



# WASHINGTON STATE NURSES ASSOCIATION

## POSITION PAPER ON ADMINISTRATION OF MEDICATIONS

### **PURPOSE:**

The purpose of this position paper is to outline the Washington State Nurses Association's (WSNA) position on the role of the Registered Nurse in the administration of medications.

### **OVERVIEW AND ISSUES:**

The role of the Registered Nurse (RN) is regulated in Washington State by The Law Relating to Nursing Care (RCW 18.79). The practice of registered nursing relies on substantive knowledge of the biological, psychological, social, health, nursing sciences and the use of the nursing process. RNs function independently when using the nursing sciences and the nursing process. RNs are also able to execute medical regimens under the direction of primary care providers. Administration of medications is one of the many tasks that is considered to be within the role of the RN. RNs use the nursing process and applied sciences to assess clients/patients/residents in order to evaluate the goal of both the medical and nursing plans of care. Medication administration involves a more complex process than the psychomotor skill of administering a particular medication to a patient. It is the entire process from initial assessment and collection of essential information to subsequent evaluation of patient responses, appropriate documentation, and follow-up communication with the health care team as deemed necessary. Critical thinking through the nursing process is core to safe medication administration.

The role of the Licensed Practical Nurse (LPN) is also regulated in WA State by The Law Relating to Nursing Care (RCW 18.79). The role of the LPN is to meet basic needs of patients, provide nursing care in routine situations (not complex situations), and to report outcomes of delegated tasks to the supervising RN. Administration of medications in more stable and predictable situations with supervision, is considered one of the tasks assigned to LPNs in hospitals (acute care settings) and long term care facilities. (3)

The need for this paper is driven by increasing numbers of patients being cared for in settings other than acute or long term care. There have been legislative recommendations to identify expanded duties for unlicensed assistive personnel (UAPs) in such settings. WSNA worked closely with the WA State Nursing Care Quality Assurance Commission (WSNCQAC), the Department of Social and Health Services (DSHS), and the

Department for the Developmentally Disabled (DDD) in the development of rules for nurse delegation in community based settings. In 1995, the WA legislature passed legislation giving nurses the authority to delegate selected nursing tasks in residential care facilities for the developmentally disabled, boarding homes with contracts with DSHS, and adult family homes.

## **DEFINITIONS:**

Registered Nurse delegation: The RN transfers the performance of specific nursing tasks to qualified individuals in selected situations. The RN delegating the task retains the responsibility for the nursing care of the patient.(3)

Routine, regularly scheduled or PRN medications: The components of a legally identified medication regimen for an individual or group of individuals with stable, predictable conditions. These medications are administered on a routine basis or PRN, and do not require drug calculations, determination of need, or dosage conversion. (3)

Stable and predictable condition: A situation in which the client's clinical and behavioral status has been determined through the RNs assessment, to be non-fluctuating and consistent. This includes a terminally ill patient whose deteriorating condition is predictable. The RN delegator determines that the patient does not require the frequent presence and evaluation of a RN. (3)

## **STEPS IN THE ADMINISTRATION OF MEDICATIONS:**

1. Assessment of medication and patient for appropriateness: Review of dosage, indications, side effects, and patient condition.
2. Safe administration of medication to patient to include:  
Five rights of drug administration
  - a) Right Drug
  - b) Right Patient
  - c) Right Dose
  - d) Right Route
  - e) Right Time (6)
3. Evaluation of patient response to medication.
4. Documentation of medication administration and patient response.
5. Appropriate communication of patient response, as needed. (To primary care provider, pharmacist, or other health care providers).

## **RECOMMENDATIONS/ACTIONS:**

WSNA is committed to safe medication administration for patients in all settings.

WSNA Supports that:

- a. Medication administration to patients in all settings is a critical task that involves adequate education and training, clinical oversight and consistent evaluation of outcomes.
- b. Medication administration in acute care and other settings with patients having complex and unpredictable conditions should be limited to licensed nurses, RN and LPN's.
- c. The RN may delegate medication administration to unlicensed assistive personnel (UAP) In settings having patients with stable and predictable conditions.

**REFERENCES:**

1. North Dakota Century Code: Sections 54-07-05-01 through 54-07-05-10, effective 5/01/99.
2. Nebraska Department of Health and Human Services Regulation and Licensure. Title 172. Chapter 95. Regulations Governing the Provisions of Medications by Medication Aides and Other Unlicensed Persons.
3. Nursing Care and Regulation of Health Professions—Uniform Disciplinary Act, WAC 246-840-910-970, October, 2002.
4. Oregon State Board of Nursing—Nurse Practice Act. Division 47: Standards for Registered Nurse Delegation of Nursing Care to Unlicensed Persons.
5. Washington State Nurses Association Position Paper on Registered Nurse Delegation in Community Based Settings, adopted 03/01.
6. Institute for Safe Medication Practices, “The ‘five rights’ April, 1999

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