

Consideration of Proposed Amendments to 22 Tex. Admin. Code §§225, Pertaining to RN Delegation to Unlicensed Personnel and Task not Requiring Delegation in Independent living Environments for Clients with Stable and Predictable Conditions

Summary of Request:

Consider the proposed amendments to 22 Tex. Admin. Code Ch. 225 based on approved recommendations by the Board's Task Force on Delegation.

Background:

During the October 2011 Board Meeting, the Board approved the formation of the Task Force on Delegation. The Task Force consists of the following members: Texas School Nurses Organization, AARP Consumer, Hospice Austin, Department of Aging and Disability Services, Developmental Disabilities Nurses Association, Texas Association for Home Care & Hospice, Texas Council for Developmental Disabilities, ADAPT of Texas, Disability Texas (formerly Advocacy, Inc.), and the Department of Aging and Disability Services.

Although the charge was to review both delegation chapters 224 and 225, the decision was made to review one rule at a time beginning with ch. 225. Four meetings were held on April 27, August 27, October 16, and November 28, 2012 and one teleconference on October 3, 2012. Full consensus on a recommendation was not reached and the Task Force agreed to reconvene following the 83rd Legislative Session in order to allow for further discussion and any new legislative impact on nurse delegation. The Task Force did, however, vote to recommend the Board approve an expansion to the list of those tasks that may be considered Health Maintenance Activities (HMAs) under 225, as well as approve certain listed tasks that RNs may delegate in emergency situations. At the January Board meeting, the Board approved these recommendations as express policy but did not consider any specific rule revisions at that time.

The Task Force reconvened on September 25, 2013. During this open meeting, the Task Force considered a proposal significantly more limited in scope than previously deliberated. The new proposal followed the old format of Rule 225 and incorporated only those proposed amendments that the Task Force had reached full consensus during its previous meetings.

This limited approach resulted in sufficient support and a consensus recommendation for proposed rule amendments presented herein. Additionally, consensus was reached that much of the work of the Task Force that was not reflected in the proposed amendments would be better handled by development of Guidelines and Answers to Frequently Asked Questions (FAQs).

Highlights in the proposed amendments to Rule 225 include:

1. Correction of outdated references to the BON and legal citations;
2. Improved definition of Nurse Delegation;
3. An expanded list of tasks that may be designated as HMAs, including RN discretion to identify HMAs not specifically listed;
4. Clarification of minimum standards when delegating, including responsibility of Nurse Administrators, the duty to document proper assessment in support of decision making, the duty to collaborate with client when there is disagreement; and
5. An expanded list of tasks that may be delegated, including reference to emergency delegation and RN discretion to identify delegable tasks not specifically listed or prohibited.

Pros and Cons:

Pros:

Expanding the list of tasks that may be designated as HMAs or delegated fosters independence and further supports clients who are able to train and supervise unlicensed staff in order for clients to remain in the least restrictive environments as possible.

Clarification of the RN's duty to document and collaborate will lead to more independence and better understanding of nurse delegation.

Con:

The previous concerns regarding the general nature of ch. 225 and the questions raised by RNs working across practice settings may not be satisfied with the limited nature of the proposed amendments.

Staff Recommendation:

Move to approve the proposed amendments to 22 Tex. Admin. Code §§ 225, Pertaining to RN Delegation to Unlicensed Personnel and Tasks not Requiring Delegation in Independent living Environments for Clients with Stable and Predictable Conditions with authority for the General Counsel to make editorial changes as necessary to clarify rule and Board intent and to comply with the formatting requirements of the *Texas Register*. If no negative comments and no request for a public hearing are received, move to adopt the proposed amendments to 22 Tex. Admin. Code §§ 225, as proposed.

1 **CHAPTER 225. RN DELEGATION TO UNLICENSED PERSONNEL AND TASKS NOT REQUIRING**
2 **DELEGATION IN INDEPENDENT LIVING ENVIRONMENTS FOR CLIENTS WITH**
3 **STABLE AND PREDICTABLE CONDITIONS**
4

5 **§ 225.1. Application of Chapter.**
6

7 (a) This chapter applies only to situations meeting the following criteria:
8

- 9 (1) the client is in an independent living environment;
10
11 (2) the client, if 16 or older, or client’s responsible adult is willing and able to participate in
12 decisions about the overall management of the client’s health care; and
13
14 (3) the task is for a stable, predictable condition as defined by § 225.4 of this title (relating to
15 Definitions).
16

