

Long-Term Care Community Nursing Delegated Procedures and Taught Procedures

Updated: Feb. 5, 2026

Table of Contents

Introduction	1
Delegation process.....	2
Common delegated nursing procedures	3
Procedures that cannot be delegated	4
Common taught processes	5
Licensed Practical Nurse (LPN) practice limitations	8

Introduction

The purpose of this tool is to provide guidelines for nursing procedures performed by caregivers in in home care settings (Consumer-Employed Provider Program) and in adult foster home care settings, also known as delegation.

Per Oregon Administrative Rule (OAR) [851-006-0011\(16\)](#) “Delegation process” means the process used by an RN in a community-based setting to delegate the performance of a plan of care nursing procedure to an unregulated assistive person per [OAR Chapter 851 Division 47](#).

The term “unregulated assistive person (UAP)” means the practice team member who position or job within an organization does not require licensure or certification by a state of Oregon health related licensing agency. The UAP includes but is not limited to, the person

working as a medical assistance, certified medical assistance, registered medical assistance, homecare worker, emergency department technician, labor and delivery technician, direct care staff, direct support professional, traditional health worker or volunteer, more commonly known as a caregiver, Home Care Workers (HCW) are caregivers that work in individual's own home.

A Certified Nursing Assistance (CNA), for the purpose of Division 047 is considered a caregiver regardless of the CNA's role, if the CNA is asked to perform a nursing procedure, that procedure must be delegated unless they are a family member. Family members do not require delegation; however, the Long-Term Care Community Nurse (LTCCN) may need to teach the family member(s) how to properly perform the nursing procedure. Family members may be delegated in the event they are employed by an agency that requires staff to be delegated regardless of their relationship with the individuals.

Delegation process

The delegation process includes:

- The RN's nursing assessment of the individual.
- Determination that the environment is safe and results of performing the nursing procedure are reasonably predictable and safe.
- Evaluation of the ability and willingness of the caregiver to perform the nursing procedure.
- Teaching the caregiver which includes:
 - Reason for the procedure.
 - Performance of the procedure.
 - Infection control practices
 - Potential side effects/adverse reactions.
 - Observations to note and actions to take in response
 - How and what to document.

- Providing documented step-by-step instructions which include all the above.
- Updating the care plan to reflect the delegation.
- Providing periodic inspections and evaluation of the delegation at intervals determined by the RN's clinical judgement and within maximum authorization period timelines.
 - Within 90 days of initial delegation; and
 - 180 days thereafter.
- Delegating nursing procedures and taught procedures should be reflected in the client's care plan. This is a requirement for the RN. The care plan must identify the nursing procedure to be completed, implementation responsibilities, timelines, documentation requirements and estimated number of units the client will need for the service period.
- If there are multiple components to a procedure that includes nursing components and components that can be taught, the RN does not need to create separate documents; however, the care plan must clearly identify what components are completed by the caregivers and what components are completed by the RN. Additionally, documentation must clearly describe what was delegated and what was taught. The step-by-step instructions must include all steps for all nursing procedure components, including infection control measures, what actions to take if the caregiver observes side effects and when to call 911.

Common delegated nursing procedures

There is no "list" of nursing procedures that can be delegated. The RN is responsible for determining if a procedure or medical order needed by the client is a nursing procedure. Then the RN determines if it is safe to delegate the nursing procedure. However, there are some nursing procedures that are commonly seen delegated in ODHS' community settings.

Delegation requires the RN to provide written step-by-step instruction on the performance of a nursing procedure. Per OAR [851-047-0050\(c\)](#), the RN must instruct and ensure the caregiver is adhering to the documented instructions.

- Subcutaneous injections such as insulin, heparin, B12 shots or growth hormones.
 - This includes the use of subcutaneous needles or injection pens.
- Intramuscular injections (IM) used to treat chronic ongoing health conditions.
- Jejunostomy or gastrostomy tubes:
 - This includes administering food, fluids, medication or flushing.
 - Nasogastric tubes should not be used in community-based settings due to the risk involved and the need to assess placement each time anything is administered through the tube.
 - Use of a nasogastric tube may occur when Hospice or Home Health is involved, however Hospice and Home Health RN must manage the nasogastric tube.
- Blood glucose (CBG) testing only needs to be delegated if the individual receives insulin administration. It is not a separate delegation but is included in the delegation of insulin injections.
 - CBG testing for an individual without insulin is taught and not delegated.
- Peritoneal Dialysis, also known as home dialysis.
- Deep suctioning may be delegated but only in community settings that manage ventilator care with staff who have additional specialized training.
- Routine trach care and oral suctioning may be delegated in a community setting.
- Intermittent straight urinary catheterization delegating the replacement of an indwelling Foley catheter is at the discretion of the RN.
- Manual stimulation.
 - The RN may decide the administration of an enema should be delegated.

