





Individual \_\_\_\_\_ Date \_\_\_\_\_

**RN Delegated Tasks**

May be performed by assistive personnel **only** as individually authorized and directed by RN for this specific individual.

RN Area Code and Telephone No. \_\_\_\_\_

RN After Hours or No Answer Area Code and Telephone No. \_\_\_\_\_

**Tasks:**  as described     not applicable    **Vital signs:**  call if outside of ranges listed     not applicable

Blood Pressure	
Heart Rate	
Breaths	
Weight	
Blood Sugar	

RN \_\_\_\_\_

Individual \_\_\_\_\_ Date \_\_\_\_\_

**Nursing Tasks**

May **only** be performed by a licensed nurse.

Nurse Telephone No. \_\_\_\_\_ After hours or no answer Telephone No. \_\_\_\_\_

Initial dose of new medications     not applicable    **Additional tasks:**  as described     not applicable

**Additional Special Needs Training**

Diet	Describe	Example
Texture:		
Liquids:		
Nutritional needs:		

Adaptive Aids and instructions for safe use

**Health Care Follow-Up**

Staff must contact nurse regarding each health appointment. Written documentation of all orders and labs must be submitted to nurse. Doctor's office may fax information to fax no.

**Medication Side Effects**

RN \_\_\_\_\_

Individual \_\_\_\_\_ Date \_\_\_\_\_

**Additional Special Needs Training (Continued)**

Empty rectangular box for additional special needs training information.

RN \_\_\_\_\_

Individual \_\_\_\_\_ Date \_\_\_\_\_

### Nurse Monitoring

Determine, in consultation with the individual or guardian/LAR and/or IDT, the level of supervision and frequency of supervisory visits, taking into account: the stability of the individual's status; the training, experience and capability of the assistive personnel to whom the nursing task is delegated; the nature of the nursing task being delegated; the proximity and availability of the RN to the unlicensed person when the task will be performed; and the level of participation of the individual or CRA. §225.9(a)(3)(A-E)

RN follow-up to monitor competency of assistive personnel

- not applicable, no tasks are delegated
- once additionally within the first \_\_\_\_\_, then
  - monthly
  - quarterly
  - once additionally within the year
  - annually
- Other (med minders, insulin)

Additional monitoring of assistive personnel by a licensed (RN or LVN ) nurse

- not applicable; no additional monitoring is needed
- once additionally within the first then \_\_\_\_\_, then
  - monthly
  - quarterly
- once additionally within the year

Notes

RN \_\_\_\_\_