17 (b) If the situation does not meet the above criteria in subsection (a) of this section, any delegation of
18 nursing tasks by the RN to an unlicensed person must comply with **BNEBON** Chapter 224 of this title
19 (relating to Delegation of Tasks Relating to Acute Conditions or Settings Other Than Independent Living
20 Environments).
21

22 (c) Should a client develop an acute condition that is unstable or unpredictable, this chapter may still be
23 applicable to tasks that relate solely to the client’s stable and predictable condition(s) and not to the
24 acute condition(s).
25

26 [The provisions of this § 225.1 adopted to be effective Feb. 19, 2003, 28 TexReg 1386.]
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30 **§ 225.2. Exclusions from Chapter.**
31

32 This chapter does not apply to:
33

- 34 (1) tasks performed for acute, unstable, or unpredictable conditions;
35
36 (2) settings where nursing services are continuously provided;
37
38 (3) ~~tasks provided in compliance with Government Code § 531.051(fe) (relating to certain tasks~~
39 ~~performed for clients under certain state-funded programs not constituting the practice of professional~~
40 ~~nursing); tasks performed under authority of Government Code §531.051(e) relating to Consumer~~
41 ~~Direction of Certain Services for Persons With Disability and Elderly Persons;~~
42
43 (4) RNs who:
44
45 (A) supervise or instruct others in the gratuitous nursing care of the sick;
46
47 (B) are qualified nursing faculty or preceptors directly supervising or instructing nursing students in
48 the performance of nursing tasks while enrolled in accredited nursing programs;
49

1 (C) instruct and/or supervise an unlicensed person in the proper performance of nursing tasks as a
2 part of an education course designed to prepare persons to obtain a state license, certificate or
3 permit that authorizes the person to perform such tasks; and
4

5 (D) assign tasks to or supervise LVNs or other licensed practitioners practicing within the scope of
6 their license.
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8 [The provisions of this § 225.2 adopted to be effective Feb. 19, 2003, 28 TexReg 1386.]
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12 **§ 225.3. Purpose.**
13

14 (a) The Texas ~~Board of Nurse Examiners~~Board of Nursing (~~BNEBON~~ or Board) recognizes that public
15 preference in the provision of health care services includes a greater opportunity for clients to share
16 with the RN in the choice and control for delivery of services in the community based setting. The Board
17 also appreciates that the provision of health care is dynamic in nature and continually evolving. As
18 professional nurses, regardless of practice setting, RNs are obligated to assess the nursing needs of the
19 client, develop a plan of nursing actions, implement this plan, and evaluate the outcome. These are
20 essential components of RN practice that identify professional nursing as a process discipline.
21 Professional nursing while inclusive of tasks is not focused on tasks but rather on interventions or client-
22 centered actions initiated to assist the client in accomplishing the goals defined in the nursing care plan.
23

24 (b) In the independent living environment, RNs encounter clients across the spectrum of health to
25 illness. The primary goal is to assist the choice of the client to achieve the most integrated setting/least
26 restrictive
27 environment throughout the life span. This is regularly accomplished, in part, through the assistance of
28 unlicensed personnel who work with the client to complete a variety of tasks on a daily basis. Some
29 tasks that are considered nursing tasks in the acute care setting are considered support services
30 necessary to assist the client to maintain client health, and thus the highest degree of independence and
31 quality of life possible, in the independent living environment.
32

33 (c) The purpose of this chapter is to provide guidance to RNs which includes advanced practice
34 registered nurses practicing in independent living environments in incorporating the use of unlicensed
35 personnel to achieve optimal health benefits for the client. Clients in these settings have needs that may
36 be categorized as activities of daily living (ADLs), health maintenance activities (HMAs), or nursing tasks.
37 For some clients, ADLs and HMAs may be of a routine and supportive nature that minimizes the need for
38 RN involvement.
39

40 (d) The RN shall collaborate with the client and/or the client's responsible adult in pursuit of the highest
41 possible degree of independent living for the client. By adequately and accurately assessing the needs of
42 the client in this setting, and considering the inter-related factors impacting the client's environment,
43 the RN can effectively make decisions in utilizing unlicensed personnel to accomplish quality supportive
44 services and care.
45

46
47 (e) The RN nurse administrator or the RN who is responsible for nursing services in settings that utilize
48 RN delegation in independent living environments shall be responsible for knowing the requirements of

