

## 2014 FAQ's to address the BON Rule Changes:

<p><b>Are residents with NG tubes (nasogastric), allowed to reside in our facility?</b></p>	<p>There is no rule prohibiting residents with an NG tube. The facility RN must assess and be present to administer feedings and medications. This would not be a task that could be delegated, as it requires specialized nursing knowledge.</p> <p style="text-align: right;"><i>(11/7/14)</i></p>
<p><b>Can UAPs be delegated to inject a set dose of insulin or other medications that require being given by injection?</b></p>	<p>The facility RN may decide to delegate administration of medications, if the following criteria are met: 1) The RN physically assesses the resident and determines they are medically stable. 2) The RN determines if the UAPs are competent to be delegated to. 3) If RN determines UAP can be delegated to, then the RN needs to provide written and oral training and have the UAP demonstrate competency of the task. 4) The RN determines the level of supervision required to ensure the delegated task is preformed appropriately. 5) Based on the level of supervision the RN must actively monitor and evaluate the effectiveness of the delegated task.</p> <p style="text-align: right;"><i>(11/7/14)</i></p>
<p><b>Are UAPs allowed to assist residents with their sliding scale insulin dose when the resident is not capable to manage the sliding scale insulin independently?</b></p>	<p>Before deciding to delegate, the facility RN must determine the stability of the resident. The RN must also ensure physician orders for sliding scale insulin are current and accurate, with clearly written parameters of how many units of insulin are to be given according to set blood glucose levels. Once the decision to delegate has been made, the RN must provide written and oral training. Then the RN must have the UAP demonstrate their competency of the task, to the delegating RN. Continuous monitoring is required by the RN to ensure UAPs are appropriately assisting with medication as ordered. The RN also needs to ensure the UAPs are documenting the units given were appropriate for the resident's blood glucose level.</p> <p style="text-align: right;"><i>(11/7/14)</i></p>
<p><b>Are UAPs able to determine a dose of a medication when the physician's order is not a set dose?</b></p>	<p>1) In situations when residents are not cognitively able to request a preferred dose of a medications, such as "1-2 tablets" or "every 2-4 hours" the order must be clarified to a set dose or the nurse must be called by the UAP to determine what dose should be given, as UAPs cannot make assessments.</p> <p>2) When a resident is fully cognizant they may request their preferred dose and time medications are given.</p> <p style="text-align: right;"><i>(11/7/14)</i></p>

<p><b>Are PICC lines allowed in RALFs?</b></p>	<p>The RN must initially and continually assess the PICC line site to rule out any adverse complications, i.e. infections; hematomas and the functionality of the PICC line. The RN must complete the dressing changes as this is a sterile procedure and must stay, from start to finish, of the IV infusion (the nurse cannot start the IV and let UAP disconnect). In addition, the nurse must complete all of the cap changes and maintenance flushes in-between IV administrations. The nurse must also provide training for staff on what to do in an emergency and what to watch for with regard to the PICC line when IV infusion is not in progress and the nurse is not present. Continuous IV therapy is prohibited in RALFs (IDAPA 16.03.22.152.05.b.ii).</p> <p style="text-align: right;"><i>(11/7/14)</i></p>
<p><b>Can a UAP (unlicensed assistive personnel) be delegated to catheterize a resident?</b></p>	<p>Depending on the physician’s order, straight-catherization may or may not be able to be delegated to UAPs. If a resident has a physician’s order for a sterile straight-cath, the nurse would be required to perform the catherization, as the procedure requires nursing knowledge to complete. If the resident has an order for a clean procedure and the resident’s straight-catheter is not new, but has been an on-going treatment, then the facility RN may decide to delegate. If delegation is considered, the facility RN would need to provide appropriate written, oral instructions and parameters when the UAPs should notify the RN. In addition, the RN should train UAPs by practicing the skills on a mannequin before attempting to straight-catheterize a resident. Once the UAP performs the skill and exhibits competency, delegation can occur.</p> <p style="text-align: right;"><i>(11/7/14)</i></p>
<p><b>Irrigating Catheters: Are UAP allowed to irrigate either Foley or supra-pubic catheters?</b></p>	<p>When irrigation of a catheter is considered a clean procedure, the facility RN must ensure the following steps are implemented and the resident is stable, prior to delegating: 1) The physician’s order documents the procedure is clean and includes the type of irrigation solution to be used and the proper amount. 2) Determine the ability of UAPs to perform the task. 3) Provide written and oral instructions and follow up by testing the UAPs competency. 4) Monitor to ensure the procedure is done correctly and there are no adverse outcomes.</p> <p style="text-align: right;"><i>(11/7/14)</i></p>
<p><b>Can a UAP set O2 to the level specified in the physician’s order as long as the nurse has delegated this task?</b></p>	<p>If the order for the oxygen is a set liter flow rate, then the RN can delegate UAPs to set the oxygen flow rate to the prescribed dose. However, UAPs cannot be delegated to assess and determine the flow rate. For example, UAPs cannot determine whether to adjust the flow rate, when an order documents: 2 or 3 liters per minute, PRN or to maintain oxygen levels above 90%.</p> <p style="text-align: right;"><i>(11/7/14)</i></p>

