



Can I Delegate This?

The Nurse's Quick Decision Tree for Safe and Effective
Delegation

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Introduction

Delegation is one of the most important skills in nursing. It helps teams work efficiently, supports patient care, and allows the nurse to focus on tasks that require clinical judgment. But delegation must always be done carefully.

Many nurses ask the same question during a busy shift: “Can I delegate this?”

That question matters because safe delegation is not just about saving time. It is about protecting the patient, supporting the team, and making sure the right person is doing the right task at the right time. This eBook was created to make delegation easier to understand. Instead of overcomplicating the process, it gives you a simple decision tree and practical reminders you can use in real life. Whether you are a new nurse, a charge nurse, or someone who wants a refresher, this guide is designed to help you think through delegation step by step.

The goal is not to replace your judgment. The goal is to support it.

WHAT DELEGATION MEANS IN NURSING

DELEGATION IS THE PROCESS OF ASSIGNING A TASK TO ANOTHER PERSON WHILE REMAINING RESPONSIBLE FOR THE OVERALL OUTCOME OF CARE. IN NURSING, THIS MEANS THE NURSE DECIDES WHETHER A TASK CAN BE SAFELY PERFORMED BY SOMEONE ELSE BASED ON THE PATIENT'S CONDITION, THE TASK ITSELF, AND THE SKILL LEVEL OF THE PERSON RECEIVING THE TASK.

DELEGATION IS NOT THE SAME AS AVOIDING RESPONSIBILITY. THE NURSE STILL HAS A ROLE IN CHOOSING THE TASK, PROVIDING CLEAR DIRECTIONS, AND FOLLOWING UP AFTERWARD.

DELEGATION IS:

ASSIGNING AN APPROPRIATE TASK
MATCHING THE TASK TO THE RIGHT PERSON
GIVING CLEAR INSTRUCTIONS
CHECKING THE OUTCOME

DELEGATION IS NOT:

GUESSING
HANDING OFF UNSAFE RESPONSIBILITIES
ASSUMING SOMEONE KNOWS WHAT TO DO
IGNORING FOLLOW-UP

SAFE DELEGATION HELPS THE WHOLE CARE TEAM WORK BETTER.
UNSAFE DELEGATION CAN CREATE CONFUSION, DELAY CARE, AND
PUT PATIENTS AT RISK.

WHEN DELEGATION IS APPROPRIATE

NOT EVERY TASK SHOULD BE DELEGATED. BEFORE ASSIGNING ANYTHING, THE NURSE SHOULD THINK ABOUT THE PATIENT, THE TASK, AND THE PERSON RECEIVING THE TASK.

DELEGATION IS GENERALLY MORE APPROPRIATE WHEN:

- THE PATIENT IS STABLE
- THE TASK IS ROUTINE AND PREDICTABLE
- THE TASK DOES NOT REQUIRE INDEPENDENT NURSING JUDGMENT
- THE PERSON RECEIVING THE TASK IS TRAINED AND COMPETENT
- CLEAR FOLLOW-UP CAN HAPPEN

DELEGATION MAY NOT BE APPROPRIATE WHEN:

- THE PATIENT IS UNSTABLE
- THE SITUATION IS CHANGING QUICKLY
- THE TASK REQUIRES ASSESSMENT OR JUDGMENT
- THE PERSON IS NOT TRAINED OR CONFIDENT
- THE OUTCOME MUST BE CLOSELY MONITORED BY THE NURSE

A HELPFUL WAY TO THINK ABOUT DELEGATION IS THIS:

IF THE TASK NEEDS NURSING JUDGMENT, IT SHOULD USUALLY STAY WITH THE NURSE.

The Delegation Decision Tree

STEP 1: IS THE PATIENT STABLE?

IF THE PATIENT IS UNSTABLE, THE TASK SHOULD USUALLY NOT BE DELEGATED. A CHANGING OR UNPREDICTABLE CONDITION REQUIRES CLOSER NURSING OVERSIGHT.