1 this rule and for taking reasonable steps to assure that registered nurse delegation is implemented and
2 conducted in compliance with the Texas Nursing Practice Act and this chapter.
3

4 [The provisions of this § 225.3 adopted to be effective Feb. 19, 2003, 28 TexReg 1386.]
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8 **§ 225.4. Definitions.**
9

10 The following words and terms, when used in this chapter, shall have the following meanings, unless the
11 context clearly indicates otherwise.
12

13 (1) Activities of daily living (ADLs)--limited to the following activities: bathing, dressing, grooming,
14 routine hair and skin care, meal preparation, feeding, exercising, toileting, transfer/ambulation,
15 positioning, range of motion, and assistance with self administered medications. The term does not
16 include more specific tasks defined as health maintenance activities under paragraph (8) of this section
17 (relating to Health Maintenance Activities).
18

19 (2) Administration of Medications--removal of an individual/unit dose from a previously dispensed,
20 properly labeled container; verifying it with the medication order; giving the correct medication and the
21 correct dose to the proper client at the proper time by the proper route; and accurately recording the
22 time and dose given.
23

24 (3) Assistance with self-administered medication--any needed ancillary aid provided to a client in the
25 client's self-administered medication or treatment regimen, such as reminding a client to take a
26 medication at the prescribed time, opening and closing a medication container, pouring a
27 predetermined quantity of liquid to be ingested, returning a medication to the proper storage area,
28 and assisting in reordering medications from a pharmacy.
29

30 (4) Client--the individual receiving care.
31

32 (5) Client's Responsible Adult--an individual, 18 or older, normally chosen by the client, who is willing
33 and able to participate in decisions about the overall management of the client's health care and to
34 fulfill any other responsibilities required under this chapter for care of the client. The term includes but
35 is not limited to parent, foster parent, family member, significant other, or legal guardian.
36

37 (6) Delegation--~~authorizing an unlicensed person to provide nursing services while retaining~~
38 ~~accountability for how the unlicensed person performs the task. --means that a registered nurse~~
39 ~~authorizes an unlicensed person to perform tasks of nursing care in selected situations and indicates~~
40 ~~that authorization in writing. The delegation process includes nursing assessment of a client in a specific~~
41 ~~situation, evaluation of the ability of the unlicensed persons, teaching the task, ensuring supervision of~~
42 ~~the unlicensed persons and re-evaluating the task at regular intervals.~~ It does not include situations in
43 which an unlicensed person is directly assisting a RN by carrying out nursing tasks in the presence of a
44 RN.
45

46 (7) Functional Disability--a mental, cognitive, or physical disability that precludes the physical
47 performance of self-care tasks, including health maintenance activities and ADLs.
48

1 (8) Health Maintenance Activities (HMAs) ~~–limited to the following tasks that enable the client to~~
2 ~~remain in an independent living environment and that go beyond ADLs because of the higher skill level~~
3 ~~required to perform: - tasks that may be exempt from delegation based on RN assessment that enable~~
4 ~~the client to remain in an independent living environment and go beyond ADLs because of the higher~~
5 ~~skill level required to perform. HMAs include the following:~~

6
7 (A) administering oral medications that are normally self-administered, including administration
8 through a permanently placed feeding tube with irrigation;

9
10 (B) topically applied medications;

11
12 (C) insulin administration or other injectable medications prescribed in the treatment of diabetes
13 mellitus administered subcutaneously, nasally, or via an insulin pump;

14
15 (D) unit dose medication administration by way of inhalation (MDIs) including medications
16 administered as nebulizer treatments for prophylaxis and/or maintenance;

17
18 (E) routine administration of a prescribed dose of oxygen; and

19
20 (F) noninvasive ventilation (NIV) such as continuous positive airway pressure (CPAP) and bi-level
21 positive airway pressure (BiPAP) therapy.

