



The Role of Nursing Assistive Personnel in the Rehabilitation Setting

An ARN Position Statement

Nursing Assistive Personnel

It is recognized that nursing assistive personnel (NAP) make a significant contribution to the care and welfare of patients in a variety of clinical settings, including rehabilitation. It is the American Nurses Association's (ANA) belief that "the utilization of NAPs in the provision of specific aspects of direct and indirect patient care, as the result of delegation and direction by a registered nurse (RN) in accordance with state nurse practice acts, is an appropriate, safe, and resource-efficient method of providing nursing care." (ANA, 2007, Position Statement). The Center for American Nurses (2006) position statement, *Registered Nurse Utilization of Nursing Assistive Personnel*, recognizes that NAPs provide "support services which are required for the provision of quality patient care, as health care changes and the registered nurse shortages demand adaptations in the manner care is provided...".

The Association of Rehabilitation Nurses (ARN) further supports the ANA position, finding that utilization of NAPs (formerly known as unlicensed assistive personnel) is necessary for the registered rehabilitation nurse "to achieve the goal of assisting individuals in the restoration and maintenance of maximal physical, psychosocial, and spiritual health" (ARN, 1994, p.1).

Recommended Qualifications

- High school diploma or equivalent
- Nurse's aide training certificate or a minimum of 4 weeks of documented on-the-job training
- Completion of a basic cardiopulmonary resuscitation course
- Demonstrated initial and ongoing task competencies based on training, skills, and abilities

Scope of Care

According to the International Council of Nurses' (ICN) position statement, *Assistive or Support Nursing Personnel*, "the delegation of nursing care and the supervision of assistive nursing personnel is the responsibility of nurses" and "the role, preparation, standards, and practice of assistive nursing personnel must be defined, monitored, and directed by registered nurses" (ICN, 2000, p. 1). This responsibility is based on the nursing scope and standard of practice prescribed by the individual state nurse practice acts and regulations.

In settings or states where the job responsibilities for NAPs is subject to state regulation, the tasks delegated by the RN shall not exceed any restrictions set forth by the state. The delegation of tasks should be assigned based on The Five Rights of Delegation – right task, right circumstances, right person, right directions and communication, and the right supervision and evaluation (National Council of State Boards of Nursing, 1997).

All care provided by NAPs should be delegated and supervised by an RN and based on a patient's written plan of care and the NAPs demonstrated level of competency. The tasks that may be delegated to the NAP can be divided into two categories—a basic and a secondary skill set. The basic skills consist of those tasks that support a patient's activities of daily living, hygiene, and nutrition as well as those tasks that support professional nursing assessments. The secondary skills consist of those tasks that require additional training and demonstration of competence prior to being performed by the NAP.

Basic Skill Set

- Obtaining and documenting vital signs, including temperature, pulse, respirations, and blood pressure and pain level (and notifying the professional nurse when these values are outside of established parameters)

- Bathing and grooming
- Feeding and assisting with nutritional intake, including following dietary restrictions and aspiration precautions
- Mobility assistance including ambulation, transfers, positioning, range of motion, and positioning precautions
- Monitoring and documenting input and output
- Applying external catheters and maintaining and cleaning urinary drainage bags
- Displaying behavioral management skills, including positive reinforcement and adherence to behavior management program structure
- Applying prescribed orthotics, prosthetics, and other mobility devices
- Following established infection control and safety measures
- Notifying professions of any changes in clinical or functional status as appropriate
- Observing patient behaviors and reporting observations to the registered nurse
- Assisting in socialization activities and reporting the level of patient participation to the registered nurse
- Performing other assigned duties or tasks within the state's legal parameters

Secondary Skill Set

- Inserting and removing indwelling and intermittent catheters
- Performing tube feedings
- Performing digital stimulation and bowel programs
- Performing simple dressing changes
- Performing point of care testing
- Obtaining pulse oximetry, electrocardiograms, and bladder scans and other clinical measurements

Setting

Care can be provided by NAPs under the supervision of an RN in institutional, residential, outpatient, and community settings. These settings include, but are not limited to, acute care facilities, rehabilitation facilities, skilled nursing facilities, or nursing homes, residential facilities, day care agencies, or private residences.

References

American Nurses Association. (1992, November). *Position statement on registered registered nurse utilization of unlicensed assistive personnel*. Washington, DC: Author.

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