

WAKIILASHADA HAWLEED EE KALKAALIYAHA: OGGOLAANSHAHA NIDAAMKA WAKIILASHADA HAWLEED

Nurse Delegation: Consent for Delegation Process

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|---|--|----------------------------------|-------------------------|-------------------------------------|-------------|
| 1. MAGACA MACMILKA | | 2. TAARIKH DHALASHO | | 3. AQOONSIGA /HOYGA (WAA IKHTIYAAR) | |
| 4. CINWAANKA MACMILKA | | MAGAALO | | 5. LAMBARKA TALEEFANKA | |
| | | GOBOL | | SIB KOODH | |
| 6. GOOBTA AMA XIRIIRKA BARNAAMIJKA LAGALA XIRIIRO | | 7. LAMBARKA TALEEFANKA | | 8. FAKAS LAMBAR | |
| | | | | 9. CINWAAN E-MAIL | |
| 10. DEGGENAANTA | | 11. BAARITAANNADA MACMILKA | | 12. XASAASIYADAHA | |
| <input type="checkbox"/> Deegaan Beeleed Sharciyeysan Barnaamij Horumarin ahaan loogu Talo Galay Naafada | | | | | |
| <input type="checkbox"/> Guri Liisan leh oo loogu Talagaly Dadka Qaan-Qaarka ee Qoys | | | | | |
| <input type="checkbox"/> Guri Liisan leh oo Xarun lagu xannaaneeyo waayeelada ama curyaamiinta | | | | | |
| <input type="checkbox"/> Guri/Wax kale Gaar ah | | | | | |
| 13. ADEEG BIXIYAHA DARYEELKA CAAFIMAAD | | | | 14. LAMBARKA TALEEFANKA | |
| OGGOLAANSHAHA NIDAAMKA WAKIILASHADA HAWLEED | | | | | |
| <p>Waxaa la igu war geliyay in Kalkaaliyaha Diiwaangashan ee Wakiilan uu gaarsiin doono una fasaxan yahay oo keliya daryeel bixiyeayaasha awoodda u leh isla markaana doonaya inay u qabtaan hawsha sida ku habboon uu gaarsiiyo. Wakiilashada hawleed ee kalkaaliyaha ayaa dhacaya kaliya kadib marka daryeel-bixiyuhu dhammays-tirto tabbbarka looga baahan yahay dawladda gobolka (WAC 246-841-405(2)(a)) iyo tababbar shaqsi ahaan loogu talagalay oo laga helo kalkaaliyaha Sharciyeysan ee Wakiilasho Hawleed. Anigu waxaan kale oo fahasanahay in hawl(ha) soo socda aan la wakiilan karin:</p> <ul style="list-style-type: none"> Ku siinta daawooyinka duritaanno ahaan (IM, Sub Q, IV) laga reebo duritaanka Insulin'ka ESSHB 2668 (2008) khaasatan u oggol wakiilashada duritaanka Insulin'ka. Habsocodka jerm-la'aanta lagu sameeyo Laynka dhexe ee dayac-tirka Ficillada u baahan go'aamada kalkaalinta caafimaad <p><u>Haddii oggolaansho hadal ah la helo, oggolaansho qoran ayaa la rabaa gudaheeda 30 maalmood laga bilaabo marka oggolaansha hadalka la sameeyo</u></p> | | | | | |
| 15. SAXIIXA MACMILKA AMA WAKIILKA LA IDMADAY | | | 16. LAMBARKA TALEEFANKA | | 17. TAARIKH |
| 18. OGGOLAANSHO HADAL AYAA LAGA HELAY | | 19. WAXA AY ISKU YIHIIN MACMILKA | | | 20. TAARIKH |
| Saxiixa hoosta ayaa muujiyinaya in aan anigu qiimeeyey macmiilkan oo aan ogaaday in xaalladiidu/eedu tahay mad deggan oo la saadaalin karo. Anigu waxaan aqbalayaa inaan bixiyo wakiilashada hawleed ee kalkaalinta marka loo eego RCW 18.79 iyo WAC 246-840-910 illaa 970. | | | | | |
| 21. MAGACA RND (KALKAALIYE CAAFIMAAD) - DAABAC | | | | 22. LAMBARKA TALEEFANKA | |
| 23. SAXIIXA RND | | | | 24. TAARIKH | |
| <p>Si aad u diiwaan-galiso waxaad welwelka ka qabto ama cabashada ee ku saabsan Wakiilashada Hawleed ee Kalkaaliye, fadlan u wac 1-800-562-6078.</p> | | | | | |

COPY IN CLIENT CHART AND RND FILE

INSTRUCTIONS – NURSE DELEGATION: CONSENT FOR DELEGATION PROCESS

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”, “ALF”, DDD Program, “In-home”.
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. Facility or Program Contact: Enter the name of facility or name of individual to contact at the facility. Enter N/A if client resides in own home.
7. Telephone Number: Enter the telephone number including area code if different from 5. above.
8. Fax Number: Enter the fax number at the facility if available.
9. E-mail Address: Enter e-mail address of client or facility if available.
10. Setting: Check the appropriate box.
11. Client Diagnosis: Enter client’s diagnoses that affect the delegated task.
12. Allergies: List known allergies or “N/A” if none.
13. Health Care Provider: Enter name of client’s health care provider.
14. Telephone Number: Enter telephone number including area code of provider named in 13.
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 if different from 5. above.
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 the name. Written consent must be obtained within 30 days of verbal consent.
19. Relationship to Client: Enter the relationship of the person to the client named in 18. above.
20. Date: Date when you obtained verbal consent.
21. PND Name: Print your name.
22. Telephone Number: Enter your telephone number including area code.
23. & 24. RND Signature and Date: Sign and date your signature verifying consent.