22
23 ~~(BG)~~ the administering of a bowel and bladder program, including suppositories, enemas, manual
24 evacuation, intermittent catheterization, digital stimulation associated with a bowel program,
25 tasks related to external stoma care including but not limited to pouch changes, measuring
26 intake and output, and skin care surrounding the stoma area;

27
28 ~~(CH)~~ routine preventive skin care and of a care of Stage 1 ~~decubitus pressure ulcers;~~

29
30 ~~(DI)~~ feeding and irrigation through a permanently placed feeding tube inserted in a surgically
31 created orifice or stoma; ~~and~~

32
33 ~~(J) those tasks that an RN may reasonably conclude as safe to exempt from delegation based on~~
34 ~~proper assessment. Those tasks that an RN may reasonably conclude as safe to exempt from~~
35 ~~delegation based on an assessment consistent with §225.6; and~~

36
37 ~~(EK)~~ such other tasks as the Board may designate.

38
39 (9) Independent living environment--A client's individual residence which may include a home or
40 homelike setting such as the client's home, an entity licensed or regulated by a state or federal agency
41 or exempt from such licensure or regulation, (such as a group home, foster home, or assisted living
42 facility), and includes where the client works, attends school, or engages in other community activities.
43 The term does not include settings in which nursing services are continuously provided.
44

1 (10) Not Requiring Delegation--a determination by a RN that the performance of an ADL or HMA may be
2 exempt from delegation for a particular client and does not constitute the practice of professional
3 nursing based on criteria established by the Board/this chapter.

4
5 (11) Stable and predictable--a situation where the client's clinical and behavioral status is determined to
6 be non-fluctuating and consistent. A stable/predictable condition involves long term health care needs
7 which are not recuperative in nature and do not require the regularly scheduled presence of a
8 registered nurse or licensed vocational nurse. Excluded by this definition are situations where the
9 client's clinical and behavioral status is expected to change rapidly or in need of the
10 continuous/continual assessment and evaluation of a registered nurse or licensed vocational nurse. The
11 condition of clients receiving hospice care in an independent living environment where deterioration is
12 predictable shall be deemed to be stable and predictable.

13
14 (12) Unlicensed person--an individual, not licensed as a health care provider:

15
16 (A) who is monetarily compensated to provide certain health related tasks and functions in a
17 complementary or assistive role to the RN in providing direct client care or carrying out common
18 nursing functions;

19
20 (B) who provides those tasks and functions as a volunteer but does not qualify as a friend providing
21 gratuitous care for the sick under § 301.004(1) of the Nursing Practice Act;

22
23 (C) including, but not limited to, nurse aides, orderlies, assistants, attendants, technicians, home
24 health aides, medication aides permitted by a state agency, and other individuals providing personal
25 care/assistance of health related services; or

26
27 (D) who is a professional nursing student, not licensed as a RN or LVN, providing care for monetary
28 compensation and not as part of their formal educational program shall be considered to be
29 unlicensed persons and must provide that care in conformity with this chapter.

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31 [The provisions of this § 225.4 adopted to be effective Feb. 19, 2003, 28 TexReg 1386.]

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36 **§ 225.5. RN Accountability.**

37
38 (a) The RN is responsible for proper performance of the assessment required by § 225.6 of this title
39 (relating to RN Assessment of the Client) and for the RN's decisions made as a result of that
40 assessment including determining that performance of a particular ADL or HMA for a particular
41 client qualifies as not requiring delegation.

42
43 (b) The RN is responsible for documenting the delegation assessment and delegation decision(s), and
44 must provide the rationale for the delegation decisions upon request of the client/ or the client's
45 responsible adult. When delegation decisions conflict or are in disagreement with the client or the
46 client's responsible adult/CRA, the RN should collaborate with the client or the client's responsible
47 adult/CRA through a dispute resolution process if available.

1
2 | (~~bc~~) The RN is not accountable for an unlicensed person’s actual performance of ADLs or HMAs not
3 requiring delegation.
4

5 | (~~ed~~) The RN’s accountability to the ~~BNEBON~~ with respect to its taking disciplinary action against the
6 RN’s license is met when the RN can verify compliance with this chapter.
7

8 | (~~de~~) This chapter does not change a RN’s civil liability.
9

10 [The provisions of this § 225.5 adopted to be effective Feb. 19, 2003, 28 TexReg 1386.]
11

12 **§ 225.6. RN Assessment of the Client.**
13

14 (a) The RN, in consultation with the client if 16 or older, and when appropriate the client’s responsible
15 adult, must make an assessment to determine if the care:
16

17 (1) can be delegated to an unlicensed person;
18

19 (2) qualifies as an ADL or HMA not requiring delegation; or
20

21 | (3) should not be delegated and only performed by a nurse.
22

23 (b) In making this determination, the RN shall consider each of the following elements of assessment to
24 develop an overall picture of the client’s health status:
25

