



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs), registered psychiatric nurses (RPNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by its registrants. The term nurse in this document refers to LPNs, RNs, RPNs and NPs unless otherwise stated.

Contents

What is Delegation?	2
What is a Delegated Function?.....	2
What is an Authorizing Mechanism?.....	2
Why are Delegated Functions Now Used Less Frequently?	2
What is the Difference Between a Delegated Function and a Care Directive?.....	3
Key Points	4
Suggested Readings.....	4

Revised September 2025, February 2025, January 2025, July 2023, August 2021, first published January 2021 as Delegated Functions and Care Directives Q&A

Copyright © Nova Scotia College of Nursing, Bedford Nova Scotia. Commercial or for-profit redistribution of this document in part or in whole is prohibited except with the written consent of NSCN. This document may be reproduced in part or in whole for personal or educational use without permission, provided that:

- Due diligence is exercised in ensuring the accuracy of the materials reproduced;
- NSCN is identified as the source; and
- The reproduction is not represented as an official version of the materials reproduced, nor as having been made in affiliation with, or with the endorsement of, NSCN

Our practice support tools are developed using current reference material. The source of this material is available upon request.



This tool is a resource for nurses in all practice settings to help them understand:

- Delegation and delegated functions
- Authorizing mechanisms
- The difference between a delegated function and care directive

Like all regulatory tools, use this document in conjunction with employer policy, applicable legislation and the standards of practice and code of ethics for nurses.

What is Delegation?

Delegation is the process of transferring the [responsibility](#) for performing a specific [intervention](#) (task, procedure, treatment or action within explicit and limited situations having clearly defined limits) that falls within the professional scope of practice of one health-care profession (**delegator**) to a nurse (**delegatee**) for whom the intervention **is not within** their [professional scope of practice](#).

What is a Delegated Function?

[Delegated functions \(DFs\)](#), formerly referred to as ‘delegated medical functions’, are authorizing mechanisms developed and implemented by health-care employers through an internal process to enable the delegation of specific interventions to specific care providers with additional training in specific contexts. Delegated functions should reflect current evidence-based practice and enable the provision of safe and competent care.

What is an Authorizing Mechanism?

An [authorizing mechanism](#) is any organizationally approved process which enables a nurse to make the decision to implement a prescribed intervention. Different interventions require different types of authorizing mechanisms. An authorizing mechanism can be a prescriber order, a pre-printed order, a care directive, a [policy](#), an employer practice guideline or an established process such as delegation or communication between a prescriber and nurse in a client [health record](#).

Why are Delegated Functions Now Used Less Frequently?

Historically, DFs were enacted to expedite care to clients. However, now there is a regulatory process for adding interventions to an individual nurse’s scope of practice or role. This means most of these once delegated interventions can fall within the individual scope of practice and scope of employment of individual nurses with the competence and employer approval to perform them. Once an intervention has been added to a nurse’s individual scope of practice or role, delegation or a DF is no longer required.

While DFs have a practical use, they can lead to a lack of clear [accountability](#), because there is a **shared accountability** of client outcomes between the delegator and the delegatee. The delegator maintains accountability for the decision to delegate the intervention and the overall outcomes for the client. The delegatee is accountable only for the performance and outcome of the intervention. Evidence suggests that clients are at a higher risk for a negative outcome when the lines of accountability are not clear.

Alternatively, when an intervention is added to a nurse’s individual scope of practice or role, they retain accountability for the decision to perform the intervention and the client outcomes. These lines of accountability are clear and well understood.

For more information on adding interventions to a nurse’s individual scope of practice or role, see our [Nursing Scope of Practice Guideline](#).

What is the Difference Between a Delegated Function and a Care Directive?

The main difference between a DF and a [care directive \(CD\)](#) is the professional scope of practice of the nurse who will be enacting the interventions within the DF or CD.

In a DF, the intervention is **not within the nursing scope of practice**. Nurses may only perform the intervention if it has been delegated via an employer DF process. Both the nurse and the delegator share accountability for client outcomes.

A CD is an order or authorization, which exists as an organizational policy and is developed and approved by an authorized prescriber and the organization for an intervention or series of interventions to be implemented by another care provider for a range of clients with identified health conditions, in specific circumstances. A CD does not exist on each client's individual chart, rather it is in organizational policy. The care directive must be approved by the authorized prescriber(s) of the clients in which the care directive will be enacted. It must also be approved by the organization.

The interventions in the CD **are within the nursing scope of practice** and can be implemented by nurses with the competence to do so. The employer, in consultation with the prescriber(s), approves and retains the accountability for the appropriateness and validity of the CD.

COMPARING DELEGATED FUNCTIONS AND CARE DIRECTIVES

	DELEGATED FUNCTION	CARE DIRECTIVE
Professional Scope of Practice	Intervention(s) is not within the professional scope of practice of the nurse.	Intervention(s) is within the professional scope of practice of the nurse.
Assessment	Must include a relevant assessment process to be used by the nurse in deciding whether to implement the DF, such as specific clinical conditions and/or other circumstances that must exist before the DF can be implemented. Must include exclusion criteria.	Must include a relevant assessment process to be used by the nurse in deciding whether to implement the CD, such as specific clinical conditions and/or other circumstances that must exist before the CD can be implemented). Must include exclusion criteria.
Policy	Requires approved employer policy developed within a collaborative team.	Requires approved employer policy developed within a collaborative team.
Competencies	The nurse must have the required competencies, which are attained and maintained through an employer approved certification or education program.	The nurse must have the required competencies, which are attained and maintained through an employer approved process.
Monitoring and Emergency Care	Delegated functions should include specific monitoring parameters and/or reference to appropriate emergency care measures, where appropriate.	Care directives should include specific monitoring parameters and/or reference to appropriate emergency care measures, where appropriate.

	DELEGATED FUNCTION	CARE DIRECTIVE
Accountabilities	<p>The employer, in consultation with the delegator (e.g. authorized prescriber), approves and retains the accountability for the appropriateness and validity of the DF.</p> <p>The delegator is responsible and accountable for the decision to delegate the intervention and for overall client outcomes. The nurse is responsible and accountable for the decision to enact the DF and only for the performance and outcome of the intervention.</p>	<p>The employer, in consultation with the prescriber(s), approves and retains the accountability for the appropriateness and validity of the CD.</p> <p>Nurses are accountable for the decision to enact the CD and the outcomes as a result of enacting the CD or intervention.</p>
Example	A scrub nurse manipulating retractors in the operating room.	Point of care testing (POCT) of blood glucose by a nurse in the emergency department.

Key Points

- Delegation is the process of transferring the responsibility for performing a specific intervention that falls within the professional scope of practice of one health-care profession (**delegator**) to a nurse (**delegatee**) for whom the intervention **is not within** their professional scope of practice.
- Delegated functions are authorizing mechanisms. An authorizing mechanism is any employer approved process which enables a nurse to implement a prescribed intervention.
- Delegated functions are used less frequently now because there is a regulatory process for adding interventions to an individual nurse's scope of practice or role.
- The main difference between a DF and a CD is the professional scope of practice of the nurse who will be enacting the interventions.

Suggested Readings

- [Care Directive Guidelines for Nurses](#)
- [Nursing Scope of Practice Guideline](#)
- [When is an order required?](#)

For further information on anything contained within this tool, please contact an NSCN Practice Consultant at practice@nscn.ca.