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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 MEDICATIONDATE |
| 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.
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| 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 TaskAll 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 Name14. 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. |