26 (1) the ability of the client or client’s responsible adult to participate in the health care decision and
27 ability and willingness to participate in the management and direction of the task;
28

29 (2) the adequacy and reliability of support systems available to the client or client’s responsible
30 adult;
31

32 (3) the degree of the stability and predictability of the client’s health status relative to which the
33 task
34 is performed;
35

36 (4) the knowledge base of the client or client’s responsible adult about the client’s health status;
37

38 (5) the ability of the client or client’s responsible adult to communicate with an unlicensed person
39 in traditional or non-traditional ways; and
40

41 (6) how frequently the client’s status shall be reassessed.
42

43 (c) While each element must be assessed, strength in one factor may compensate/offset a weakness in
44 another factor. The assessment under this section does not require the RN to determine the
45 competency of the unlicensed person.
46
47
48

1 [The provisions of this § 225.6 adopted to be effective Feb. 19, 2003, 28 TexReg 1386.]
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5 **§ 225.7. Activities of Daily Living Not Requiring Delegation.**
6

7 (a) Activities of daily living (ADLs), as defined in this chapter, that do not fall within the practice of
8 professional nursing may be performed by an unlicensed person in accordance with this section without
9 being delegated. The Board has determined that in situations governed by this chapter ADLs do not fall
10 within the practice of professional nursing when:

11
12 (1) performed for a person with a functional disability and the client would perform the task(s) but
13 for the functional disability; and

14
15 (2) the RN determines, based on an assessment under § 225.6 of this title (relating to RN
16 Assessment of the Client) that the task(s) is such that it could be performed by any unlicensed
17 person without RN supervision.
18

19 (b) If the above criteria cannot be met, an ADL may still be performed as a delegated task if it meets the
20 criteria of § 225.9 of this title (relating to Delegation Criteria).
21

22 [The provisions of this § 225.7 adopted to be effective Feb. 19, 2003, 28 TexReg 1386.]
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25

26 **§ 225.8. Health Maintenance Activities Not Requiring Delegation.**
27

28 (a) Health Maintenance Activities (HMAs), as defined in this chapter that do not fall within the practice
29 of professional nursing, may be performed by an unlicensed person in accordance with this section
30 without being delegated. The Board has determined that in situations governed by this chapter HMAs
31 do not fall within the practice of professional nursing when:

32
33 (1) performed for a person with a functional disability;

34
35 (2) in addition to the client assessment under § 225.6 of this title (relating to RN Assessment of the
36 Client), a RN determines all of the following conditions exist:

37
38 (A) the client would perform the task(s) but for her/his functional disability;

39
40 (B) the task(s) can be directed by the client or client's responsible adult to be performed by an
41 unlicensed person without RN supervision;

42
43 (C) the client or client's responsible adult is able, and has agreed in writing, to participate in
44 directing the unlicensed person's actions in carrying out the HMA; and

45
46 (D) Either

47
48 (i) the client is willing and able to train the unlicensed person in the proper performance
49 of the HMA, or

1
2 (ii) the client's responsible adult is capable of training the unlicensed person in the proper
3 performance of the task and

4
5 (I) will be present when the task is performed, or

6
7 (II) if not present, will have observed the unlicensed person perform the task at least
8 once to assure he/she can competently perform the task and will be immediately
9 accessible in person or by telecommunications to the unlicensed person when the task
10 is performed.
11

12
13 (bc) If the above criteria cannot be met, an HMA may still be —performed as a delegated task if it
14 meets the criteria of § 225.9 of this title (relating to Delegation Criteria).
15

16 [The provisions of this § 225.8 adopted to be effective Feb. 19, 2003, 28 TexReg 1386.]
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20 **§ 225.9. Delegation Criteria.**
21

22 (a) When determining whether to delegate a nursing task or those ADLs or HMAs requiring delegation,
23 the RN, in addition to the assessment under § 225.6 of this title (relating to RN Assessment of the
24 Client), shall:

25
26 (1) determine that the task does not require the unlicensed person to exercise nursing judgment;

27
28 (2) verify the experience and competency of the unlicensed person to perform the task, including
29 the unlicensed person's ability to recognize and inform the RN of client changes related to the task.
30 The RN must have either:

31
32 (A) instructed the unlicensed person in the delegated task; or

33
34 (B) verified the unlicensed person's competency to perform the nursing task based on personal
35 knowledge of the training, education, experience and/or certification/permit of the unlicensed
36 person.
37