STEP 2: IS THE TASK ROUTINE AND PREDICTABLE?

IF THE TASK IS BASIC, REPETITIVE, AND EXPECTED, IT MAY BE APPROPRIATE TO DELEGATE. IF IT REQUIRES COMPLEX THINKING OR NURSING ASSESSMENT, DO NOT DELEGATE IT.

STEP 3: IS THE TASK ALLOWED BY POLICY AND SCOPE?

ALWAYS FOLLOW YOUR EMPLOYER POLICY, STATE GUIDANCE, AND ROLE EXPECTATIONS. IF THE TASK IS OUTSIDE POLICY OR SCOPE, IT SHOULD NOT BE DELEGATED.

STEP 4: IS THIS THE RIGHT PERSON?
THE PERSON RECEIVING THE TASK SHOULD BE COMPETENT, AVAILABLE, AND ABLE TO COMPLETE IT SAFELY.

STEP 5: DID I GIVE CLEAR DIRECTIONS?
INSTRUCTIONS SHOULD BE SPECIFIC. THE DELEGATEE SHOULD KNOW EXACTLY WHAT TO DO, WHEN TO DO IT, AND WHAT TO REPORT BACK.

The Delegation Decision Tree

STEP 6: WILL I SUPERVISE
AND FOLLOW UP?
DELEGATION DOES NOT
END ONCE THE TASK IS
GIVEN. THE NURSE
SHOULD CHECK THE
RESULT AND RESPOND IF
SOMETHING CHANGES.



QUICK DECISION RULE
IF YOU ANSWER NO TO ANY
OF THESE QUESTIONS,
PAUSE AND REASSESS
BEFORE DELEGATING.

The Five Rights of Delegation

A simple way to remember safe delegation is to use the Five Rights.

1. Right Task

The task should be appropriate to delegate. It should be routine, low-risk, and within the expected responsibilities of the person receiving it.

2. Right Circumstance

The patient situation must be appropriate. A stable patient in a predictable situation is usually more suitable for delegation than a patient whose condition is rapidly changing.

3. Right Person

The person receiving the task must have the proper training, skill, and confidence to complete it safely. The nurse should not assume competence without checking.

4. Right Direction / Communication

Instructions must be clear, complete, and specific. The delegatee should know what to do, when to do it, and what to report if there is a concern.

5. Right Supervision / Evaluation

The nurse must provide the proper level of oversight and follow up on the task. If the task is not completed correctly or the patient changes, the nurse should intervene.

The Five Rights are simple, but they are powerful. They help nurses slow down, think clearly, and make safer decisions.

Common Delegation Mistakes

Even experienced nurses can make delegation mistakes when the shift is busy or the workload is heavy.

Mistake 1: Delegating too quickly

Sometimes nurses delegate before fully thinking through the patient situation. This can lead to unsafe task assignment.

Mistake 2: Giving vague instructions

If directions are unclear, the delegatee may not know exactly what is expected. This increases the chance of errors.

Mistake 3: Assuming competence

Just because someone has done a task before does not always mean they are ready to do it safely today.

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Mistake 4: Forgetting to follow up

Delegation includes supervision. If the nurse does not check back, problems may be missed.

Mistake 5: Delegating tasks that need judgment

Tasks involving assessment, interpretation, or clinical decision-making should usually remain with the nurse.

Avoiding these mistakes improves patient s

Quick Clinical Scenarios

Below are a few examples to help you think through delegation in practice.

SCENARIO 1: STABLE PATIENT, ROUTINE TASK
A PATIENT IS STABLE AND NEEDS ROUTINE VITAL SIGNS. THE TASK IS PREDICTABLE AND THE STAFF MEMBER IS TRAINED.

DECISION: THIS MAY BE APPROPRIATE TO DELEGATE, WITH CLEAR INSTRUCTIONS AND FOLLOW-UP.

