Guideline for RN and LPN Practice (Oregon State Board of Nursing, 2006, November 9). If you continue to need guidance, contact the OSBN and ask to speak with a nursing practice consultant. Contact information for the OSBN can be found in the Appendix of this self-study.

Community-based care setting

Division 47 defines community-based care as follows:

“A setting that does not exist primarily for the purpose of providing medical/nursing care, but where nursing care is incidental to the setting. These settings include adult foster care homes, assisted living facilities, child foster homes, private homes, public schools and twenty-four hour residential care facilities.” (Oregon Secretary of State, 2004, February 12).”

CBC settings do not include acute or long-term care settings where the regular presence of a registered nurse is required by state statute or administrative rule. These care settings are typically hospitals and nursing facilities.

The authoritative source for Division 47 definitions is the rule itself. Please access OAR Chapter 851 Division 47 at this time to use as a reference as you progress through this self-study.

The process of RN delegation in Oregon

Module Two learner objectives

Following completion of Module Two of this self-study, the RN will be able to:

1. Explain the process of RN delegation of nursing care tasks to unlicensed persons; and
2. Identify OSBN standards for documentation of the process of RN delegation.

Division 47 identifies the specific process that RNs must use to delegate a task of nursing care. This process is articulated step-by-step in OAR 851-047-0030(3) (a) through (k). Please take a moment to read that section of Division 47 prior to proceeding with Module Two.

OAR 851-047-0030(3) (a)-(k) identifies the process of delegation. This process can best be described as a linkage of specific actions taken by the RN. Based upon the RN's evaluation of each action's respective outcome, the RN has the authority and responsibility to do one of two things:

1. Proceed to another step in the delegation process; or
2. Make the determination that delegation is not appropriate given the client, the task, the lay caregiver and/or the environmental situation.

The delegation process

Presented below are the specific components identified within the delegation process. As you proceed through the list, evaluate past or current client cases that you have had within the context of the information presented. Delegation components include the following:

(a) Nursing assessment

The RN begins the delegation process with the completion of a **nursing assessment**. In assessing the client, the RN collects and records data based on and pertinent to the client's immediate condition and anticipated needs. The assessment data obtained serves as the foundation for the RN's decision of whether to delegate the task of nursing care. Data are recorded in a retrievable format.

(b) Determination of client's condition

The RN evaluates recorded assessment data to determine the stability or instability of the

client's condition. RN delegation can only occur for a client with a **stable/predictable** condition. Delegation cannot occur if the client has an **unstable condition**.

(c) Consideration of the nursing task

The RN must consider the nature of the task of nursing care, the complexity of the task and any risks involved with performance of the task. The RN also considers the skills and knowledge necessary for someone to perform the task.

(d) Determine if an unlicensed person can perform the task.

Following consideration of the task, the RN must decide if an unlicensed person would be able to perform the task safely without the direct RN supervision. The RN has the right to refuse to delegate a task of nursing care to an unlicensed person if the RN believes it would be unsafe to do so.

(e) Determine how frequently the client's condition will need to be reassessed.

We previously learned that the client's condition must remain stable and predictable in order for delegation to be appropriate. The RN must decide how often the client's condition will need to be reassessed should delegation proceed. The identified reassessment frequency will need to be such that it allows the RN the opportunity to determine that delegation continues to be safe and appropriate based upon the client's condition.

(f) Evaluate the skills, ability and willingness of the unlicensed person.

The RN must evaluate the skills and ability of the unlicensed person along with his/her willingness to perform the task of nursing care. During this process step, the RN must be mindful of the cognitive, perceptual and motor skills necessary for a person to safely perform the task of nursing care. The RN has the right and responsibility to refuse to delegate a task of nursing care to an unlicensed person if the RN believes that it would be unsafe to do so.

(g) Provide initial direction by teaching the task of nursing care.

The RN must provide **initial direction** by **teaching** the task of nursing care to the unlicensed person. Initial direction includes teaching the following:

1. The proper procedure/technique for performing the task;
2. Why the task is necessary;
3. The risks associated with the task;
4. Anticipated side effects of the task;

-
5. The appropriate response to untoward effects or side effects;
 6. Observation of the client's responses; and
 7. Documentation requirements of the nursing task of care.

(h) Observe the unlicensed person performing the task.

The RN must observe the unlicensed person perform the task of nursing care for the client. This requirement not only ensures that the unlicensed person can perform the task safely and accurately for the client, but that the client is comfortable with the unlicensed person performing the task for them.

