



**NEW SOUTH WALES NURSES AND MIDWIVES' ASSOCIATION**  
**AUSTRALIAN NURSING AND MIDWIFERY FEDERATION NEW SOUTH WALES BRANCH**



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# **GUIDELINES ON REGISTERED NURSE COUNTERSIGNING OF ENROLLED NURSE OR ASSISTANT IN NURSING REPORTS**

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**NSW Nurses and Midwives' Association**  
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# Guidelines on Registered Nurse Countersigning of Enrolled Nurse or Assistant in Nursing Reports

Health facilities should have in place local protocols relating to the documentation responsibilities of all nursing staff – registered nurses, enrolled nurses and assistants in nursing. All nursing staff should have access to these protocols and be familiar with them.

As a general guide, the NSW Nurses and Midwives' Association recommends that the protocols are based on the following principles:

1. Enrolled nurses and assistants in nursing work under the direction and supervision of registered nurses. Supervision may be direct or indirect. It is the responsibility of the registered nurse to assess nursing care requirements and appropriately delegate care activities to enrolled nurses and assistants in nursing. Enrolled nurses and assistants in nursing are personally accountable for any nursing care they provide, however the registered nurse retains overall responsibility for delegated nursing care.

*(For example, if a registered nurse delegates responsibility to an enrolled nurse or assistant in nursing for giving a patient a bath, the registered nurse needs to be satisfied that the enrolled nurse or assistant in nursing has the competence to perform the activity safely, and needs to ensure that the activity is undertaken. The enrolled nurse or the assistant in nursing, however, is responsible for undertaking that activity safely and competently – or advising the registered nurse if they are not able to do so – and is responsible for ensuring that the patient suffers no harm as a result of the care they provide).*

2. Every nurse should have direct access to the patient's health record in order to:
  - be informed about the patient's general condition;
  - be informed about any instructions regarding care; or any care provided; and, if necessary,
  - record in their own handwriting, or equivalent in the case of the electronic medical record, and under their own signature, any care they have personally undertaken.

Enrolled nurses and assistants in nursing should document directly in the patient health record, any information relevant to that patient's care that they personally undertake or observe.

*(For example, if an enrolled nurse or an assistant in nursing feeds a patient or removes a bed pan from a patient whose intake and output is being recorded on a fluid balance chart, then the enrolled nurse or assistant in nursing should personally complete the fluid balance chart. If an enrolled nurse or an assistant in nursing takes a patient's observations, then they should record them directly in the patient's notes.*

*If an enrolled nurse or assistant in nursing personally observes a change in the patient's condition, then that change should be recorded by them in the patient's notes outlining the subsequent action that was taken by them to report the change. The patient's notes are meant to contain a contemporaneous record of the care provided to the patient by all staff).*

3. The NSW Nurses and Midwives' Association supports contemporaneous documentation. This requires entries to be made in the patient's health record at the time or as soon as practical after the event occurs the observation is made or the care given. The use of contemporaneous documentation removes the necessity for 'end of shift' summary reports of a patient's condition and the care given.
4. The NSW Nurses and Midwives' Association does not support, as a general rule, the countersigning by registered nurses of enrolled nurse or assistant in nursing entries in the patient health record, in the absence of policies or protocols which clearly indicate what the signature is intended to indicate.
5. If a health facility has in place a local policy, which allows enrolled nurses and assistants in nursing to write summary reports on patients, then there is no reason why a registered nurse should be required to countersign. If the local policy of the health facility requires a registered nurse to countersign an enrolled nurse or assistant in nursing report, then the policy should clearly state what the countersignature is intended to indicate.
6. Assistants in nursing should only write reports when they have had the education and are competent in documentation requirements.

## **NOTE**

1. These Guidelines should be read in conjunction with the NSWNMA Guidelines on Documentation and Electronic Documentation.