

North Dakota Department of Health
Medication Assistant II
Scope of Delegated Medication Administration Statement

Registry Requirements:

- Must hold a current registration on the ND Department of Health Nurse Aide Registry as a Certified Nurse Aide prior to entry into the Medication Assistant II training and competency program,
- Must have completed a medication assistant II training and competency program (study and clinical practice in the administration of routine, regularly scheduled medications which meets the department's requirements), and
- Must hold a current registration on the department's registry as a Medication Assistant II.

Required Licensed Nurse Supervision and Delegation:

- May perform medication administration that has been delegated and supervised by a licensed nurse, consistent with completion of a department approved training program, scope of practice defined by regulation, and facility policies and procedures.
- May not perform medication administration if not under the supervision and delegation of a nurse.

Settings where a Medication Assistant II can be employed to provide delegated medication administration:

- Settings where the licensed nurse is either scheduled regularly or not regularly including Skilled Nursing Facilities, Assisted Living Facilities and Basic Care Facilities, however, none of the settings listed in the next section.
- If considering employment in a setting other than Nursing Facility, Basic Care Facility, or Assisted Living, contact the Department of Health to determine if it is an allowable setting for a Medication Assistant II to work in.

Settings where a Medication Assistant II cannot be employed to provide medication administration:

- Acute Care setting,
- Clinics,
- Home Health Agency setting, and
- Private Home setting.

Medication administration that may be delegated to a Medication Assistant II who is supervised by a nurse include:

- Routine, regularly scheduled medication for individuals or groups of individuals with stable conditions which are administered on a routine basis and do not require determination of need, drug calculation, or dosage conversion.
- A stable patient is a patient the registered nurse has determined to have a predictable, non-fluctuating, and consistent clinical and behavioral status, and may have fluctuations that are expected with planned interventions.

Routine, regularly scheduled medications may be delegated by a licensed nurse to a Medication Assistant II for administration to individuals or groups of individuals with stable, predictable conditions via the following routes according to facility policy and procedures:

- Oral, sublingual, and buccal medications;
- Eye medications;
- Ear medications;
- Nasal medications;
- Rectal medications and enemas;
- Vaginal medications;
- Skin ointments, topical medications, including patches and transdermal medications;
- Metered hand-held inhalants; and
- Unit dose nebulizers.

When specifically delegated by a licensed nurse to a Medication Assistant II for a specific patient with a stable predictable condition, regularly scheduled medications via the additional following routes:

- Gastrostomy;
- Jejunostomy;
- Subcutaneous; and
- Premeasured injectable medication for allergic reactions.

A Medication Assistant II may not administer medications via the following routes:

- Central lines;
- Colostomy;
- Intramuscular injection;
- Intravenous;
- Intravenous lock;

A Medication Assistant II may not administer medications via the following routes (Cont.):

- Intrathecal;
- Nasogastric tube;
- Nonmetered inhaler;
- Intradermal;
- Non-unit dose aerosol or nebulizer; or
- Urethral catheter.

A Medication Assistant II may not administer the following kinds of medications:

- Barium and other diagnostic contrast media;
- Chemotherapeutic agents except oral maintenance chemotherapy; or
- Through any medication pumps, or assume responsibility for medication pumps, including patient-controlled analgesia.

A Medication Assistant II cannot be delegated the decision to administer a pro re nata (PRN) medication in situations where an onsite assessment of the patient is needed prior to administration.

- For example, if a chemical restraint (medication) is needed for a documented emergency or to prevent injury to the resident or others, the chemical restraint must be authorized and documented by a physician for a limited period of time and the chemical restraint must be administered by a licensed nurse or physician.
- Some situations allow administration of PRN medications without directly involving the licensed nurse prior to each administration based on the following:
 - The decision regarding whether an onsite assessment is required is at the discretion of the licensed nurse.
 - Written parameters specific to an individual patient's care must be written by the licensed nurse for use by the Medication Assistant II when an onsite assessment is not required prior to administration of a medication. The written parameters: 1) Supplement the physician's PRN order; and 2) Provide the medication assistant with guidelines that are specific regarding the PRN medication.

A Medication Assistant II, or other individual on the department's registry, may not perform the following acts even if delegated by a licensed nurse:

- Conversion or calculation of medication dosage;
- Assessment of patient need for or response to medications; and

- Nursing judgment regarding the administration of PRN medications.

Specific Delegation of Medication Administration from a licensed nurse to a Medication Assistant II must comply with department regulation and facility policies and procedures. (Please note the four additional routes of medication administration that can be delegated through specific delegation by the licensed nurse.) The delegation must be for the delivery of a specific drug to a specific patient, and include the following steps:

1. The Medication Assistant II must receive a copy of the facility policies and procedures to follow regarding specific delegation.
2. The Medication Assistant II is taught by the licensed nurse for each specific patient's medication administration with both verbal and written instructions (beyond the physician's order). The specific instructions include: a) The medication trade name and generic name; b) The purpose of the medication; c) Signs and symptoms of common side effects, warnings, and precautions; d) Route and frequency of administration; and e) Instructions under which circumstances to contact the licensed nurse or licensed health care provider.
3. The Medication Assistant II must be observed by a licensed nurse administering the medication to the specific patient until competency is demonstrated.
4. Areas the Medication Assistant II must be verified to be competent include: a) Knows the six rights for each medication for the specific patient, including the right patient, right medication, right dosage, right route, right time, and right documentation; b) Knows the name of the medication and common dosage; c) Knows the signs and symptoms of side effects for each medication; d) Knows when to contact the licensed nurse; e) Can administer the medication properly to the patient; and f) Documents medication administration according to organization policy.
5. Documentation that the Medication Assistant II has received the training related to specific delegation of medication administration for each patient must be maintained and updated when further instruction is received as necessary to implement a change.

Regulatory sources:

- NDCC Chapters 23-44 and 50-10.2
- NDAC ARTICLE 33-43
- Link to Applicable Rules:
http://ndhealth.gov/HF/PDF_files/Nurse%20Aide%20Registry/Medication_Rules_10-22-2012.pdf

Effective Date: July 1, 2011