38 (3) determine, in consultation with the client or the client's responsible adult, the level of
39 supervision
40 and frequency of supervisory visits required, taking into account:

41
42 (A) the stability of the client's status;

43
44 (B) the training, experience and capability of the unlicensed person to whom the nursing task is
45 delegated;

46
47 (C) the nature of the nursing task being delegated;

1
2 (D) the proximity and availability of the RN to the unlicensed person when the nursing task will
3 be performed; and

4
5 (E) the level of participation of client or client’s responsible adult; and

6
7 (4) consider whether the five rights of delegation can be met: the right task; the right person to
8 whom the delegation is made; the right circumstances; the right direction and communication by
9 the RN; and the right supervision.

10
11 (b) The RN or another RN qualified to supervise the unlicensed person shall be available, in person or by
12 telecommunications when the unlicensed person is performing the task.

13
14 (c) The unlicensed person to whom the nursing task is delegated must be adequately identified. The
15 identification may be by an individual or, if appropriate, by experience, training, education, and/or
16 certification/permit of the unlicensed person.

17
18 (ed) If the RN is employed, the employing entity must have a written policy acknowledging that the
19 final decision to delegate shall be made by the RN in consultation with client or client’s responsible
20 adult.

21
22 [The provisions of this § 225.9 adopted to be effective Feb. 19, 2003, 28 TexReg 1386.]
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26 **§ 225.10. Tasks That May Be Delegated.**

27
28 A RN may delegate the following tasks unless the RN’s assessment under § 225.6 of this title (relating to
29 RN Assessment of the Client) and § 225.9 of this title (relating to Delegation Criteria) determines that
30 the task is not a task a reasonable and prudent nurse would delegate. Tasks include:

31
32 (1) an ADL the RN has determined requires delegation under § 225.7 of this title (relating to Activities of
33 Daily Living Not Requiring Delegation);

34
35 (2) a HMA the RN has determined requires delegation under § 225.8 of this title (relating to Health
36 Maintenance Activities Not Requiring Delegation);

37
38 (3) non-invasive and non-sterile treatments with low risk of infection;

39
40 (4) the collecting, reporting, and documentation of data including, but not limited to

41
42 (A) vital signs, height, weight, intake and output, capillary blood and urine test, for sugar and
43 hematest results,

44
45 (B) environmental situations/living conditions that affect the client’s health status,

46
47 (C) client or significant other’s comments relating to the client’s care, and
48

- 1 (D) behaviors related to the plan of care;
2
3 (5) reinforcement of health teaching provided by the registered nurse;
4
5 (6) inserting tubes in a body cavity or instilling or inserting substances into an indwelling tube limited to
6 the following:
7
8 (A) insertion and/or irrigation of urinary catheters for purpose of intermittent catheterization; and
9
10 (B) irrigation of an indwelling tube such as a urinary catheter or permanently placed feeding tube;
11
12 (7) ventilator care to include tracheal care ~~to include~~ and instilling normal saline and suctioning of a
13 tracheostomy with routine supplemental oxygen administration;
14
15 (8) care of broken skin with low risk of infection;
16
17 (9) sterile procedures those procedures involving a wound or an anatomical site that could potentially
18 become infected;
19
20 (10) administration of medications that are administered:
21
22 (A) orally or via permanently placed feeding tube inserted in a surgically created orifice or stoma;
23
24 (B) sublingually;
25
26 (C) topically;
27
28 (D) eye and ear drops; nose drops and sprays;
29
30 (E) vaginal or rectal gels or suppositories;
31
32 (F) unit dose medication administration by way of inhalation for prophylaxis and/or maintenance;
33 and
34
35 (G) oxygen administration for the purpose of non-acute respiratory maintenance.
36
37 (11) administration of oral unit dose medications from the client's daily pill reminder ~~pill~~ container in
38 accordance with § 225.11~~(a)~~ of this title (relating to Delegation of Administration of Medications From
39 Pill Reminder Container ~~and Administration of Insulin~~);
40
41 (12) administration of insulin or other injectable medications prescribed in the treatment of diabetes
42 mellitus administered subcutaneously, nasally, or via an insulin pump administration of insulin
43 subcutaneously, nasally, or via insulin pump in in accordance with § 225.12~~1(b)~~ of this title; and
44
45 (13) certain emergency measures as defined in §224.6 (4); and
46
47 (14) those tasks that an RN may reasonably conclude as safe to delegate based on proper –an
assessment consistent with §225.6; and

1
2 (~~131415~~) other such tasks as the Board may designate.

