

CNA/PCP Tasks Chart				
Task	Suggested Documentation for Assignment and visit note:	CNA/Skilled (NOT allowed for PCP)	PCP Non-Skilled (Allowed for PCP)	Delegation
Safe transfer techniques and ambulation Ambulation Assistance: Use of crutch, walker, cane, gait belts, wheelchair (W/C), braces	Frequency of ambulation, distance limitations, any assistive device needed, and other safety precautions	<p>Considered skilled when:</p> <ol style="list-style-type: none"> Skilled transfers are required with the ambulation Mechanical lift device is used Patient has poor balance, is in a weakened state and/or has a high risk for falls Patient still being trained in initial use of adaptive equipment Observation and reporting to nurse when patient has a new cast is needed Skilled skin care is needed 	<p>Non-skilled when:</p> <ol style="list-style-type: none"> Patient is fully trained with adaptive equipment Skilled transfer is NOT required Patient does NOT have any cast or need for special skin care Patient generally independent and needs only stand-by assistance or assistance with a gait belt 	
<p>Transfer of patient: Weight bearing and non-weight bearing, may include accompanying patient/resident from their place of “residence”</p> <p>Accompanying patient outside of residence (home or facility)</p>	Frequency, method of transfer to use, any assistive device needed, and any special safety precautions	<p>Considered skilled when:</p> <ol style="list-style-type: none"> Patient unable to assist with transfer Mechanical lift device is used Patient has poor balance, is in a weakened state and/or has a high risk for falls Patient still being trained in initial use of adaptive equipment Need for skilled skin care <p>May include use of a transfer belt or gait belt to assist, transfer from bed to chair (and back) from a bed to a stretcher (and back), use of a mechanical lift such as a Hoyer lift, transfer into and out of bathing areas (i.e. shower/tub) transferring onto and off the toilet and in and out of a motor vehicle.</p> <p>Accompanying patient outside of residence only as assigned in a Long Term Care Facility (nursing home) via facility vehicle/van</p>	<p>Considered non-skilled when</p> <ol style="list-style-type: none"> Patient needs only standby assistance or assistance with adaptive equipment (such as gait belt, wheelchairs, tub seats, grab bars) Patient is able to direct the transfer and assist with transfer to some extent Patient DOES NOT require a mechanical lift such as a Hoyer lift. Patient has good balance, is NOT in a weakened state and has a low risk for falls Patient is fully trained in use of adaptive/assistance devices as well as transfer in and out of a motor vehicle. <p>PCP shall NOT transport patients. May accompany patient to medical appointments and to other service ONLY if assigned on care plan and when all care provided in relation to the trip is non-skilled</p>	
Application of braces, splints, artificial limbs or other prosthetic or orthotic devices	Identification of the device needed and any special application considerations or other safety precautions	<p>Skilled when:</p> <ol style="list-style-type: none"> Adaptive equipment is new to patient and is actively involved with PT/OT for instruction by therapist Skilled transfer or skilled skin care is required Patient has poor balance, is in a weakened state and/or has a high risk for falls Application of orthopedic devices such as splints, braces, and artificial limbs if considerable manipulation of the device or limb is necessary for application of if patient is newly learning use of device. Therapist (OT/PT) is actively involved in case. 	<p>Non-skilled when:</p> <ol style="list-style-type: none"> Patient is fully trained with adaptive equipment Skilled transfer or skilled skin care is NOT required 	