(i) Leave procedural guidance for performance of the task.

The RN must leave procedural guidance for performance of the nursing task for the unlicensed person to use as a reference. These written instructions must be appropriate to the level of care and knowledge base of the unlicensed person and include the following:

1. A step-by-step outline of how the task of nursing care is to be performed;
2. Signs and symptoms to be observed; and
3. Guidelines for what to do if signs and symptoms occur.

The significance of these written instructions is two-fold. First, client health and safety is facilitated with client-specific nursing task instructions.

Secondly, remember ORS 678.036 as presented in Module One? This statute states,

“A nurse who delegates the provision of nursing care to another person pursuant to ORS 678.150 shall not be subject to an action for civil damages for the performance of the person to whom nursing care is delegated unless the person is acting pursuant to specific instructions from the nurse or the nurse fails to leave instructions when the nurse should have done so.”

This means that documenting clear and correct client-specific nursing task instructions serves as protection against civil damages as a result of someone else's actions.

(j) Instruct the unlicensed person that the task is not transferable.

The RN must instruct the unlicensed person that the task of nursing care being taught is specific to one client only. This includes instructing the unlicensed person that the task cannot be performed on other clients and that the unlicensed person cannot teach other lay caregivers to perform the task.

(k) Documentation requirements for RN delegation.

Division 47 clearly identifies what the RN must document during the delegation process. The required documentation components are as follows (Oregon Secretary of State, 2004, February 12):

1. The nursing assessment and condition of the client;
2. The rationale for deciding the task of nursing care can be safely delegated to unlicensed persons;
3. The skills, ability and willingness of the unlicensed person to whom the task is being delegated;
4. That the task of nursing care was taught to the unlicensed person and that he/she is competent to safely perform the task;
5. That the unlicensed person has received instructions that include risks, side effects and the appropriate response, and that the unlicensed person is knowledgeable of the risk factors/side effects and knows to who he/she is to report the same;
6. That the unlicensed person was instructed that the task is specific to one client is not transferable to other clients and cannot be taught to other lay caregivers by the unlicensed person;
7. The frequency the client will need to be reassessed by the RN for continued delegation of the nursing care task; this documentation must also include the rationale for the frequency chosen by the RN, based on the client's needs;
8. How frequently the unlicensed person should be supervised and reevaluated, including the rationale for the frequency; the rationale must be based on the competency of the unlicensed person; and
9. That the RN takes responsibility for delegating the task to the unlicensed person and ensures that supervision will occur for as long as the RN is responsible for the delegation.
10. CBC RN delegation does not occur in absence of the RN's responsibility for documenting nursing practice. If you use a pre-constructed form to document a CBC RN delegation, you are responsible to ensure all that data recorded on the form demonstrates the completion of the nursing actions, the actions are supported by retrievable evidence. There may be other documentation requirements as a function of your CBC practice setting; e.g., OARs governing the setting, position description, agency policies and procedures, etc.

Many RN delegation documentation forms exist within the various CBC practice settings, facilities and agencies. If you use a pre-constructed form to document RN delegation, it is your professional responsibility to ensure that the information you record on the form demonstrates the documentation components required by Division 47.

The decision to delegate or not

It is the sole responsibility of the RN to decide when, how and if it is appropriate for an unlicensed person to be delegated a task of nursing care.

Based on an evaluation of each of the delegation process outcomes, the RN has the authority and responsibility to do one of two things:

1. Proceed to another step in the delegation process, or
2. Make the determination that delegation is not appropriate given the client, task, lay caregiver and/or environmental situation.

The decision to delegate or not delegate a task of nursing care rests solely with the RN.

Think about actual CBC situations involving clients in need of health supports and lay caregivers to assist with client health support needs. Every situation will be unique — different clients, different nursing tasks, and different lay caregiver and different settings. Oregon nursing law requires the RN to examine each unique client, nursing care task, lay caregiver and environmental situation to determine if delegation can safely occur.

The time it takes an RN to complete the delegation process for any of these care situations will be very different, as well. The process could take a few hours, or it may take several visits over several days.

Let's now imagine that an RN has completed the entire delegation process for one of these situations. At the point in time the RN actually authorizes a specific unlicensed person to perform a specific task of nursing care for a specific client in a selected situation. The RN authorizes in writing, that the unlicensed person is officially considered delegated to perform the task of nursing care.