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4 [The provisions of this § 225.10 adopted to be effective Feb. 19, 2003, 28 TexReg 1386.]
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8 **§ 225.11. Delegation of Administration of Medications From Pill Reminder Container and**
9 **Administration of Insulin.**

10
11 ~~(a)~~ In addition to all previous criteria listed, when delegating the administration of oral unit dose
12 medications from the client's daily pill reminder container, the RN must:
13

14 (1) ensure that the unit dose medication(s) are placed in the client's daily ~~pill~~ reminder ~~pill~~
15 container, from properly dispensed prescription bottle(s), by the RN or a person mutually agreed
16 upon by the RN and client or client's responsible adult who has demonstrated the ability to
17 complete the task properly;
18

19 (2) instruct the client or client's responsible adult and the unlicensed person involved in such
20 delegation activity about each medication placed in such a container with regard to distinguishing
21 characteristics of each medication, proper time, dose, route and adverse effects which may be
22 associated with the medication;
23

24 (3) provide to the client, client's responsible adult if applicable, and the unlicensed person(s)
25 instructions to contact the RN before the medication is administered when there are questions
26 concerning the medications or changes in the client's status related to the medication being given.
27 An example is when the medications appear to be rearranged or missing.
28

29 (4) make supervisory visits in the event there are changes in the client's status related to the
30 medication being given and determine the frequency of supervisory visits in consultation with the
31 client or the client's responsible adult to assure that safe and effective services are being provided;
32 and
33

34 (5) ensure the client or client's responsible adult acknowledges in writing that the administration of
35 medication(s) under this section will be delegated to an unlicensed person.
36

37 **§ 225.12. Delegation of Insulin or other injectable medications prescribed in the treatment of**
38 **diabetes mellitus**

39
40 ~~(b)~~ In addition to all previous criteria listed, when delegating administration of insulin or other
41 injectable medications prescribed in the treatment of diabetes mellitus administered subcutaneously,
42 nasally, or via insulin pump the RN must:
43

44 (1) arrange for a RN to be available on call for consultation/intervention 24 hours each day;
45

46 (2) provide teaching of all aspects of insulin or other injectable medications prescribed in the
47 treatment of diabetes mellitus administered ~~administration~~, subcutaneously, nasally, or via insulin

1 pump to the client and the unlicensed person to include, but not limited to proper technique for
2 determination of the client’s blood sugar prior to each administration of insulin or other medication,
3 proper injection technique, risks, side effects and the correct response(s). The RN must leave written
4 instructions for the performance of ~~the administration administering of~~ insulin or other injectable
5 medications prescribed in the treatment of diabetes mellitus subcutaneously, nasally, or via insulin
6 pump, including a copy of the physician’s order or instructions, for the unlicensed person, client, or
7 client’s responsible adult to use as a reference.

8
9 (3) delegate the administration of insulin or other injectable medication prescribed in the
10 treatment of diabetes mellitus subcutaneously, nasally, or via insulin pump to an unlicensed person,
11 specific to one client. The RN must teach that the administration of insulin or other injectable
12 medication prescribed in the treatment of diabetes mellitus subcutaneously, nasally, or via insulin pump
13 is to be performed only for the patient for whom the instructions are provided and instruct the
14 unlicensed person that the task is client specific and not transferable to other clients or providers;

15
16 (4) delegate the administration of insulin or other injectable medication prescribed in the
17 treatment of diabetes mellitus subcutaneously, nasally, or via insulin pump to additional unlicensed
18 persons providing care to the specific client provided the registered nurse limits the number of
19 unlicensed persons to the number who will remain proficient in performing the task and can be safely
20 supervised by the registered nurse;

21
22 (5) make supervisory visits to the client’s location at least 3 times within the first 60 days (one
23 within the first two weeks, one within the second two weeks and one in the last 30 days) to evaluate the
24 proper medication administration of insulin by the unlicensed person(s). After the initial 60 days, the RN,
25 in consultation with the client or client’s responsible adult, shall determine the frequency for
26 supervisory visits to assure the proper and safe administration of insulin by the unlicensed person(s).
27 Separate visits shall be made for each unlicensed person administering insulin;

28
29 (6) make supervisory visits in the event there are changes in the client’s status; and

30
31 (7) ensure that the client or client’s responsible adult acknowledges in writing that the
32 administration of medication(s) under this section will be delegated to an unlicensed person.