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<p>Normal range of motion and positioning</p> <p>Positioning/Turning:</p> <p>Includes alignment or positioning in bed, chair, W/C, or other furniture</p>	<p>Frequency of repositioning, any assistive device needed, what positions need to be avoided (i.e. post-hip surgery) and other safety precautions</p>	<p>Considered skilled when:</p> <ol style="list-style-type: none"> Patient is not able to identify to staff when his/her position needs to be changed. Skilled skin care is required with position change Patient has contractures requiring special positioning Patient has communicable disease or draining wounds Therapeutic bed (Clinitron, Stryker, Circle) is used Patient has casts or traction equipment Patient is unconscious or dying Patient is at risk for aspiration 	<p>Non-skilled when:</p> <ol style="list-style-type: none"> Patient is able to indicate need for position change and can direct proper positioning Family who regularly cares for patient is able to indicate need for position change Patient does NOT have need for special skin care 	
<p>Exercises:</p> <p>Passive/Active range of motion exercises</p>	<p>Type (i.e. active or passive) joints involved and type of exercise for each joint, number of times to perform each exercise and/or limitation of range-of-motion exercises to be done, any symptoms such as pain or discomfort which would discontinue the exercise and report to the nurse.</p>	<p>Considered skilled when prescribed by a nurse or other health care professional such as a physician or therapist.</p> <p>May include passive range-of-motion, or working with simple traction, fractures, casts, dislocations, paralysis, contractures, unconscious patient or technology-dependent patient.</p>	<p>Assistance with exercises to maintain joint mobility (i.e. not restorative in nature) and are not a part of a prescriptive plan of care. Included encouragement of normal body movements as tolerated by and directed by the patient.</p>	
<p>Personal hygiene and grooming:</p> <p>Bathing (bed/tub/shower sponge, Sitz bath/whirlpool), back massage</p>	<p>Frequency of bathing, special precautions, any special skin care products/soap needed, other safety issues</p>	<p>Considered skilled when:</p> <ol style="list-style-type: none"> Need for skilled skin care Need for skilled transfer Need for skilled assistance with dressing Patient has poor balance, is in a weakened state and/or has a high risk for falls Patient is at high risk for skin breakdown 	<p>Non-skilled when:</p> <ol style="list-style-type: none"> Patient does not require skilled transfer, skilled skin care, or skilled assistance with dressing. Patients skin is not broken or open There are no active chronic skin problems <p>May include preventive care only such as massage of reddened areas, application of skin moisturizers, non-medicated OTC lotions or solutions, reporting changes to supervisor, application of preventative spray to unbroken skin areas, which may be susceptible to breakdown.</p>	

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<p>Skin Care (preventing pressure areas)</p>	<p>Specific treatment including frequency, use of OTC medicated lotions/ointments, use of special infection control measures, S/S to report, special documentation instructions</p>	<p>Considered skilled when:</p> <ol style="list-style-type: none"> There is a broken skin or draining wound There is a potential for infection due to chronic skin condition in an active state There is special therapeutic regimen There are active chronic skin problems such as decubitus ulcers, burns, and stomas. The patient has a cast. <p>May include wound care, simple, non-sterile dressing changes, skilled observation and reporting to nurse. May provide care which is designed to prevent or reduce pressure on potential areas of skin breakdown</p>	<p>Considered un-skilled when:</p> <ol style="list-style-type: none"> Skin is intact No/low potential for skin breakdown Care is preventative in nature <p>May include preventive skin care such as lotion to reddened areas/bony prominences</p>	
<p>Care of pressure sores (dressing changes, wound treatments)</p>	<p>Specific treatment including frequency, use of OTC medicated lotions/ointments, use of special infection control measures, S/S to report, special documentation instructions</p>	<p>Considered skilled if:</p> <ol style="list-style-type: none"> Skin is broken The patient is at high risk for skin breakdown. <p>May apply simple non-sterile dressings/treatment</p>	<p>May NOT perform</p>	<p>Any care above simple, non-sterile dressing change is considered delegated function</p> <p>Delegation:</p> <ol style="list-style-type: none"> If prescribed medicated lotions or ointments are used Would care greater than Stage II Sterile technique is needed
<p>Dressing-assist with getting dressed, with/without assistive devices May include application of support stockings, Ace wraps, binders, splints, braces and artificial limbs</p>	<p>Frequency, specific device needed and application instructions, length of time any special precautions or safety issues, S/S to report, special documentation instructions.</p>	<p>Considered skilled:</p> <ol style="list-style-type: none"> Skilled skin care to transfer or transfer is required in conjunction with the dressing. Application of anti-embolism (TED) stockings and other stockings, which require a physician's prescription. May apply ACE wrap for treatment of edema with specific direction from nurse. 	<p>Non-skilled when:</p> <ol style="list-style-type: none"> Patient does not require skilled transfer or skilled skin care. Patient's skin is not broken or open. Support stocking which does not require a physician's order. Assist with dressing (ordinary clothing) or application of braces for established brace if patient self-directing. May NOT apply TED hose or ACE wrap. <p>There are no active chronic skin problems.</p>	
<p>Nail care-fingers and toes (soak/clean/file/trim with clippers, application of lotion and care of cuticles)</p>	<p>Frequency, limitations</p>	<p>Considered skilled when performed in conjunction with skilled skin care and in presence of medical conditions that involve decreased peripheral circulation or loss of sensations.</p> <p>May cut diabetic toenails ONLY if there are no signs of ingrown nails, patient's diabetes is stable and the patient is able to direct care.</p>	<p>Considered non-skilled when no skilled skin care involved and patient does NOT have any peripheral circulatory problems or loss of sensation. May NOT cut diabetic toenails.</p>	

