

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 (<input type="checkbox"/> CHECK HERE IF ADDITIONAL FORM ATTACHED.)			8. VERIFICATION OF DELEGATED MEDICATION DATE	
			NAME / TITLE	
			METHOD OF VERIFICATION	
9. STEPS TO PERFORM THE TASK: <input type="checkbox"/> 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	
19. FOR CONSUMER DIRECTED EMPLOYER: INDIVIDUAL PROVIDER'S (IP) NAME			20. PROVIDER ONE NUMBER	
Call RND when:				
<ul style="list-style-type: none"> <li style="width: 50%;">• Medications change <li style="width: 50%;">• Client is admitted to ER, hospital, or SNF <li style="width: 50%;">• New orders received <li style="width: 50%;">• Client moves <li style="width: 50%;">• Client dies <li style="width: 50%;">• Client condition changes <li style="width: 50%;">• 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.