

**Nurse Delegation: Assumption of Delegation**

Client Name \_\_\_\_\_ DOB \_\_\_\_\_ Apartment # \_\_\_\_\_

Facility Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Reasons for Assuming Delegation**

- Client/authorized representative request
- Accepting transfer of delegation from outgoing nurse

Name \_\_\_\_\_ Title \_\_\_\_\_

**Names of UAPs and Specific Tasks Delegated**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Comments**

---

---

---

---

**I agree that I know the client through my assessment, the plan of care, the skills of the UAP(s) and the delegated task(s). I have informed the community administrator of my decision to assume delegation as outlined above.**

RN Signature \_\_\_\_\_ Date \_\_\_\_\_

Community Representative \_\_\_\_\_ Date \_\_\_\_\_