SCENARIO 2: CHANGING PATIENT CONDITION
A PATIENT'S STATUS IS CHANGING, AND THE NURSE NEEDS TO ASSESS SYMPTOMS MORE CLOSELY.
DECISION: THIS SHOULD NOT BE DELEGATED BECAUSE IT REQUIRES NURSING JUDGMENT.

SCENARIO 5: PATIENT NEEDS TEACHING
THE PATIENT HAS QUESTIONS THAT REQUIRE EDUCATION AND EXPLANATION.
DECISION: TEACHING SHOULD STAY WITH THE NURSE UNLESS POLICY CLEARLY PERMITS OTHERWISE.

THESE EXAMPLES SHOW A COMMON PATTERN:
STABLE PATIENT + ROUTINE TASK + COMPETENT PERSON + CLEAR COMMUNICATION = SAFER DELEGATION.

SCENARIO 3: NO STAFF MEMBER
A TASK IS USUALLY DELEGATED, BUT THE PERSON ASSIGNED IS NEW AND HAS NOT BEEN TRAINED.
DECISION: DO NOT DELEGATE UNTIL COMPETENCE IS CONFIRMED.

SCENARIO 4: CLEAR, ROUTINE CARE
A PREDICTABLE, NON-COMPLEX TASK IS ASSIGNED TO A QUALIFIED TEAM MEMBER WITH PROPER INSTRUCTIONS.
DECISION: THIS MAY BE APPROPRIATE IF SUPERVISION IS AVAILABLE.

Red Flags: When Not to Delegate
Stop and reassess if you notice any of these red flags:

01

The patient is unstable

02

The task is new
or complex

03

The delegatee is
unsure

04

The delegatee
does not have the
skill or time

05

The task requires
assessment

06

The task
requires
teaching or
evaluation

07

The instructions
are not clear

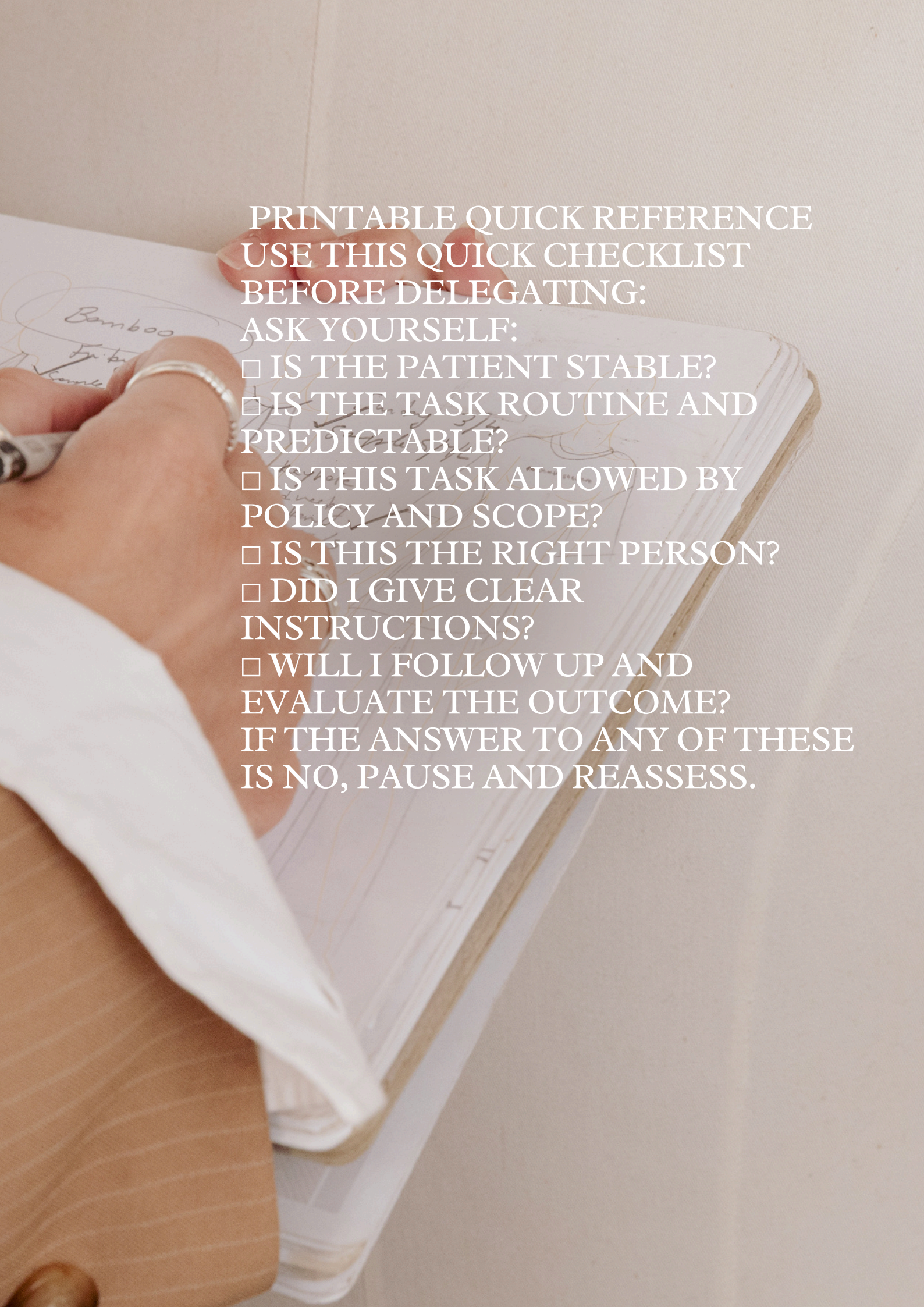
08

The outcome must
be monitored
closely

09

The situation is
outside policy or
scope

If one or more red flags are present, the safest choice is often to keep the task with the nurse.

A close-up photograph of a person's hand holding a pen, poised to write on a lined notebook. The hand is adorned with a silver ring. The notebook has some handwritten notes, including the word 'Bamboo'. Overlaid on the right side of the image is a white text box containing a checklist for delegating tasks. The background is a plain, light-colored surface.

PRINTABLE QUICK REFERENCE
USE THIS QUICK CHECKLIST
BEFORE DELEGATING:

ASK YOURSELF:

- ☐ IS THE PATIENT STABLE?
 - ☐ IS THE TASK ROUTINE AND PREDICTABLE?
 - ☐ IS THIS TASK ALLOWED BY POLICY AND SCOPE?
 - ☐ IS THIS THE RIGHT PERSON?
 - ☐ DID I GIVE CLEAR INSTRUCTIONS?
 - ☐ WILL I FOLLOW UP AND EVALUATE THE OUTCOME?
- IF THE ANSWER TO ANY OF THESE IS NO, PAUSE AND REASSESS.

FINAL THOUGHTS

Safe delegation is a skill that grows with practice. The more you use a clear process, the easier it becomes to make confident decisions.

Remember:

