





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

**HMA's exempt from delegation**

May be performed by Assistive Personnel **only** as individually trained and directed by \_\_\_\_\_, CRA for this specific individual.

CRA Telephone No. \_\_\_\_\_ Back-up Telephone No. \_\_\_\_\_

as described     not applicable

**RN Delegated Tasks**

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

RN Telephone No. \_\_\_\_\_ RN After Hours or No Answer 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 CRA, 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 \_\_\_\_\_

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

**Participants in Special Needs Planning**

**Individual**

I have participated in decisions about the overall management of my health care [§225.1(2)] and:

can make all of my own decisions, and am able to direct own health care,

or

would like assistance from \_\_\_\_\_ to act as my Client Responsible Adult (CRA),

and

will not be directing Health Maintenance Activities (HMAs) [§225.8(2)(D)(i)].

or

agree to train assistive personnel in the performance of HMAs.

\_\_\_\_\_  
Printed Name Signature Date

**Client Responsible Adult (CRA)  No CRA available**

I have participated in decisions about the overall management of health care [§225.1(2)] and:

will be participating in decisions only, not directing care. No HMAs will be performed.

or

agree to train assistive personnel in the proper performance of tasks identified as HMAs, be present when the task is performed or if not present will have observed the unlicensed person perform the task and will be immediately accessible in person or by phone to the assistive personnel when the task is performed. [§225.8(2)(D)(ii)(I-II)]

\_\_\_\_\_  
Printed Name Signature Date

**Provider Advocate Committee (PAC) as CRA  Attached  Not Necessary**

A PAC will act as the CRA. In this situation the individual cannot make decisions regarding health care and does not have a single identified adult that is willing and able to participate in decisions about the overall management of the individual's health care. [§225.1(a)(2)]

**Registered Nurse (RN)**

I have developed this plan and retain accountability for delegated tasks. Each assistive personnel's competency will be verified before allowing delegated tasks to be performed without direct nursing supervision. An RN will be immediately accessible by phone to the assistive personnel when the task is performed.

\_\_\_\_\_  
Printed Name Signature Date

RN \_\_\_\_\_

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

**Delegation: Nursing Special Needs Delegation and Training**

Plan Dated:

Individual Date of Training:

DELEGATED TASKS	DESCRIPTION/ KEY TEACHINGS	RN VERIFICATION OF COMPETENCY AND OBSERVATION OF RETURN DEMONSTRATION (INITIAL EACH KEY TEACHING)
Additional Tasks		

**Assistive Personnel**

I understand above, was provided a copy of this information and agree to communicate changes, questions and concerns.

\_\_\_\_\_

Printed Name

Signature

Date

**RN**

I have developed this plan and retain accountability for delegated tasks. Each assistive personnel's competency **must** be verified before allowing delegated tasks to be performed without direct nursing supervision. An RN will be immediately accessible by phone to the assistive personnel when the task is performed.

\_\_\_\_\_

Printed Name

Signature

Date

RN \_\_\_\_\_