

Prioritization and Delegation

The two skills behind most "who do you see first" and "which task can you delegate" questions.

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Who first: the ladder

Work down the list. The first rung that separates the choices gives you your answer.

- 1 Immediate threat to life**
Airway, then breathing, then circulation. A blocked airway beats low blood pressure.
- 2 Unstable before stable**
A change from baseline, a new symptom, or a result outside the expected range comes before a client who is doing as expected.
- 3 Acute before chronic**
A new problem beats a long-standing one the client is used to.
- 4 Actual before potential**
A problem happening now beats a risk that might happen.
- 5 Safety**
Falls, suicide risk, violence, infection, and medication errors.
- 6 Maslow's hierarchy**
Physical needs, then safety, then love and belonging, esteem, and self-actualization.

Common traps

- **Expected findings aren't priorities.** Some drainage after surgery, or pain at an incision, is usually expected. A sudden change is not.
- **Assess before you act,** unless the question shows a clear emergency that needs action now.
- **Don't leave to get help** when the client needs you there. Call for help and stay.
- **Least restrictive first.** Try other measures before restraints.

The five rights of delegation

From the 2019 National Guidelines for Nursing Delegation, published jointly by NCSBN and the ANA.

Right	What it means
Right task	The activity is in the delegatee's job description or your facility's written policies and procedures.
Right circumstance	The client is stable. If the client's condition changes, the delegatee tells you and you reassess.
Right person	The delegatee has the skills and knowledge to do it.
Right directions and communication	You give specific instructions for this client and task. The delegatee can ask questions and must agree to accept the task.
Right supervision and evaluation	You monitor, follow up when it's done, evaluate the client's outcome, and are ready to step in.

Never delegated

The 2019 guidelines are clear: clinical reasoning, nursing judgment, and critical decision making can't be delegated. On the NCLEX, that means the RN keeps:

- Assessment, including the initial assessment and assessing a change
- Care planning
- Teaching new information
- Evaluating outcomes
- Care of unstable or unpredictable clients

Delegation versus assignment: under the 2019 guidelines, *assignment* is giving routine care that is already within someone's scope or job. *Delegation* is letting someone perform a specific nursing activity that is beyond their usual role. Either way, you stay accountable for the care.

Who can do what

Scope is set by each state's nurse practice act and by facility policy, so the details vary. These are the patterns the NCLEX tests.

Team member	Usually appropriate	Usually not
Assistive personnel (AP, UAP, CNA)	Vital signs on stable clients; bathing, feeding, toileting, and ambulating; intake and output; collecting specimens; turning and positioning	Assessment, teaching, medications, judging whether a finding is normal, care of unstable clients
LPN/VN	Care of stable clients with predictable outcomes; many medications, as allowed by state law and policy; reinforcing teaching the RN started; data collection	Initial assessment, care planning, new teaching, unstable clients, and tasks your state reserves for RNs
RN	Assessment; planning; teaching; evaluation; new admissions and unstable clients; clients receiving blood or high-alert drugs	Delegating any of the RN-only items above

Test-taking tips

- Give the most stable, predictable client to the least-trained team member.
- If a task needs a judgment about whether something is normal, it stays with the RN.
- Teaching that reinforces what the RN already taught can go to the LPN/VN. New teaching stays with the RN.
- When a client becomes unstable, the RN takes over.

Sources

1. NCSBN and American Nurses Association. National Guidelines for Nursing Delegation (2019).
2. NCSBN. NCLEX-RN Test Plan: Management of Care.
3. Your state's nurse practice act and board of nursing rules on scope of practice.

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