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Shampoo (sink, tub, shower bed), hair care		Considered skilled when: <ol style="list-style-type: none"> Performed in conjunction with skilled skin care, skilled transfers, skilled dressing In the presence of cervical traction or hair loss from radiation In the presence of psoriasis, pediculosis or other infectious process or If the patient requires special positioning. 	Considered non-skilled when: <ol style="list-style-type: none"> Patient does not require skilled transfer or skilled skin care Patient's skin is not broken or open Patient does not require special positioning Patient does not have any infectious process May use non-medicated shampoo dry/comb/brush/style hair. May NOT cut or perm hair.	
Shaving (safety/electric) razor	Frequency, type of razor to use and precautions. Assignment will be "patient specific" and based on nursing assessment and judgment considering patient's medical condition and risk for bleeding.	Considered skilled when skilled skin care is required. May use electric razor or safety razor depending on medical condition of patient.	Considered non-skilled when skilled skin care is not involved. May ONLY use electric razor.	
Oral hygiene (brushing, flossing, care of dentures)	Frequency, limitations, special solutions/precautions	Considered skilled when: <ol style="list-style-type: none"> Skilled skin care is required in conjunction with the oral care. There is injury or disease of mouth, face, head, or neck Patient has communicable disease Patient is unconscious Patient is at risk for bleeding Oral suctioning is required 	Considered non-skilled when: <ol style="list-style-type: none"> Skilled skin care is NOT required There is NO injury or disease of mouth, face, head, or neck or NO communicable disease. Oral suctioning is NOT required 	
Warm/Cold Application (ice bag, cold packs, Aqua K-pad, warm soaks, warm moist compress, foot soaks)	Frequency, duration of treatment, S/S to observe and when to discontinue treatment and notify nurse. Specific precautions related to tolerance for heat and cold and risk of complications, method of treatment.	ALWAYS CONSIDERED SKILLED May perform as in the scope of practice as an assigned duty. Nursing judgment is needed to identify patient specific precautions related to tolerance for heat and cold and risk of complications such as with diabetic patient or impaired peripheral circulation. Nurse must ensure competency. May include application of basic (preset levels) Aqua K-Pad to a self directing patient, foot soaks	May NOT perform	

