DELEGATED TASK

Client Name:
Caregiver Name:
Delegated Task(s):
Date:
Client Assessment:

Rationale that task can be safely delegated to an unlicensed person for this client:

Risk Identified:

Periodic evaluation/re-delegation (for an initial delegation the maximum time is 60 days; after the initial the maximum time frame is 180 days)
Date:
Training methods used (select methods)
  o Review and discussion of written material
  o Review of potential risks
  o Demonstration of the task by the RN
  o Return demonstration by the caregiver
  o Other (specify)

Comments:

Outcome of training:
Return demonstration of task:
  o Acceptable
  o Needs Improvement
  o Unacceptable

Level of understanding of task risks and side effects and how to manage them:
  o Acceptable
  o Needs Improvement
  o Unacceptable

Comments: ________________________________
Delegation Approval
The caregiver has been instructed in the correct method of performing the delegated task listed above in accordance with the Oregon Scope of Practice Rules; is competent and agreed to perform the task; and understands the task is not transferable to another client or care giver. It is my determination that he/she can safely perform the task in my absence. I thereby take responsibility for delegation of (tasks).

Signature of Delegating RN
Date

Caregiver Acknowledgment
I understand that there are potential risks/side effects involved in the performance of this task and that I am prepared to effectively deal with the consequences of them. I have received a copy of the written procedures/instructions for delegation of task, risks, side effects & specific caregiver responses. I understand that performing this task is specific to client and is not transferrable to other clients or caregivers.

Care Giver Signature
Date