The process of periodic inspection, supervision and evaluation of a task of nursing care

Following an RN's written authorization of an unlicensed person to perform a task of nursing care, the RN must provide ongoing **periodic inspection, supervision and evaluation of a task of nursing care**.

Periodic inspection, supervision and evaluation of a task of nursing care is meant to be done at regular intervals. The RN:

- Assesses and evaluates the condition of the client for whom the task of nursing care had been delegated;

- Reviews the procedures and directions established for the provision of the nursing care; and the competence of the unlicensed person in performance of the task.

Division 47 provides specific standards and guidance on how the RN is to carry out this process. The standards and guidance are as follows:

- The RN assesses the condition of the client to determine if his/her condition remains stable and predictable.
- The RN observes the competence of the unlicensed person to determine that he/she remains both able and willing to safely perform the task of nursing care; this observation may be done by use of technology that enables the RN to visualize both the client and the unlicensed person.

Please note that the process of periodic inspection, supervision and re-evaluation of a task of nursing care must occur within at least 60 days from the initial date of delegation. However, the RN has the authority and responsibility to do more frequently until satisfied with the skill of the unlicensed person and/or to verify the stability of the client's health status.

The intent of periodic inspection, supervision and evaluation of a task of nursing care is to evaluate whether or not to continue delegation of the task of nursing care based on an assessment of the lay caregiver and condition of the client.

Following the initial inspection, supervision and evaluation of a task of nursing care, the RN must determine subsequent intervals for assessing the client and observing the competence of the unlicensed person in performance of the task. The determination of subsequent intervals must be based upon the evaluation of the following seven items as identified in Division 47:

1. The task of nursing being performed;
2. Whether the RN has taught the same task to the same unlicensed person for a previous client;
3. The length of time the RN has worked with the unlicensed person;
4. The stability of the client's condition and assessment for potential change;
5. The skill of the unlicensed person and his/her demonstration of competence in performance of the task;
6. The RN's experience regarding the ability of the unlicensed person to recognize and report change in client condition; and

-
7. The presence of other health care professionals who can provide support and backup to the unlicensed person to whom the task of nursing care has been delegated.

Be mindful that each and every delegation situation that you become involved with will be unique. While this list of seven evaluative items will remain constant for any given delegation, the actual people, nursing task, CBC setting and ancillary supports that make up the list will not. The RN must approach each delegation in a responsible, accountable and ethical manner when determining at what interval these assessment and supervisory visits will occur.

Division 47 provides additional guidance to assist the RN in determining at what frequency these assessment/supervisory visits should occur (Oregon Secretary of State, 2004, February 12):

“The less likely the client’s condition will change and/or the greater the skill of the unlicensed person, the greater the interval between assessment/supervisory visits may be. In any case, the interval between assessment/supervisory visits may be no greater than every 180 days.”

It is important to note that these assessment/supervisory time frames are not static. Any number of changes can occur at any given time that would impact the frequency of the assessment/supervisory visits or even the appropriateness of continued delegation.

The processes of RN delegation and the assessment/supervisory visits are designed to make the identification of an outcome change in any one of the components cause for action by the RN. These processes are continually implemented and their outcomes continually evaluated throughout the life of the delegation.

RN delegation practice situations

Module Three learner objectives

Following completion of Module Three of the learning series, the RN will be able to:

1. Describe the process of transferring registered nurse delegation and supervision to another RN; and
2. Identify three situations where rescinding a delegation would be appropriate.

When the delegating RN and the supervising RN are two different nurses

While it is expected that the RN who delegates a task of nursing care to an unlicensed person also supervise that person in performance of the task, there might be a situation where supervision of the unlicensed person is provided by another RN (Oregon Secretary of State, 2004, February 12). Division 47 allows for this situation to occur with the condition that the supervising RN is familiar with the client, the skill of the unlicensed person and the plan of care.

There are also specific actions that both RNs must take (Oregon Secretary of State, 2004, February 12):

1. The delegating RN must document the justifications for the separation of delegation and supervision from the standpoint of delivering effective client care.
2. The supervising RN must agree, in writing, to perform the supervision.
3. The supervising RN is either present during teaching and delegation, or is fully informed of the instruction, approves the plan for teaching and agrees that the unlicensed person who is taught the task is competent to perform the task.

The acts of delegating and supervising must be viewed with equal importance to ensure the safe delivery of nursing care tasks for clients.