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Respiratory Care: Care of oxygen equipment-refill humidifier-assist patient to apply at preset level	Treatment specifics and frequency, oxygen flow parameters, use of special infection control measures, S/S to report, special documentation instructions, other safety concerns	Respiratory care is ALWAYS considered skilled care. May include postural drainage, cupping, oral/nasal suctioning, reinforcement of safety precautions and cleaning of equipment and tubing. May turn off oxygen or turn on at prescribed flow rates.	PCP may ONLY clean oxygen tubing and may temporarily remove cannula/mask for the purpose of cleansing the patient's face or shaving the patient. May NOT adjust oxygen flow.	Adjusting the oxygen flow is a delegated function
Care of hearing aid	Include which ear if both ears do not require aid, specify solution used to cleanse aid(s)	May apply or assist patient to apply. May perform external cleaning according to assignment (plan of care)	May NOT perform.	
Giving vaginal douche	Frequency and solution used	ALWAYS considered a skilled task	May NOT perform	
Bladder Care: Toileting (assistance with bedpan, urinal, commode, perineal care, care of incontinent patient, Bowel/Bladder Training)	Frequency if on B/B training program, use of special equipment.	Considered skilled when: a. Need for skilled skin care. b. Need for skilled transfer.	Non-Skilled when: a. Skilled skin care or skilled transfer is NOT required. b. Patient generally independent and needs only stand-by assistance. c. Patient has good balance, is NOT in a weakened state and has a low risk for falls. May include assisting patient to/from bathroom, assisting with bedpan, urinal, commode, changing clothing/pads for incontinent patient and hygiene measures to ensure cleanliness.	
Catheter care (Foley or Suprapubic) empty drainage bag, measure and record urinary output, cleansing of bag and tubing, Perineal Care cleansing urinary meatus	Frequency of care, use of special infection control measures, special documentation instructions, what cleaning measures are needed, other safety concerns.	Considered skilled when: a. Need for skilled skin care Care involves disruption of the closed urinary system for any reason, such as changing the catheter collection bag.	May empty Foley catheter bag only if there is no disruption of the closed system. PCP must be trained to understand what constitutes disruption of the closed system. May NOT change catheter collection bag.	Insertion, removal and/or irrigation of catheter is a delegated function.
External Catheter care	Special documentation instructions, what cleaning measures are needed other safety concerns	Care/application of external catheter is ALWAYS considered a skilled task.	May NOT perform	

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Bowel Care: Toileting (assistance with bedpan, commode, perineal care, care of incontinent patient)	Bowel Care: Toileting (assistance with bedpan, commode, perineal care, care of incontinent patient)	Considered skilled when: a. Need for skilled skin care b. Need for skilled transfer	Non-skilled when: a. Skilled skin care or skilled transfer is NOT required. b. Patient generally independent and needs only stand-by assistance. c. Patient has good balance, is NOT in a weakened state and has a low risk for falls. May include assisting patient to/from bathroom, assisting with bedpan, urinal, commode, changing clothing/pads for incontinent patient and hygiene measures to ensure cleanliness.	
Enemas (fleets, tap water, an soap suds)	Frequency, type of enema, amount of solution	Considered skilled when: a. Need for skilled skin care (open skin/wounds, decubiti, stomas burns, and casts. b. Need for skilled transfer May include bowel programs with dig Stim and administration of enemas/suppository	NOT allowed for PCP	Checking for impaction is considered a delegated function.
Inserting rectal suppository	Assignment will be “patient specific” including frequency, type of suppository, use of special infection control measures, S/S to report, special documentation instructions, other safety concerns.	Considered skilled when: a. Need for skilled skin care (open skin/wounds, decubiti, stomas burns, and casts. b. Need for skilled transfer May included bowel programs with dig Stim and administration of enemas/suppository	NOT allowed for PCP	
Bowel-program-Digital Stimulation/Inserting rectal suppository	Assignment will be very “patient specific” defined frequency, details of program, type of suppository. Instruct what to document, effectiveness and S/S to report.	Bowel program with dig Stim and/or suppository/enema	NOT allowed for PCP	

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Stoma Care (colostomy, Ileostomy, Urostomy)	Assignment will be “patient specific” including frequency, type of bag/cleaning of stoma area, type/amount of irrigation solution, use of special infection control measures, S/S to report, special documentation instructions, what cleaning measures are needed, other safety concerns.	Considered skilled when new ostomy or patient cannot direct care, no sterile care involved. May irrigate established colostomy.	Non-skilled when: a. Skilled skin care or skilled transfer is NOT required. b. There is no need for reporting observations to nurse May empty ostomy bag and assist with other patient-directed ostomy care	
Specimen Collection		May assist with collection of urine, stool, or sputum sample	May NOT perform	
Fluids and Nourishment: Preparation, menu planning, encouraging fluids, proper feeding techniques (with & without assistive devices), special diets, special feeding precautions, use of thickening agent, oral suctioning	Frequency, food allergies to avoid, special precautions, indications for suctioning, other diet restrictions i.e. low salt, no concentrated sweets, difficulty swallowing, etc.	Considered skilled when: a. Need for skilled skin care b. Need for skilled dressing such as in presence of tracheostomy, fistula c. There is an inability of the patient to sit uprights. d. Patient has difficulty in swallowing e. Patient is a child or infant f. Oral suctioning is needed on a routine or stand-by basis g. Special adaptive eating utensils are used	Considered non-skilled when: a. There is NO need for skilled skin care or skilled dressing such as in presence of tracheostomy, fistula b. Oral suctioning is NOT needed on any basis c. Patient has ability to sit and swallow with NO difficulty d. Special adaptive eating utensils are NOT used e. May NOT administer nutrition supplements/fluids via G tube. May prepare meals if menus selected by appropriate health professional.	Assignment of administration of tube feedings (to administer nutrition and fluids when the patient is unable to take fluids orally) is considered a delegated function.
Vital Signs: Measurement of TPR and BP	Frequency, documentation and reporting parameters if time requirements	Taking Vital Signs is considered skilled. CNA will report any readings outside of established parameters	May NOT perform	
Measurement of height and weight	Frequency and time of weight measurement, documentation and reporting parameters	Taking height/weight is considered skilled. CNA will report any readings outside of established parameters.	May NOT perform	
Measurement of intake & output	Frequency, documentation and reporting parameters	Measurement of I&O is considered skilled. CNA will report any readings outside of established parameters.	May NOT perform	

