

Consideration of Approval of an Additional Task that May be Delegated Under Rule 225.10(13)

Summary of Request

This report is to consider designating noninvasive ventilation (NIV) as an additional task that RNs may determine is safe and appropriate to delegate in accordance with Chapter 225, RN Delegation to Unlicensed Personnel and Tasks not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions.

Background:

NIV is used in the treatment of numerous chronic respiratory disorders, such as chronic obstructive pulmonary disease, asthma, sleep apnea and cystic fibrosis. NIV does not involve the use of invasive artificial airways such as, endotracheal or tracheostomy tubes for administering ventilatory support, but rather through orofacial or nasal masks. This may be one reason why the use of NIV in home settings has increased in recent years.

As Board staff continues to work with the Department of Aging and Disability Services (DADS) and the Advisory Committee on the implementation of SB 1857, the Memorandum of Understanding (MOU) and the Statewide LVN On-Call Pilot Program, the advisory committee has asked that the BON consider adding NIV [continuous positive airway pressure (CPAP) and bilevel positive airway pressure (BiPAP) therapy] to the list of tasks that RNs may delegate. Many clients in independent living environments that DADS regulates require this type of therapy.

Currently the tasks RNs may decide to delegate are listed in Rule 225.10. More specifically, Rule 225.10 (13) permits the Board to designate other tasks that RNs may determine are safe and appropriate to delegate in independent living environments. As the Delegation Task Force convenes and revises Chapter 225, NIV may be added to the list of tasks RNs may delegate.

Pros:

By allowing RNs to determine whether it is safe and appropriate to delegate NIV [continuous positive airway pressure (CPAP) and bilevel positive airway pressure (BiPAP) therapy] to unlicensed assistive personnel (UAPs), clients in independent living environments will be able to continue to receive therapy in the least restrictive environment in order to achieve optimal health benefits.

Permitting RNs to delegate [continuous positive airway pressure (CPAP) and bilevel positive airway pressure (BiPAP) therapy] may prevent harm from occurring by providing additional training, supervision and oversight from RNs in situations where UAPs have been performing this task independently.

Cons:

None

Staff Recommendation:

Move to approve designating NIV [continuous positive airway pressure (CPAP) and bilevel positive airway pressure (BiPAP) therapy] as tasks that RNs may determine can be delegated to unlicensed assistive personnel according to Chapter 225.