Delegation Order to Unlicensed Assistive Personnel (UAP)

Authority for Delegation: OSBN Div. 45 Nurse Practice Act

Definitions:

*Delegation* is authorizing a competent individual to perform a task of nursing, while the RN retains accountability. Only RNs have the authority to delegate.

*UAP* is a person who may have training which documents their knowledge and competency but they do not have a scope of practice or authorized nursing tasks. (e.g., CMA (Certified Medical Assistants), phlebotomists, other tech positions)

Delegating RN to complete this form:

RN Delegating to the UAP: ________________________ Job Title: ______________ 
Print

UAP Receiving Delegation: ________________________ Job Title: ______________ 
Print

What is the “task of nursing” to be delegated by the RN to the UAP?
_____________________________________________________________________
_____________________________________________________________________

What is the rationale for this delegation?
_____________________________________________________________________
_____________________________________________________________________

Delegation Process

1. Is the client/clients anticipated to be stable and will the delegation produce a predictable outcome? **Yes** ☐ **No** ☐
   - Yes ☐ No ☐ UAP understands nursing task to be done.
   - Yes ☐ No ☐ UAP understands contraindications.
   - Yes ☐ No ☐ UAP understands when to seek advice, additional support.

2. Teach the task: (site tools used) Date of Training: ____/ ____/____
   - Modules: _____________________________________________________
   - Policies: ______________________________________________________
   - Training/Webinars: ______________________________________________

3. Check for competency: What specifically did you do to check for the competency of your clinic employee to perform the delegated task appropriately and safely as you trained them?
   - ☐ Pre/Post Test  ☐ Observed Task
   - ☐ Return Demo  ☐ Certificate of completion
   - ☐ Other: (list)  ☐ Training / Webinar
4. UAP acknowledges receiving training, written procedure & delegation from the RN.

UAP Signature: _____________________________ Date: ____/ ____/____
(Note: Delegation may transfer between or with the Registered Nurse.)

5. Re-evaluate client(s) if necessary:
   Date(s) re-evaluated: _______________

6. RN re-evaluated UAP staff delegated nursing task:
   a. Dates re-evaluated: ___________ ___________ ___________
   b. RN Initial under date: _______ _______ _______

Narrative Notes: (use the corresponding numbers from side 1)
(Ex: #3: Staff may need frequent monitoring during her first week of performing this task, some anticipation and nervousness noted. Date: Initials: )

______________________________________________________
______________________________________________________
______________________________________________________
______________________________________________________
______________________________________________________

Any changes in delegation document below: (Include specific changes, date of change, staff initials)

______________________________________________________
______________________________________________________
______________________________________________________
______________________________________________________
______________________________________________________

Give completed form to the UAP’s Supervisor to file after you have trained the staff and re-evaluated their performance and feel confident in their ability to accept this delegation. Include written procedure discussed in #5 above with this form.

Delegation RN signature: _____________________________ Date____/ ____/____

Date Received by UAP Supervisor: ____/ ____/____

References: Licensed Nurse Supervision in Settings other than Community-Based Care
Linn County Public Health Programs: PO Box 100, Albany, OR 97321

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