

NURSE DELEGATION: INSTRUCTIONS FOR NURSING TASK

1. CLIENT NAME	2. DATE OF BIRTH	3. ID/SETTING (OPTIONAL)	4. DATE TASK DELEGATED
5. DELEGATED TASK AND EXPECTED OUTCOME:			
Complete 6 and 7 only if medication(s) delegated:			
6. LIST SPECIFIC MEDICATION(S) DELEGATED ON THIS DATE		7. DATE AND WHO VERIFIED DELEGATED MEDICATIONS	
8. STEPS TO PERFORM THE TASK: <input type="checkbox"/> Check here if additional teaching aide(s) attached.			
Report Side Effects or Unexpected Outcomes To:			
9. RND NAME (PRINT)			10. TELEPHONE NUMBER
11. WHAT TO REPORT TO RND:			
12. HEALTH CARE PROVIDER NAME			13. TELEPHONE NUMBER
14. WHAT TO REPORT TO HEALTH CARE PROVIDER:			
EMERGENCY SERVICES, 911			
15. WHAT TO REPORT TO 911:			
16. RND SIGNATURE			17. DATE
CALL RND WHEN:			
<ul style="list-style-type: none"> • Medications change • New orders received • Client dies • Client is admitted to ER, hospital, or SNF • Client moves • Client condition changes • Problem/unable to perform nursing task. 			

To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078

COPY IN CLIENT CHART AND RND FILE

INSTRUCTIONS FOR COMPLETING NURSE DELEGATION: INSTRUCTIONS FOR NURSING TASK

All fields are required unless indicated "OPTIONAL".

1. Client Name: Enter ND client's name (last name, first name).
2. Date of Birth: Enter ND client's date of birth (month, day, year).
3. ID Setting: OPTIONAL – Enter client's ID number as assigned by your business OR enter settings "AFH", "BH", DDD Program, "In-home".
4. Date Task Delegated: Enter the date task is first delegated.
5. Delegated Task and Expected Outcome: Enter the name of task and what outcome is anticipated. Separate task sheet is required for each task.
6. List Specific Medication(s) Delegated on This Date: OPTIONAL – **Only complete if medications are delegated.** Enter the name, dose, frequency and route of each medication delegated.
7. Date and Who Verified Delegated Medications: Enter the date verified and with whom.
8. Steps to Perform the Task: Steps to perform the task should be written in detail here. Check box and describe if additional material(s) are attached. For example: medication information sheet, task procedure sheet, etc.
9. & 10. RND Name and Telephone Number: Print RND name and telephone number with area code.
11. What to Report to RND: List side effects or unexpected outcome to report to RND.
12. & 13. Health Care Provider and Telephone Number: Enter the name of the health care provider and telephone number with area code.
14. What to Report to Health Care Provider: List side effects and unexpected outcome to report to the health care provider.
15. What to Report to 911: List signs and symptoms to report to 911.
16. & 17. RND Signature and Date: Sign and date your signature.