

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), DOSAGES AND FREQUENCY OF MEDICATIONS DELEGATED ON THIS DATE (<input type="checkbox"/> CHECK HERE IF ADDITIONAL FORM ATTACHED.)		VERIFICATION OF DELEGATED MEDICATION	
		DATE	
		NAME / TITLE	
		METHOD OF VERIFICATION	
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 		<ul style="list-style-type: none"> 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

DISTRIBUTION: Copy in client chart and in 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”, “ALF”, 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: **Only complete if medications are delegated.** Enter the name, dose, frequency and route of each medication delegated.
7. Verification of Delegated Medications: Enter the date verified, who verified and what method was used as verification of medication.
8. Steps to Perform the Task: Steps to perform the task should be written in simple language with individualized detail. Check box and describe if additional material(s) are attached. For example: medication information sheet, task procedure sheet, etc.
9. and 10. RND Name and Telephone Number: Print RND name and telephone number with area code.
11. What to Report to RND: List individualized side effects or unexpected outcome to report to RND.
12. and 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 individualized 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. and 17. RND Signature and Date: Sign and date your signature.