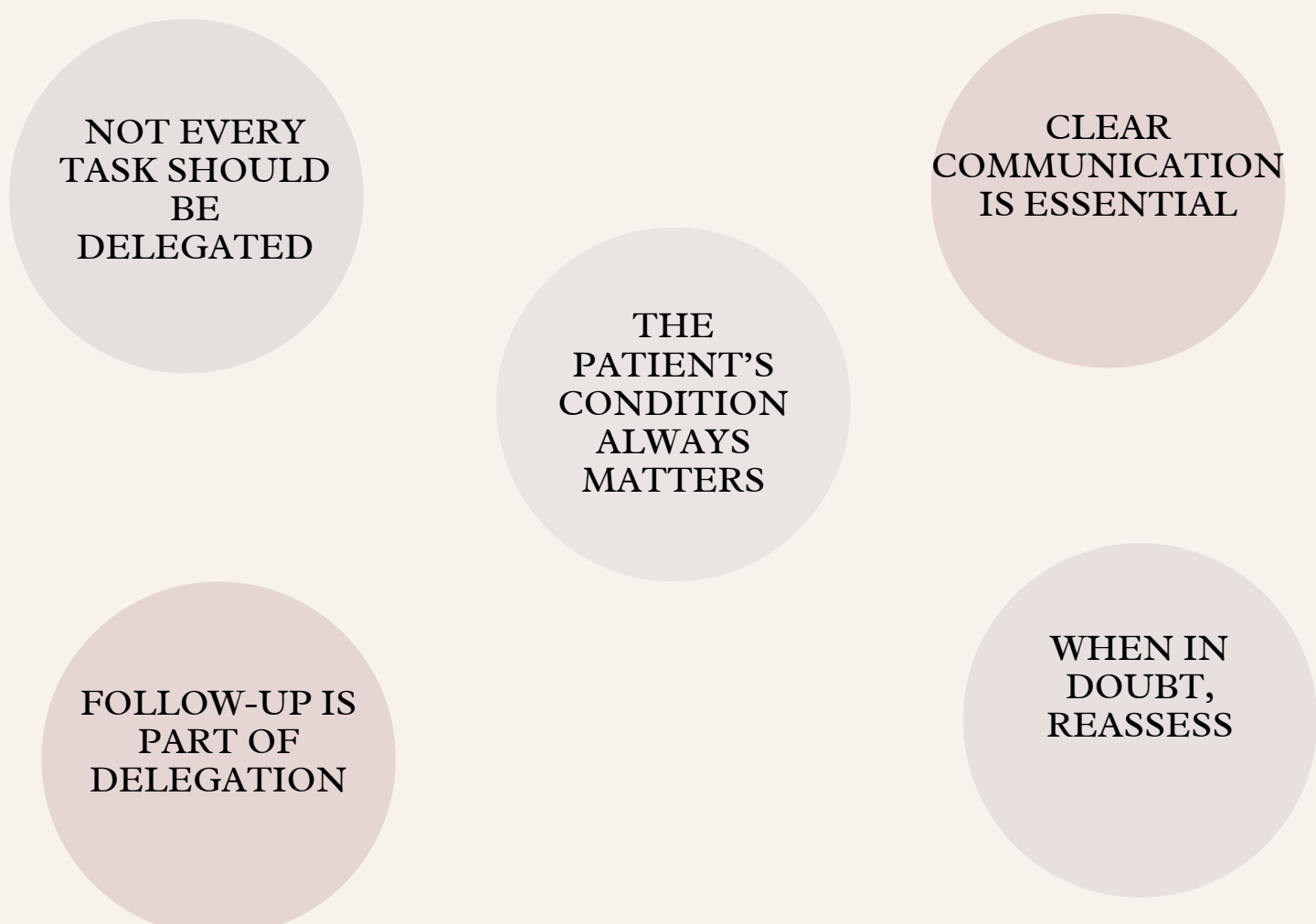


Diagram description: Five circles are arranged in a pentagonal pattern. The top-left circle is light purple and contains the text 'NOT EVERY TASK SHOULD BE DELEGATED'. The top-right circle is light pink and contains 'CLEAR COMMUNICATION IS ESSENTIAL'. The center circle is light purple and contains 'THE PATIENT'S CONDITION ALWAYS MATTERS'. The bottom-left circle is light pink and contains 'FOLLOW-UP IS PART OF DELEGATION'. The bottom-right circle is light purple and contains 'WHEN IN DOUBT, REASSESS'.

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Closing Disclaimer

This eBook is for educational and informational purposes only and does not replace clinical judgment, employer policy, or state-specific nursing regulations. Delegation rules vary by state, workplace, patient condition, and staff competency. Always confirm requirements with your board of nursing, facility policies, and clinical leadership before use. No specific outcome is promised, and safe delegation always depends on the individual situation.

