

Management of Care Prioritization and Delegation

Which client do I see first?

Who can I delegate too?

Priorities

- Continuously set and reset to meet the needs of clients and keep them safe
- Organization of activities according to the order in which they should be done

Priority setting

- Client are seen
- Assessments are completed
- Interventions are provided
- Steps in a client procedure are complete
- Components of client care are completed

Establishing priorities

- Decisions made based on evidence
 - During shift reports
 - Review of documents
 - Continuously and accurately collecting client data
- Organizing activities from most important to least important
- Requires critical thinking and decision making based on evidence

Prioritizing Exercises

- Which clients are unstable?
- Which clients have a systemic problem?
- Which clients have a limb issue?
- Are there any immediate need clients
- If all patients are stable which one would be most likely to become unstable if not treated

Priorities

- Center on which client should be seen first
 - Which client is critically ill or unstable
 - Which client is likely to experience a significant change in condition
 - Which client requires assessment by RN?

Organizing Activities

(Most to Least)

- Unstable or urgent- loss of life, serious complications or loss of limb
- Systemic before local (life before limb)
 - Limb
 - Fracture-Open would take precedence over closed
 - Infiltrated IV
 - Superficial burn
- Acute before chronic
 - New heart failure versus history of heart failure
 - COPD versus exacerbation of COPD

Organizing Activities

(Most to Least)

- Actual problem before potential problem
 - Listen carefully for unrelieved pain
 - Recognize and respond to trends-gradual deterioration
 - Recognize sign of medical emergencies and complications

Organizing Activities

- Apply clinical knowledge to priority setting- recognizing which drugs need to be given at specific times. Vancomycin titers, antidiabetic and antimicrobial medications
- Maslow's hierarchy
 - Pyramid (Top to Bottom)
 - Self-Actualization
 - Self Esteem
 - Love and belonging
 - Safety and Security needs
 - Physiological needs

Prioritization Interventions

- Need for airway and oxygen over a need to sleep
- Physiological need for pain relief over client's safety need for employment
- ABCD- Consider after unstable or unexpected
 - Patient unstable or critical then use ABCD
 - Airway
 - Breathing
 - Circulation
 - Disability

Prioritization Interventions

- Safety risk reduction- Risk for
 - Airway obstruction
 - Bleeding
 - Infection
 - Injury
- Greatest or most imminent risk
- Assessment first- gather pertinent information prior to making a nursing diagnosis
- Survival potential in a disaster

Priority Exercises

- Which patients are unstable?
- Make the stable patients unstable
- Which patients are systemic?
- Make the patient systemic

A client with a diagnosis of cancer receiving IV narcotics every 1-2 hours. The nurse includes which priority action? Select 2

1. Monitor the client's temperature
2. Monitor the client's urine output
3. Encourage the client to cough and deep breathe
4. Encourage increased fluids
5. Monitor the CO2 levels

Answer

- 3 and 5 Why?

Ten clients are coming from a local apartment fire. Which client has first priority? A client with

1. A second degree burns to their hands
2. A second degree burn to the face
3. A cut requiring ten sutures
4. A closed fracture of the humerus

Why?

Answer

- 2

Assignment, Delegation, and Supervision

- Assignment-empowering one person to act for another
 - Transfer
 - Responsibility
 - Authority
- Delegation
 - Transferring the authority and responsibility to another to complete the task
 - **Maintain accountability**
 - Mark of great leader is when he or she can recognize the excellent performance and allow other to shine for their accomplishments

Supervision

- RN has the responsibility for supervising client care tasks delegated to UAP, CNA, LPN LVN
 - Directing/guidance
 - Evaluation/Monitoring
 - Follow-up

General Applications

- Licensed versus unlicensed
 - RN to ensure client receive
 - Safe care
 - Quality care
- Legal/ethical concerns
 - RN must recognize limitations
 - Use information and resources to make decisions
 - Follow ANA codes for delegation

Delegation

- Getting the work done through others
- ANA definition- transfer of responsibility for the performance of a task from one person to another
 - Assignments should consider
 - Nursing educational preparation
 - Experience
 - Knowledge