<p><b>Can a UAP be delegated to assist unconscious residents with suppositories?</b></p>	<p>Assistance with suppositories to an unconscious resident can only be delegated when the physician's order is for a scheduled dose. If the order for the suppository is as needed (PRN), the UAP would not be able to be delegated, as an assessment would be required.</p> <p style="text-align: right;"><i>(11/7/14)</i></p>
<p><b>Can a UAP give Liquid morphine to an unconscious hospice resident?</b></p>	<p>Assistance with sublingual medications to an unconscious resident can only be delegated when the physician's order is for a set scheduled dose. If the order for the sublingual medication is titrated or a PRN, the UAPs would not be able to be delegated, as an assessment would be required.</p> <p style="text-align: right;"><i>(11/7/14)</i></p>
<p><b>Who is responsible for administering medications when a hospice resident becomes unresponsive at the end of life?</b></p>	<p>If the physician's medication order is not for a set dose, a licensed nurse must administer the medications. It could be a nurse from the facility or from the hospice agency. The contract between the hospice agency and the facility must specify how it will be handled if a resident becomes unresponsive and thus requires medication administration for titrated or PRN doses. The NSA and the hospice care plan also must specify who is responsible to ensure the residents receive their medications appropriately. UAPs can only assist with set doses. IDAPA 16.03.22.730.03 refers to having copies of contracts with outside service providers</p> <p style="text-align: right;"><i>(11/7/2014)</i></p>

<p><b>Can the family give sublingual meds in a RALF?</b></p>	<p>Families may be allowed to give Sublingual to a hospice patient in RALF on a case by case basis with the following considerations:</p> <ol style="list-style-type: none"> <li>1) A variance to rule 16.03.22.011.08 and 16.03.22.430.05 (medication assistance is required as basic service in RALF) must be obtained from Licensing and Certification. The licensing agency will talk with both AL and Hospice teams, and may talk with the family before making final decision on granting the variance.</li> <li>2) The resident's death is imminent.</li> <li>3) Hospice assumes responsibility for all meds and for training the family, including responsibility for reviewing med orders, ordering, implementing, making certain they are obtained, etc.</li> <li>4) Both the RALF and the hospice agency are responsible if the family fails to administer the medications: Hospice is acting as an outside service, so even though they are responsible for the med regimen as described above, the facility is still responsible to coordinate and monitor outside services. In practice, we would expect to see the RALF nurse monitoring the situation (reviewing the meds, etc. to ensure the services the resident is supposed to be getting are being provided, reviewing hospice notes, care plan, etc). We expect the RALF to know what the condition of the resident is and what services are being provided by who at all times, regardless of who is actually providing the service. In this scenario, we would be giving a variance for the part of the basic service rule that requires the RALF to provide assistance with medications but not to the part that requires the RALF to monitor the meds. Both the RALF NSA and the hospice care plan should clearly identify that the family is administering the medications and describe how this is being done, when, and by which family member(s). The RALF must monitor that family is appropriately giving the medications as ordered, so the resident's pain is well controlled.</li> </ol> <p style="text-align: right;">(11/7/14)</p>
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