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Special procedures or tasks: Application of positioning/safety devices	Use of Positioning/Safety devices will depend on care setting i.e. home or facility and on agency/facility policies. Assignment should include frequency of removal and exercise needs of patient, special safety/IC precautions, reporting and documentation requirements.	May apply Positioning/Safety devices. May not make determination or need to apply. Positioning/Safety devices on a PRN basis based on behavior symptoms, requires reporting of behavior/symptoms to nurse for nursing assessment/evaluation.	May NOT apply Positioning/Safety devices	
Care of patient in isolation	Type of specific treatment and frequency, use of special infection control measures, special documentation instructions, other safety concerns.	May provide personal care to patient in isolation due to infectious/communicable disease/condition.	May NOT perform	
Providing financial management		Shall not provide financial management such as paying bills, writing checks, cashing checks, using credit or debit card or act as a power of attorney for non-relative patient.	Shall not provide financial management such as paying bills, writing checks, cashing checks, using credit or debit card or act as a power of attorney for non-relative patient	
Protective oversight			Protective oversight is non-skilled when the patient requires stand-by assistance with any of the non-skilled personal care tasks as described above or when the patient requires supervision at all times to prevent wandering. Must document on an hourly basis.	

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Assistance with medications	If a Medication reminder box is used the container must be clearly marked with day and time of dose and must be maintained in such a way to prevent tampering	<p>Medication ASSISTANCE is considered skilled. Assistance is defined as putting medication in the patient’s hand/mouth when the patient is physically unable but can self-direct the taking of medication or the medication has been pre-selected by a nurse.</p> <p>Application of prescribed creams or OTC creams and lotions may be performed as assigned.</p>	<p>Medication REMINDING is considered non-skilled if the medication(s) has been pre-selected by the patient, family member, nurse, pharmacist, and are in a container such as a medication reminder box.</p> <p>REMINDING includes only inquiring of the patient/family as to whether medication has been taken, prompting to take, handing labeled medication box/container and opening compartment if patient is physically unable to open.</p> <p>PCP may NOT take medication out of container and handle the pill in any way.</p> <p>These “REMINDING” limitations apply to all prescribed and OTC medications including PRN medications. Any irregularities noted in the preselected medications (such as taken too often or missed doses or taken at incorrect times) shall be reported to supervisor immediately.</p>	<p>The Colorado Nurse Practice Act 12-38-132. (Delegation of nursing tasks) specifies that “in no vent may a registered nurse delegate to another person the authority to <u>select</u> medications if such person is not, independent such delegation, authorized by law to select medications”.</p> <p>The administration of medications may be delegated to a specific delegate for a specific client and within a specific timeframe and in accordance with agency policy. May NOT give injectable medications. May NOT give narcotic medications. The delegation/assignment to a CNA to perform a delegated task on a “PRN (as needed)” or “whenever necessary” basis falls outside of the scope of delegation. Determination of the need to perform the nursing task on a “PRN” basis would require the CNA to exercise nursing judgment or intervention (see generally Colorado Nurse Practice Act 12-38-132, Section 4.1C).</p>