

WAC 246-840-940 Washington state nursing care quality assurance commission community-based and in-home care setting delegation decision tree.

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| (1) | Does the patient reside in one of the following settings? A community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii). | No → | Do not delegate |
| Yes ↓ | | | |
| (2) | Has the patient or authorized representative given consent to the delegation? | No → | Obtain the written, informed consent |
| Yes ↓ | | No → | |
| (3) | Is RN assessment of patient's nursing care needs completed? | No → | Do assessment, then proceed with a consideration of delegation |
| Yes ↓ | | | |
| (4) | Does the patient have a stable and predictable condition? | No → | Do not delegate |
| Yes ↓ | | | |
| (5) | Is the task within the registered nurse's scope of practice? | No → | Do not delegate |
| Yes ↓ | | | |
| (6) | Is the nursing assistant or home care aide, registered or certified and properly trained in the nurse delegation for nursing assistants or home care aides? Is the nursing assistant or home care aide trained in diabetes care and insulin injections when delegating insulin? | No → | Do not delegate |
| Yes ↓ | | | |
| (7) | Does the delegation exclude the administration of medications by injection other than insulin, sterile procedures or central line maintenance? | No → | Do not delegate |
| Yes ↓ | | | |
| (8) | Can the task be performed without requiring judgment based on nursing knowledge? | No → | Do not delegate |
| Yes ↓ | | | |
| (9) | Are the results of the task reasonably predictable? | No → | Do not delegate |
| Yes ↓ | | | |
| (10) | Can the task be safely performed according to exact, unchanging directions? | No → | Do not delegate |
| Yes ↓ | | | |
| (11) | Can the task be performed without a need for complex observations or critical decisions? | No → | Do not delegate |
| Yes ↓ | | | |

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| (12) | Can the task be performed without repeated nursing assessments? | No → | Do not delegate |
| Yes ↓ | | | |
| (13) | Can the task be performed properly? | No → | Do not delegate |
| Yes ↓ | | | |
| (14) | Is appropriate supervision available? With insulin injections, the supervision occurs at least weekly for the first four weeks. | No → | Do not delegate |
| Yes ↓ | | | |
| (15) | There are no specific laws or rules prohibiting the delegation? | No → | Do not delegate |
| Yes ↓ | | | |
| (16) | Task is delegable | | |

[Statutory Authority: RCW 18.79.110, 18.79.260, 2012 c 164, and 2012 c 10. WSR 13-15-063, § 246-840-940, filed 7/15/13, effective 8/15/13. Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.060], and 18.88A.210. WSR 09-06-006, § 246-840-940, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f), 18.88A.210, 2003 c 140. WSR 04-14-065, § 246-840-940, filed 7/2/04, effective 7/2/04. Statutory Authority: Chapters 18.79 and 18.88A RCW. WSR 02-02-047, § 246-840-940, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-940, filed 6/18/97, effective 7/19/97; WSR 96-05-060, § 246-840-940, filed 2/19/96, effective 3/21/96.]