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| Transforming Lives | Nurse Delegation: **Instructions for Nursing Task** | | | | | | |
| 1. CLIENT NAME | | 2. ACES CLIENT ID NUMBER | 3. DATE OF BIRTH | | 4. ID / SETTING (OPTIONAL) | | 5. DATE TASK DELEGATED |
| 6. DELEGATED TASK AND EXPECTED OUTCOME | | | | | | | |
| **Complete 6 and 7 only if medication(s) delegated:** | | | | | | | |
| 7. LIST SPECIFIC MEDICATION(S), DOSAGES AND FREQUENCY OF MEDICATIONS DELEGATED ON THIS DATE ( CHECK HERE IF ADDITIONAL FORM ATTACHED.) | | | | 8. VERIFICATION OF DELEGATED MEDICATION  DATE | | | |
| NAME / TITLE | | | |
| METHOD OF VERIFICATION | | | |
| 9. STEPS TO PERFORM THE TASK:  Check here if additional teaching aide(s) attached. | | | | | | | |
| **Report Side Effects or Unexpected Outcomes To:** | | | | | | | |
| 10. RND NAME (PRINT) | | | | | | 11. TELEPHONE NUMBER | |
| 12. WHAT TO REPORT TO RND | | | | | | | |
| 13. HEALTH CARE PROVIDER NAME | | | | | | 14. TELEPHONE NUMBER | |
| 15. WHAT TO REPORT TO HEALTH CARE PROVIDER | | | | | | | |
| 16. WHAT TO REPORT TO 911 | | | | | | | |
| 17. RND SIGNATURE | | | | | | 18. DATE | |

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| 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 | | |
| 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.  16. What to Report to 911: List signs and symptoms to report to 911.  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. | | |