

**Nurse Delegation: Instructions for Nursing Task**

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Apartment \_\_\_\_\_

Delegated Task \_\_\_\_\_

Expected Outcome \_\_\_\_\_

Steps to Perform

Task \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional teaching sheet(s) attached**

Report Side Effects or Unexpected Outcomes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Call RN** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Reasons to call RN:

- Side effects or unexpected outcomes
- New orders received
- Client death
- Client transferred to ER, hospital or SNF
- Client condition changes
- Client moves out
- Problem/Unable to perform nursing task

**Call Health Care Provider** \_\_\_\_\_ **Phone#** \_\_\_\_\_

What to report to the Health Care

Provider \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Services (Dial 9-1-1)**

What to report to emergency services (911)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RN** \_\_\_\_\_ **Date** \_\_\_\_\_

