

Individual _____ Date _____

Medications (Continued)

Administered	Medication	Dose	Freq.	Route	Purpose	Side Effects	Comments

RN _____

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 _____

Individual _____ Date _____

Participants in Special Needs Planning

Individual

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

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

or

I have a guardian, Legally Authorized Representative (LAR) or Interdisciplinary Team (IDT) member to act as my Client Responsible Adult (CRA).

Printed Name Signature Date

Client Responsible Adult (CRA) IDT to serve as CRA

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

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

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 person'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 _____