

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 _____