

The Role of Unlicensed Assistive Personnel (Nursing Assistive Personnel) in the Care of Women and Newborns

An official position statement of the Association of Women's Health, Obstetric & Neonatal Nursing

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Position

The professional registered nurse is the primary nursing care giver and is critical to achieving the most optimal outcomes for women and newborns. AWHONN recognizes that unlicensed assistive personnel (UAP) also known as nursing assistive personnel (NAP) can contribute as members of the healthcare team under the direction of the professional registered nurse, who is ultimately responsible for the coordination and delivery of nursing care to women and newborns.

Background

When UAPs/NAPs participate in direct care, the professional registered nurse is the primary nursing care giver and is critical to achieving the most optimal outcomes for women and newborns. When UAPs/NAPs participate in direct care, parameters for educating and supervising these nursing support personnel must be in place. Parameters should include:

- Defining UAPs/NAPs as unlicensed personnel who are not professional registered nurses but who are accountable to and work under the direct supervision of a professional registered nurse to implement specifically delegated patient care activities
- Evaluation of an individual state's/province's current nurse practice act to ensure that UAP/NAP job descriptions and delegated activities are consistent with established rules and regulations
- Written job descriptions that clearly delineate duties, responsibilities, qualifications, skills, and supervision of UAPs/NAPs
- UAPs/NAPs be readily identifiable by the patient as non-licensed
- Competence-based performance expectations and systems for ongoing performance appraisals
- Orientation and education of UAPs/NAPs, including didactic content as needed and

appropriate for the clinical setting, knowledge evaluation, and clinical skills verification consistent with performance expectations and role responsibilities

- Clearly defined written parameters to ensure that all UAPs/NAPs are supervised directly by and responsible to professional registered nurses
- Monitoring and evaluation of UAPs/NAPs adherence to patient care guidelines and effect on patient outcomes

Definitions (Adapted from the National Council of State Boards of Nursing, 2005):

Delegation

Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The professional registered nurse retains accountability for delegation of tasks to the UAP/NAP.

Accountability

Being responsible and answerable for actions and inactions of self or others in the context of delegation.

Supervision

The provision of guidance or direction, evaluation and follow-up by the professional registered nurse for accomplishment of a nursing task delegated to UAPs/NAPs.

In making the decision to delegate, consideration should be given to the likely effects and consequences of the task delegated on patient well-being. The following factors should be assessed prior to delegating tasks to UAPs/NAPs (adapted from AACN, 2004):

- potential for harm

- complexity of task
- problem solving and critical thinking required
- unpredictability of outcome
- level of care giver-patient interaction; and,
- the practice setting

Practice settings can include the inpatient setting, freestanding birthing center, surgery center, ambulatory care center, community health clinic, primary health care provider's office and home care agency and/or home care environment. The level of preparation, education and competence of the person to whom the tasks are being delegated and how much supervision the professional registered nurse can and will be able to provide are important considerations in the delegation process. Characteristics that distinguish the professional registered nurse from UAPs/NAPs include, but are not limited to the type and amount of education, depth of knowledge and critical thinking skills. The knowledge base and clinical skills of the professional registered nurse provide the foundation for nursing assessments and diagnosis, critical thinking and decision making, outcome identification, planning, implementation and evaluations that are requisite for high quality outcomes for women and newborns.

Therefore, it is not appropriate to delegate nursing activities that comprise the core of the nursing process and require specialized knowledge, judgment, competence, and skill. These activities include, but are not limited to, performing initial patient assessments, making diagnoses, working with patients and families to identify outcomes and an appropriate plan of care, implementing the plan and evaluating the patient's progress or lack of progress toward achieving these goals. In addition, it is inappropriate to delegate any subsequent assessments or nursing interventions that require professional knowledge, judgment, and skill (ANA, NCSBN, 2005).

Examples of nursing activities for women and newborns that should not be delegated are, but not limited to:

- telephone triage
- initial assessment of women and newborns
- application of electronic fetal heart monitor components
- initial and ongoing assessment of maternal-fetal status including auscultation and electronic fetal heart rate pattern interpretation
- ongoing assessments of women receiving oxytocin infusion
- ongoing assessments of pain management needs of women and newborns

- ongoing assessments of women receiving regional analgesia/anesthesia
- ongoing assessments of women who have complications of pregnancy
- ongoing assessments of the progress of labor
- management of the second stage of labor
- circulation for vaginal or cesarean birth
- initial assessment during the postpartum period after vaginal and cesarean birth
- assessments required for discharge from post-anesthesia care units
- initial assessment of women and newborns during their post-surgical care
- assigning APGAR scores
- newborn identification
- newborn assessments during the transition to extrauterine life
- determining the plan of care based on nursing assessments
- nursing interventions that require specialized knowledge, judgment, competence and skill
- discharge planning
- patient teaching
- parent teaching
- evaluation of the outcome of nursing interventions

When nursing activities or tasks are delegated to UAPs/NAPs, professional registered nurses remain responsible and accountable for overall nursing care. Thus, patient assessment and diagnosis, outcome identification, care planning and implementation, and appropriately delegating tasks remain the responsibility of the professional registered nurse. The professional registered nurse is also accountable for ongoing supervision of UAPs/NAPs and for evaluation of delegated activities, including patient outcomes. Some activities that are appropriate to delegate to UAPs/NAPs include:

- clerical duties
- selected care tasks such as ambulation, feeding, mouth care, and bathing
- data gathering such as intake and output and vital signs

The responsibility for determining competence of UAPs/NAPs who will perform delegated tasks and for evaluating each patient's clinical situation rests with the professional registered nurse. Delegated activities should be limited to clearly defined and thoroughly described repetitive tasks that do not require nursing judgments. Federal regulations, state nurse practice acts, board of nursing rules and regulations, and institutional guidelines must be followed any time nursing activities are delegated.

References

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