Nurse Delegation:
Instructions for Nursing Task

<table>
<thead>
<tr>
<th>1. CLIENT NAME</th>
<th>2. ACES CLIENT ID NUMBER</th>
<th>3. DATE OF BIRTH</th>
<th>4. ID / SETTING (OPTIONAL)</th>
<th>5. DATE TASK DELEGATED</th>
</tr>
</thead>
<tbody>
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</table>

6. DELEGATED TASK AND EXPECTED OUTCOME

Complete 6 and 7 only if medication(s) delegated:

<table>
<thead>
<tr>
<th>7. LIST SPECIFIC MEDICATION(S), DOSAGES AND FREQUENCY OF MEDICATIONS DELEGATED ON THIS DATE</th>
<th>8. VERIFICATION OF DELEGATED MEDICATION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(CHECK HERE IF ADDITIONAL FORM ATTACHED.)</td>
<td>NAME / TITLE</td>
</tr>
<tr>
<td></td>
<td>METHOD OF VERIFICATION</td>
</tr>
</tbody>
</table>

9. STEPS TO PERFORM THE TASK: □ Check here if additional teaching aide(s) attached.

Report Side Effects or Unexpected Outcomes To:

<table>
<thead>
<tr>
<th>10. RND NAME (PRINT)</th>
<th>11. TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

12. WHAT TO REPORT TO RND

<table>
<thead>
<tr>
<th>13. HEALTH CARE PROVIDER NAME</th>
<th>14. TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tr>
</tbody>
</table>

15. WHAT TO REPORT TO HEALTH CARE PROVIDER

16. WHAT TO REPORT TO 911

17. RND SIGNATURE

18. DATE

19. FOR CONSUMER DIRECTED EMPLOYER: INDIVIDUAL PROVIDER’S (IP) NAME

20. PROVIDERONE NUMBER

Call RND when:
- 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

DISTRIBUTION: Copy in client chart and in RND file

NURSE DELEGATION: INSTRUCTIONS FOR NURSING TASK
DSHS 13-678 PAGE 2 (REV. 09/2021)
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. ACES Client ID Number: Enter the client’s ACES ID number.
3. Date of Birth: Enter ND client’s date of birth (month, day, and year).
4. ID Setting: OPTIONAL – Enter client’s ID number as assigned by your business OR enter settings “AFH”, “ALF”, DDA Program, “In-home”.
5. Date Task Delegated: Enter the date task is first delegated.
6. Delegated Task and Expected Outcome: Enter the name of task and what outcome is anticipated. Separate task sheet is required for each task.
7. 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.
8. Verification of Delegated Medications: Enter the date verified, who verified and what method was used as verification of medication.
9. 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.
10. RND Name: Print RND Name
11. Telephone Number: Telephone number with area code.
12. What to Report to RND: List individualized side effects or unexpected outcome to report to RND.
13. Healthcare Provider Name: Print Healthcare Provider Name
14. Telephone Number: Enter the telephone number with area code.
15. What to Report to Health Care Provider: List individualized side effects and unexpected outcome to report to the health care provider.
17. RND Signature: RND to sign on the date of delegation.
18. Date: Date the RND signed.
19. For the Consumer Directed Employer: Add the Individual Provider’s name: Enter the Individual Provider’s name.
20. ProviderOne Number: Enter the Individual Provider’s P1 Number.