

Delegation of Specific Nursing Tasks in the School Setting for Kansas (see K.A.R. 60-15-101 through 104)

The following table is to be used to determine to whom **Specialized Caretaking** tasks or procedures may be delegated. Only the Registered Professional Nurse (RN) responsible for the student's nursing care may determine which nursing tasks may be delegated to an Unlicensed Assistive Person (UAP). The RN or the Licensed Practical Nurse (LPN) shall supervise all nursing tasks delegated in accordance with the criteria listed in KAR 60-15-101 through 104. Depending on parental permission and the age and maturity level of the child, many tasks may be performed by the child with oversight by the RN or LPN. **Basic Caretaking tasks (including bathing, dressing, grooming, routine dental, hair and skin care, preparation of food for an oral feeding, exercise – [excluding OT and PT], toileting and diapering, hand washing, transferring, and ambulation)** may be performed by a UAP without delegation.

After assessment and consideration of the principles of delegation, the decision to delegate nursing care must be based on the following: 1) The nursing task involves no nursing judgment. Judgment involves substantial specialized knowledge derived from biological, behavioral and physical sciences applied to decisions, 2) The UAP skills and competency levels, and 3) The supervision criteria in KSA 65-1165 are evaluated and met.

		A = Allowed within Scope of Practice S = Within Scope of Practice with Supervision C/S = Allowed within Scope of Practice if certified (C), otherwise, RN supervision is required (S). D = Delegated task with RN or LPN supervision X = Cannot perform				Provider = Person w/legal authority to prescribe (e.g. MD, DO, DDS, and ARNP or PA with protocol authority) RN and LPN = Licensed health professionals regulated by Kansas Nurse Practice Act UAP = All other school employees assisting with health services not licensed as a RN or LPN	
Specialized Caretaking	Provider Order Required	RN	LPN	UAP	Self administration	RN Scope of Practice: The delivery of health care services which require assessment, nursing diagnosis, planning, intervention & evaluation. LPN Scope of Practice: The delivery of health care services which are performed under the direction of the RN, licensed physician, or licensed dentist, including observation, intervention, and evaluation. Self administration: As agreed between RN or LPN and parent/provider.	
Prescription Medications: Oral, topical, inhalers, nebulizer and rectal	Yes	A	S	D*	A	*If does not require dosage calculation and nursing care plan denotes route.	
Prescription Medications: Intramuscular	Yes	A	S#	X#	A	# No, unless an emergency medication as specified per an Emergency Action Plan (EAP). RN/LPN supervision.	
Prescription Medications: Through tubes inserted into the body	Yes	A	S	X+	A	+Except a feeding tube inserted directly into the abdomen	
Prescription Medications: Intermittent Positive Pressure Breathing Machines	Yes	A	S	X	A		
Prescription Medications: Intravenous	Yes	A	S**	X	A	**According to LPN IV therapy law	
Over the Counter Medications	*	A	A	A	A	*Individual district policy may vary in requirements and limitations.	
Diabetes Care: Blood glucose monitoring and/or carbohydrate counting and/or subcutaneous insulin administration	Yes	A	S	D	A		
Catheterization	Yes	A	S	D	A		
Ostomy Care	Yes	A	S	D	A		
NG feeding: preparation and/or administrations	Yes	A	S	X	A		
G-tube feedings: preparation and/or administration	Yes	A	S	D	A		
Reinsertion of percutaneous g-tube	Yes	A	S	D	A		
First feeding after reinsertions of g-tube	Yes	A	S	X	A		
Care of skin with damaged integrity	Yes	A	C/S	D	A		
Care of skin with potential for damage	No	A	S	D	A		
Tracheostomy: Care of ostomy, trach and/or suctioning	Yes	A	C/S	D	A		
Tracheostomy: Reinsertion of established	Yes	A	S	X##	A	## No, unless an emergency procedure as specified per an Emergency Action Plan (EAP). RN/Certified LPN supervision.	
Mechanical Ventilation: Management of	Yes	A	C/S	X	A		
Measuring Vital Signs	No	A	S	D	A		
Development of Individualized Health Care Plan & EAP (Emergency Action Plan)	No	A	X	X	X		