DSHS
WASHINGTON STATE Department of Social and Health Services

Nurse Delegation:
Consent for Delegation Process

1. CLIENT NAME			2. ACES CLIENT ID NUMBER	3. DATE OF BIRTH
4. CLIENT ADDRESS	CITY	STATE ZIP CODE		5. TELEPHONE NUMBER
6. CLIENT DIAGNOSIS				
7. CLIENT ALLERGIES				
8. FACILITY OR PROGRAM CONTACT			9. TELEPHONE NUMBER	
10. FAX NUMBER		11. EMAIL ADDRESS		

12. SETTING

- ☐ DSHS Certified Community Residential Program for Developmentally Disabled
- ☐ Licensed Adult Family Home
- ☐ Licensed Assisted Living Facilities
- ☐ Private Home

13. HEALTH CARE PROVIDER	14. TELEPHONE NUMBER

Consent for the Delegation Process

I have been informed the delegating Registered Nurse (RN) will only delegate to Long Term Care Workers (LTCW) who are capable and willing to properly perform the delegated nursing task(s). The LTCW must have an active Nursing Assistant or Home Care Aide - Certified credential. Nurse delegation will only occur after the delegating RN has assessed the ability of the Nursing Assistant or Home Care Aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision and has completed required Department of Social and Health Services training per RCW 18.79.260 and WAC 246-840-930.

I further understand that the following task(s) may never be delegated per WAC 246-840-910:

- Administration of medications by injections (IM, Sub Q, IV) **except insulin injections.**
- Sterile procedures.
- Central line maintenance.
- Acts that require nursing judgment

If verbal consent is obtained, written consent is required within 30 days of verbal consent.

15. CLIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE	16. TELEPHONE NUMBER	17. DATE
18. VERBAL CONSENT OBTAINED FROM	19. RELATIONSHIP TO CLIENT	20. DATE

My signature below indicates that I have assessed this client and found his/her condition to be stable and predictable. I agree to provide nurse delegation per RCW 18.79 and WAC 246-840-910 through 970.

21. DELEGATION RN NAME - PRINT	22. TELEPHONE NUMBER
23. DELEGATION RN SIGNATURE	24. DATE

To report Nurse Delegation concerns, call the DSHS Complaint Resolution Unit Toll-free Hotline 1-800-562-6078

DISTRIBUTION: Copy in client chart and in RND file

Instructions for Completing Nurse Delegation: Consent for Delegation Process

All fields are required unless indicated **"OPTIONAL".**

1. Client Name: Enter delegated client's name (last name, first name).
2. ACES Client ID Number: Enter the client's ACES ID number.
3. Date of Birth: Enter client's date of birth (month, day, year).
4. Client Address: Enter the address where the client currently resides, including street address, city, state and zip code.
5. Telephone Number: Enter the telephone including area code where the client can be reached.
6. Client Diagnosis: Enter client's diagnoses that affect the delegated task.
7. Allergies: List known allergies or No Known Allergies.
8. Facility or Program Contact: Enter the name of facility or name of individual to contact at the facility or home.
9. Telephone Number: Enter the telephone number.
10. Fax Number: Enter the fax number at the facility if available.
11. E-mail Address: Enter email address of client or facility if available.
12. Setting: Check the appropriate box.
13. Health Care Provider: Enter name of client's health care provider.
14. Telephone Number: Enter telephone number of health care provider.
15. Client or Authorized Representative Signature: Read the statement to the client/authorized representative and explain the nurse delegation process to them before they sign.
16. Telephone Number: Ask them to enter their telephone number.
17. Date: Date the signature.
18. Verbal Consent Obtained From: Read the statement to the client / authorized representative and explain the nurse delegation process to them before obtaining verbal consent. Print their name. Written consent **must** be obtained within 30 days of verbal consent. Electronic signature is acceptable.
19. Relationship to Client: Enter the relationship to client of the person giving consent.
20. Date: Date when you obtained verbal consent.
21. Delegating RN Name: Print your name.
22. Telephone Number: Enter your telephone number.
23. and 24. Delegating RN Signature and Date: Sign and date verifying consent.

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