Procedures that cannot be delegated

There are some procedures that cannot be delegated:

- Assessment required before, during or after the procedure is performed.
- Intravenous (IV) medication/fluid administration can only be delegated if the RN is an employee of Home Health or Hospice. The OARs allow IV's to be administered in the setting, and the IV is safe to delegate. Administration of IVs by Home Health or Hospice is limited to the treatment for ongoing chronic conditions or the treatment of an infection.
 - IVs include:
 - Implanted ports (neck, chest or arm) to administer medication/fluids.
 - All flushing solutions, bags of fluid and doses of medication must be pharmacy dispensed.
 - Site dressing change may be taught by the RN.
- Venipuncture or discontinuation of an IV access device.
- Medications administered for life saving emergencies (formally anticipatory emergencies) cannot be delegated but are taught.
 - Medications that are considered life-saving emergency drugs are specifically identified in statute and are limited to:
 - Glucagon for low blood sugar.
 - Epi-pens for severe allergic reactions.
 - Medications used for adrenal crisis.
 - The individual's physician, hospital staff or the pharmacist can also provide teaching if step-by-step instructions are provided.

Common taught processes

Procedures ordered for an individual that are not nursing procedures may require an RN to teach caregivers how to safely perform them. Taught procedures require the RN to provide step-by-step written instructions for the caregiver to reference.

- Non-injectable medications:
 - Such as oral, sublingual, topical, eye, ear or nose, suppositories (rectal and vaginal) and inhalants including breathing treatments. If oral medications are administered through a jejunostomy or gastrostomy tubes the process of administering the oral medications through the tube is delegated.
- Dressing changes:
 - Dressing changes in some cases can be taught to the caregiver if no wound assessment is needed. Wound management is not the same as a dressing change and requires a nursing assessment and cannot be delegated.
- CBG testing:
 - Delegation is not required if the individual is not using insulin. If the individual is using insulin the CBG testing must be included in the delegation process for insulin injections. There does not need to be a separate delegation for CBG testing and can be included in the delegation for insulin injections.
- A1C testing:
 - Is used to evaluate the overall success of diabetic management over time and is not used to adjust insulin on a routine basis. Results of A1C testing must be communicated to the individual's provider.
- PT/INR testing (international normalized ration):
 - The expectation is the results are reported to the prescriber immediately.
- Catheter care:
 - Excludes catheter change or straight catheterization.

- Nighttime use of CPAP:
 - Placement and monitoring of CPAP or cannula and ensuring the mask is maintained during sleeping, cleaning of tubing and equipment.
 - Excludes oral suctioning.
- Ventilator care in accordance with the prescriber's written parameters:
 - A respiratory therapist may write parameters to support the prescriber's orders. This includes:
 - Changing ventilator tubing and connections.
 - Monitoring and changing ventilator settings (oxygen level, positive end expiratory).
 - Pressure, peak flow and/or intermittent mandatory ventilation.
- Oxygen administration:
 - Is given during regular intervals and with daily unplanned changes.
 - Oxygen administration requires a prescriber's order, which includes oxygen flow and method of administration.
 - Medical orders should also contain parameters regarding any changes based on saturation levels or physical symptoms such as shortness of breath or breathing difficulties.
- Pulse oximeter:
 - Placement and monitoring oxygen saturation levels.
 - Adjusting the oxygen as necessary to keep within acceptable parameters established by the prescriber.
- Apnea monitoring:

- Is used after oxygen desaturation or episodes of apnea or respiratory distress have occurred.
- Routine vital sign:
 - Monitoring for such things as blood pressure, pulse, heart rate, respiration, oxygen saturation or weights.

Licensed Practical Nurse (LPN) practice limitations

LPNs cannot be delegated by a RN. Delegation is a nursing procedure taught to an unregulated person. An LPN is not unregulated, they carry their own license regulated by Oregon's state board of nursing.

LPNs do not have independent practice authority and cannot provide nursing care or services unless they are supervised by an RN that has a formal legal relationship with the LPN and the RN has authorized the nursing service portions of the individual's care plan. A legal formal relationship means the RN and LPN must be employed by the same employer or the RN has a contract outlining the RN's role including supervision of the LPN practice. A LTCCN's role does not meet the requirement of a formal legal relationship with an LPN.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact ODHS at apd.ltss@odhsoha.oregon.gov or 503-945-5811 (voice/text). We accept all relay calls.



Aging and People with Disabilities

Medicaid Services and Supports

500 Summer St. NE, E10

Salem OR 97301-1076

Phone number: 503-945-5811

odhs.info@odhs.oregon.gov

<https://www.oregon.gov/odhs/pages/default.aspx>