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| Transforming Lives |  **Nurse Delegation: Rescinding Delegation** |
| 1. CLIENT NAME | 2. ACES CLIENT ID NUMBER | 3. DATE OF BIRTH | 4. SETTING |
| 5. FACILITY OR PROGRAM NAME | 6. TELEPHONE NUMBER |
| 7. Reason for Rescinding: (Check all that apply) |
| **[ ]**  A. Client died**[ ]**  B. Client’s condition is no longer stable and predictable**[ ]**  C. Frequent staff turnover**[ ]**  D. Client / authorized representative requested | **[ ]**  E. NA not competent**[ ]**  R. NA not willing**[ ]**  G. NA credential expired**[ ]**  H. NA No longer working with client**[ ]**  I. Client safety compromised | **[ ]**  J. Rescinding facility including clients and nurse assistant**[ ]**  K. Other (specify)  |
| 8. NAMES OF CAREGIVERS | 9. MEDICATIONS AND TREATMENTS RESCINDED | 10. NOTES |
| 1)  |  |  |
| 2)  |  |  |
| 3)  |  |  |
| 4)  |  |  |
| 5)  |  |  |
| 6)  |  |  |
| 7)  |  |  |
| 8)  |  |  |
| 9)  |  |  |
| 10)  |  |  |
| 11. NAME OF CASE MANAGER NOTIFIED | 12. METHOD OF NOTIFICATION**[ ]**  Telephone **[ ]**  Email | 13. DATE |
| 14. ALTERNATIVE PLAN FOR CONTINUING THE TASK |
| 15. RND SIGNATURE | 16. DATE |

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| **Instructions for Completing Nurse Delegation: Rescinding Delegation**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. Setting: Enter client’s setting “AFH”, “ALF”, DDA Program, or “In-home”.5. Facility or Program Name: Enter name of facility/program contact.6. Telephone Number: Enter telephone number of facility/program contact including area code.7. Reason for Rescinding: Mark the boxes next to the reason for rescinding. Mark all that apply.8. Names of Caregivers: Enter name of individual caregiver rescinded.9. Medications and treatments rescinded: Enter name of individual medication or treatment. 10. Notes: List notes related to rescinded tasks11. Name of Case Manager Notified: Enter case manager name, if notified.12. Method of notification: Identify method of notification to case manager.13. Date: Enter date the case manager was notified.14. Alternative Plan for Continuing the Task: Describe how client’s needs will continue to be met.15. and 16. RND Signature and Date: Sign and date your signature. The date the form is signed is the date of rescinding. |