In the event of Surge staffing, there are responsibilities that our Nursing Team could/should delegate. Break-down below is for ICU. Additionally, take into consideration those daily routines that can go to every other day or so (example bathing). Basic principles of communication stand, including the use of SBAR communication style in order to handover any of the following responsibilities:

Delegation of patient care to non-ICU RN:

1. Bathing – foley care
2. Tube feeding with OG feeding residual checks
3. Outputs
4. Dressing changes
5. 1:1 feeds
6. Responding to call lights
7. Scheduled Oral or meds down a tube
8. Pain medication or non-pharmacological pain intervention
9. Mobility - walking patients, turns
10. Toileting assistance
11. Assist with transporting to procedure
12. Glucose checks
13. Stocking
14. Straight Cath, bladder scan, change out condom Caths
15. 12-leads
16. IV pump alarms with caution
17. Admission, discharges
18. Transfer to other units
19. Oversight and review of other lab results
20. Oral care for vent patients could be done by RT during vent checks
Delegation of patient care to PCA/PCT or other non-licensed staff:

Everything above except

1. Medication administration
2. Application of 12-lead EKG
3. IV pumps,
4. Dressing changes,
5. Straight Cath
6. Admission & discharge

Possible reduction of documentations during crisis time:

Documentation of patient education, care plans, and interventions that not required for clinical decision making (e.g. hygiene, turns, etc.).

** Documentation reduction plan coming soon.