

Elements of Delegation

Facility:

Facility #:

Date:

Surveyor:

**Only RN's can delegate tasks of nursing care.
Only the task is delegated; assessment and judgment cannot be delegated.**

A. Assessment Components	B. Teaching Components
<p>1. Clients Condition is assessed as * "stable & predictable" <input type="checkbox"/> Yes <input type="checkbox"/> No (Last assessment)</p> <p>2. <u>Assess the task:</u></p> <ol style="list-style-type: none"> a) Complexity b) Risks Involved c) Skills necessary to safely perform task d) How often task needs to be reassessed e) Rationale deciding can task be safely performed w/out direct RN supervision <p>3. <u>Assess the caregiver</u></p> <ol style="list-style-type: none"> a) Determine if unlicensed person can perform task safely b) Skill, ability, willingness of unlicensed person evaluated c) How often caregiver's skills need to be reassessed 	<p>Must Include:</p> <ol style="list-style-type: none"> 1. Explanation of why task is important to client's wellbeing. 2. Proper procedure / technique was taught. 3. Observation of caregiver performing task and competency achieved. 4. Risks associated with the task. 5. Observation of the client's response to the task. 6. Signs and symptoms indicated client may be experiencing side effects.
C: Written Instructions	D. Documentation Components
<ol style="list-style-type: none"> 1. Step by step detailed outline of how task of nursing is performed. 2. Signs and symptoms to be observed. 3. Guidelines for what to do if negative signs / symptoms occur. 4. Caregiver understanding of the risks involved in performing task and knows plan for dealing with consequences. 5. Instructions to caregiver on whom to report negative signs / symptoms to. 	<ol style="list-style-type: none"> 1. Stability of client condition based on nursing assessment (<i>was assessment documented?</i>) 2. Rational for deciding task could be safely delegated. 3. Skill, ability and willingness of unlicensed person. 4. That task was taught and caregiver is competent. 5. Written instructions which include risks, side effects, appropriate response, who staff report to if they occur. 6. Evidence CG instructed task is client specific, not transferrable to other clients. 7. How frequently client is to be reassessed, including rational for frequency based on client needs. 8. How frequently CG should be supervised and reevaluated, including rationale for frequency based on competency of the CG. 9. That the RN takes responsibility for delegating the task to the caregiver. 10. RN rational for delegating task.
E: Transfer Delegation	
<ol style="list-style-type: none"> 1. Review the client's condition, teaching plan, competence of the unlicensed person, the written instructions and the plan for supervision. 2. Redo any parts of the delegation process which needs to be changed because of the transfer. 3. Document the transfer and acceptance of the delegation/supervision responsibility, the reason for transfer and the effective date of the transfer, signed by both RNs. 	

* **Stable & Predictable:** Residents clinical & behavioral state is known, not characterized by rapid changes, does not require frequent reassessment and evaluation. Includes residents whose deteriorating condition is predictable.

***Delegation Questions:** Gretchen Koch RN, works for Board of Nursing 971-673-0660.

