Minnesota Network of Hospice and Palliative Care

Position Statement Summary

Coordination of Hospice Care: Delegation of Medication Administration to Unlicensed Assistive Personnel

Why was this position statement created?

- Hospice patients receive care in a variety of settings by multiple people who have varied training, education and competency.
- Nurses generally have limited knowledge about delegating nursing tasks.
- There has been variation in delegating the task of medication administration from nurse to nurse and hospice program to hospice program.
- Hospice services typically do not include RN onsite training and supervision of UAP in non-hospice provider settings that ensures competency for safe medication administration.

What does the position statement say?

- MNHPC recognizes the expanded role of UAP in medication administration as a valuable resource to the Hospice RN.
- When a hospice patient is receiving care from a non-hospice provider, the Registered Nurse employed by the non-hospice provider is the professional who delegates the task of medication administration to the UAP. The Registered Nurse employed by the non-hospice providers is responsible to competency test and directly supervise the UAP.
- The Hospice Registered Nurse must not delegate medication administration to the UAP in non-hospice provider settings since the RN is unable to directly supervise, proficiently assess and document UAP competency for this task.

What was used to provide guidance in the creation of this position statement?

- Minnesota Licensure Rules: Home Health Aide
- Minnesota Nurse Practice Act
- American Nurses Association (ANA) position statement: Registered Nurses Utilization of Nursing Assistive Personnel in All Settings
- ANA and National Council of State Boards of Nursing (NCSBN) Joint Statement on Delegation

Who does this apply to?

- Any providers of care to hospice patients.
Was this position paper created because of a negative patient outcome?

- No. The MNHPC Standards of Practice committee created this position paper proactively with the goal to avoid negative patient outcomes...What follows is a fictional negative patient outcome that may be helpful for staff education.

Mrs. Jones is a 90 year old woman who has lived in an assisted living facility for the past 5 years. She has no family. She was recently diagnosed with pancreatic cancer and has enrolled in hospice. She is experiencing pain which is fairly well controlled on Methadone 5 mg twice a day. She has a breakthrough pain medicine order for Morphine 10mg every hour orally as needed for pain. At 2am Mrs. Jones calls the assisted living aide and tells the aide that she is experiencing pain and would like some additional pain medicine. The assisted living facility aide calls the hospice nurse who instructs the aide to administer 10mg of Morphine and to call back if Mrs. Jones pain has not improved in 45 minutes or sooner if Mrs. Jones pain worsens. The aide heard the hospice nurse say to administer 10mg. The aide administers 200mg of Morphine rather than the ordered and instructed 10mg. Mrs. Jones dies at 6am.

- Who is responsible for the premature death of Mrs. Jones?
- How does Mrs. Jones’ death impact the hospice and assisted living nurse licenses?
- How does Mrs. Jones’ death impact the UAP who gave Mrs. Jones 200mg of Morphine?
- What could have been done to avoid this unfortunate patient outcome?

Where is the entire position paper found?

- www.mnhpc.org

Who can you contact if you have questions about this position paper?

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