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)  
- Review and discussion of written material  
- Review of potential risks  
- Demonstration of the task by the RN  
- Return demonstration by the caregiver  
- Other (specify)  

Comments:  

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

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

Comments:  

__________________________________________
Delegation of Special Task of Nursing

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