Delegation

- Supervise the care provided by nursing personnel for which the nurse is responsible
- Invasive procedures should be assigned to or supervised by a professional RN
- Transferring to a competent individual the authority to perform a selected nursing task in a selected situation

Assignment Factors

- What Client factors should be considered
 - Complexity of care needed-condition of the client
 - Specific care needs
 - Cardiac monitoring
 - Mechanical ventilation
 - Need for special precautions, should be considered
 - Isolation-Private room
 - Fall precautions
 - Seizure precautions
 - Procedures

Do Not Delegate what you can EAT

- E- Evaluate
- A- Assess
- T- Teach
- Delegate tasks to proper skill and education
- RN cannot delegate nursing process, client education, or tasks that require clinical judgment

Assignment Factors

- Health care team factors
 - Knowledge and skill level of team members
 - Amount of supervision necessary
 - Staffing mix
 - Nurse to client ratio
 - Experience with similar client (continuity)
 - Familiarity of staff member with the unit

Inappropriate Assignment- Actions Taken

- What would the nurse do?
 - Bring the assignment to the attention of the charge nurse
 - If no resolution take up the chain of command
 - No resolution and unsafe staffing complaint in the form of a Assignment Despite Objection should be filed with Administration
 - Failure to accept assignment without the appropriate escalation is considered abandonment

Delegation factors

- Task factors to consider
 - Predictability of outcome (routine or new)
 - Potential for harm- chance of harm
 - Risk for bleed, aspiration
 - Risk for fall or client unstable
 - Complexity of care
 - Need for problem solving and innovation
 - Need for using nursing process, judgment
 - Level of interaction with the client- support or education

Effective Delegating

- Plan ahead
- Use Nurse Practice Act guidelines
- Communicate goals- **clear direction**
- Determine the degree of supervision-
reassessment
- Selection of personnel
- Empowerment of the Delegate
- Model the role and provide guidance
- Evaluate performance and outcome
- Reward accomplishment

Delegation Errors

- Underdelegating
- Overdelegating

Tasks to be Delegated to LPN

- Monitoring client findings- input to ongoing assessment
- Reinforcement of client teaching using care plan
- Tracheotomy care
- Suctioning
- Checking NG tube patency
- Administration of enteral feedings
- Insertion of urinary catheter
- Medication- except IV (includes eye and ear drops)
- Sterile dressing changes

UAP-unlicensed

- ADL (activities of daily living)-bath, grooming, dressing, toileting
- Ambulating
- Feeding without swallowing problems
- Positioning
- Bed making
- Specimen collection
- Intake and Output
- Vital Signs
- Clerical tasks
- Recording I&O, stools- No assessment

Five Rights of Delegation

- Right task-(scope of practice, stable client)
- Right Circumstance-(workload)
- Right person-(scope of practice)
- Right direction/communication-(specific task to be performed, expected results, follow-up communication)
- Right supervision/evaluation- (clear directions, intervene if necessary)

The rationale for the increased use of (CNA or UAP) has been to:

Select all that apply

- a. Perform low risk tasks for the RN
- b. Relieve the RN of tasks that can safely be delegated to someone with less education
- c. Relieve the cost of having only professional staff
- d. Providing additional personnel to care for the clients

Delegation Exercises

- Review the delegation exercises again

The RN can delegate the following to the LPN to clients who?

1. Need primary teaching
2. Need assessment
3. Are stable with standard procedures
4. Need evaluation of care

Answer

- 3

Which of the following tasks is it appropriate for the RN to delegate to an experienced nursing assistant?

1. Obtain a 24 hour recall for a client newly admitted with anorexia nervosa
2. Obtain a clean catch specimen from a client with a suspected urinary tract infection
3. Observe the amount and characteristics of the return of a continuous bladder irrigation
4. Observe a new diabetic client practice injection technique

Answer

- 2

Why are the answers correct or incorrect?

- Obtain a 24 hour recall for a client newly admitted with anorexia nervosa (This is assessment)
- Obtain a clean catch specimen from a client with a suspected urinary tract infection (In scope or practice)
- Observe the amount and characteristics of the return of a continuous bladder irrigation (The characteristics are assessment)
- Observe a new diabetic client practice injection technique (this is assessment)

Next Week

- Ethical Practice
- Advanced Directives
- Advocacy
- Patient Rights