33
34 [The provisions of this § 225.11 adopted to be effective Feb. 19, 2003, 28 TexReg 1386.]
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38 | **§ 225.132. Tasks Prohibited From Delegation**

39
40 The following are nursing tasks that are not within the scope of sound professional nursing judgment to
41 delegate:

42
43 (1) physical, psychological, and social assessment, which requires professional nursing judgment,
44 intervention, referral, or follow-up;

45
46 (2) formulation of the nursing care plan and evaluation of the client’s response to the care rendered;

47

1 (3) specific tasks involved in the implementation of the care plan that require professional nursing
2 judgment or intervention;

3
4 (4) the responsibility and accountability for client or client’s responsible adult health teaching and
5 health counseling which promotes client or client’s responsible adult education and involves the client’s
6 responsible adult in accomplishing health goals; and

7
8 (5) the following tasks related to medication administration:

9
10 (A) calculation of any medication doses except for measuring a prescribed amount of liquid
11 medication and breaking a tablet for administration, provided the RN has calculated the dose;

12
13 (B) administration of medications by an injectable route except for subcutaneous injectable insulin
14 ~~or -other injectable medication prescribed in the treatment of diabetes mellitus~~ as permitted by
15 ~~§225.12 § 225.11(b)~~ of this title (relating to Delegation of Administration ~~of Medications From Pill~~
16 ~~Reminder Container and Administration of Insulin~~ ~~or other injectable medication prescribed in the~~
17 ~~treatment of diabetes mellitus~~) and in emergency situations as permitted by §224.6 (4) and §225.10(13);

18
19 (C) administration of medications by way of a tube inserted in a cavity of the body except as
20 permitted by § 225.10(10) of this title (relating to Task That May Be Delegated);

21
22 (D) responsibility for receiving or requesting verbal or telephone orders from a physician, dentist, or
23 podiatrist; and

24
25 (E) administration of the initial dose of a medication that has not been previously administered to
26 the client unless the RN documents in the client’s medical record the rationale for authorizing the
27 unlicensed person to administer the initial dose.

28
29 [The provisions of this § 225.12 adopted to be effective Feb. 19, 2003, 28 TexReg 1386.]

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32
33 **§ 225.143. Supervising Unlicensed Personnel Performing Tasks Delegated by Other Practitioners.**

34
35 (a) The following applies to the registered nurse who practices in a collegial relationship with another
36 licensed practitioner who has delegated tasks to an unlicensed person over whom the RN has
37 supervisory responsibilities. The RN’s accountability to the ~~BNEBON~~, with respect to its taking
38 disciplinary action against the RN’s license, is met if the RN:

39
40 (1) verifies the training of the unlicensed person;

41
42 (2) verifies that the unlicensed person can properly and adequately perform the delegated task
43 without jeopardizing the client’s welfare; and

44
45 (3) adequately supervises the unlicensed person.

46
47 (b) If the RN cannot verify the unlicensed person’s capability to perform the delegated task, the RN
48 must communicate this fact to the licensee who delegated the task.

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The provisions of this § 225.13 adopted to be effective Feb. 19, 2003, 28 TexReg 1386.

§ 225.154. Application of Other Laws and Regulations.

~~BNEBON~~ § 217.11(1) of this title (relating to Standards of Professional Nursing Practice) requires RNs to know and conform to all laws and regulations affecting their area of practice. The RN authorizing an unlicensed person to perform tasks in independent living environments should be aware ~~to~~ that, in addition to this chapter, various laws and regulations may apply including, but not limited to, laws and regulations governing home and community support service agencies and Medicare and Medicaid regulations. In situations where a RN’s practice is governed by multiple laws and regulations that impose different requirements, the RN must comply with them all and if inconsistent, the most restrictive requirement(s) governs. For example, if one regulation requires a RN to make a supervisory visit every 14 days and another leaves it to the RN’s professional judgment, the RN would have to visit at least every 14 days or more frequently, if that is what the RN’s professional judgment indicated.

[The provisions of this § 225.14 adopted to be effective Feb. 19, 2003, 28 TexReg 1386.]