

**RN MUST KEEP THESE KINDS OF PATIENTS:** In- depth/1<sup>st</sup> time teaching (new meds, new procedure), in -depth/first time assessments (admissions, discharges, 1<sup>st</sup> feed or ambulate after a deficit), blood transfusions, piggybacks, IV pushes, Patient Controlled Analgesics (PCA's), initiation/change to care plans, caustic medications (chemo meds), central lines, most unstable patient.

- Floating RN and graduate RN must be treated as an LPN and given the most stable patient.
- The ONLY time a floating RN is not given the most stable patient is when his/her clinical experience aligns with one of your patients.
- Graduate nurse must ALWAYS be given most stable patient.

**May be delegated to the PN:** Maintenance teaching, maintenance assessments, routine medications, sterile wound care, patients on vents, trach, ostomies, pegs, NG tubes, indwelling catheters (urinary), IV meds (non- caustic), most stable patient.

**May be delegated to the UAP:** Reminding the patient, recording and reporting vital signs, blood glucose levels, intake & output, ADL's, ambulating/transferring non-critical patients, transferring equipment and medications and blood (no administration).

### **The Rules of Management**

Rule #1: Do not delegate the functions of assessment, evaluation and nursing judgement. During your nursing education, you learned that assessment, evaluation and nursing judgement are the responsibility of the registered professional nurse. You cannot give this responsibility to someone else.

Rule #2: This is not the real world. Do not make decisions regarding management of care issues based on decisions you may have observed during your clinical experience in the hospital or clinic setting. Remember, the NCLEX is ivory tower nursing. The answers to the questions are found in nursing textbooks or journals. Always ask yourself, "Is this textbook nursing care?"

Rule #3: Delegate activities for stable patients with predictable outcomes. If the patient is unstable, or the outcome of an activity not assured, it should not be delegated.

Rule #4: Delegate activities that involve standard, unchanged procedures. Activities that frequently reoccur in daily patient care can be delegated. Bathing, feeding, dressing and transferring patients are examples. Activities that are complex or complicated should not be delegated.

Rule #5: Remember Priorities! Remember Maslow, the ABC's, and stable versus unstable when determining which patient the RN should attend to first. Keep in mind that you can see only one patient or perform one activity when answering questions that require you to establish priorities.