Transferring of delegation and supervision from one RN to another

If a registered nurse is no longer able to provide periodic supervision of an unlicensed person to whom a task of nursing care had been delegated, that RN may choose to transfer the delegation and supervision to another RN. If transferring of delegation and supervision can be done safely, it is preferable to rescinding delegation. Transferring of delegation and supervision can promote continuity of client care.

A registered nurse must follow a specific process when transferring delegation and supervision to another RN. The process is as follows (Oregon Secretary of State, 2004, February 12):

- Review the client's condition, the teaching plan, the competence of the unlicensed person, the written instructions and the plan for ongoing supervisory visits and client reassessment.
- Redo any parts of the delegation process that need to be changed as a result of the transfer.

There are specific documentation requirements when transferring delegation and supervision to another RN. The following documentation must be signed by both registered nurses (Oregon Secretary of State, 2004, February 12):

- The transfer and acceptance of the delegation and supervision responsibility;
- The reason for the transfer; and
- The effective date of the transfer.

The RN who will be accepting the delegation and supervision responsibilities remains accountable for safe nursing practice implementation and safe implementation of the delegation process. It is important that the transfer of delegation and supervision from one RN to another be communicated to all persons who need to know.

Rescinding delegation

A registered nurse has the authority to rescind the delegation. To rescind a delegation means that the RN ends, or repeals, the delegation of a task of nursing care to an unlicensed person.

The decision to rescind delegation is the sole responsibility of the RN who originally delegated the task of nursing care. This decision is based on professional judgment.

An RN has the authority to decide that rescinding delegation is appropriate for various reasons.

Here are some examples:

- The nursing care task is no longer needed by the client.
- The client is no longer residing in a CBC setting.
- The lay caregiver no longer works for or with the client.
- The condition of the client changes to a level where delegation is no longer safe.
- The unlicensed person demonstrates an inability to perform the task safely.
- The RN is no longer able to provide adequate supervision of the unlicensed person.
- The RN is no longer employed in the setting where delegation occurred.
- The skill of the unlicensed person, the longevity of the relationship and the client's condition in combination make delegation no longer necessary.

When rescinding a delegation of a task of nursing care, the RN should document this decision along with the reason/rationale for rescinding. The RN also has a responsibility to communicate his/her decision to the appropriate client care team members.

Anticipatory Emergencies

Anticipatory emergencies cannot be delegated and are taught only. Teaching for an anticipated emergency must occur as outlined in OAR 851-047-0040. The following two emergency nursing tasks are the only tasks that can be taught under OAR 851-047-0040: the administration of injectable medications by IM as provided in ORS 433.800-433.830 for the treatment of allergens and hypoglycemia. Other tasks of nursing *cannot* be taught in lieu of delegating under the anticipatory emergencies OARs.

Appendix documents

Oregon State Board of Nursing (2006, November 9). Oregon State Board of Nursing Scope-of-Practice Decision-Making Guideline for RN and LPN Practice. Oregon State Board of Nursing.

www.osbn.state.or.us/OSBN/Position_Papers.shtml

Oregon Secretary of State (2004, February 12). Oregon Administrative Rules Chapter 851 Division 47: Standards for Registered Nurse Delegation of Nursing Care Tasks to Unlicensed Persons.

www.osbn.state.or.us/OSBN/adminrules.shtml

References

1. Oregon State Board of Nursing (2006, November 9). Oregon State Board of Nursing Scope-of-Practice Decision-Making Guideline for RN and LPN Practice. Oregon State Board of Nursing.
2. Oregon Secretary of State (2004, February 12). Oregon Administrative Rules Chapter 851 Division 47: Standards for Registered Nurse Delegation of Nursing Care Tasks to Unlicensed Persons.

Appendix contact information

For questions on RN delegation rules:

OSBN Ask a Scope-of-Practice Questions - osbn.practicequestion@state.or.us

Oregon State Board of Nursing Contact Information

17938 SW Upper Boones Ferry Rd.
Portland, Oregon 97224-7012
Phone: 971-673-0685

www.osbn.state.or.us

Questions or inquires?

Send questions or inquires to: spd.hsu@state.or.us

Check our our new Safe Medication Administration webpage at:
www.tinyurl.com/p86ep2g. Like us on Facebook at: [OregonDhs.SafeMeds](https://www.facebook.com/OregonDhs.SafeMeds).

