

Nurse Delegation: Consent for Delegation Process

1. CLIENT NAME		2. DATE OF BIRTH		3. ID/SETTING (OPTIONAL)	
4. CLIENT ADDRESS		CITY		STATE ZIP CODE	
6. FACILITY OR PROGRAM CONTACT		7. TELEPHONE NUMBER			
8. FAX NUMBER			9. E-MAIL ADDRESS		
10. SETTING		11. CLIENT DIAGNOSIS		12. ALLERGIES	
<input type="checkbox"/> Certified Community Residential Program for Developmentally Disabled					
<input type="checkbox"/> Licensed Adult Family Home					
<input type="checkbox"/> Licensed Assisted Living Facilities					
<input type="checkbox"/> Private Home/Other					
13. HEALTH CARE PROVIDER				14. TELEPHONE NUMBER	

Consent for the Delegation Process

I have been informed that the Registered Nurse Delegator will only delegate to caregivers who are capable and willing to properly perform the task(s). Nurse delegation will only occur after the caregiver has completed state required training (WAC 246-841-405(2)(a)) and individualized training from the Registered Nurse Delegator. I further understand that the following task(s) may never be delegated:

- Administration of medications by injections (IM, Sub Q, IV) **except insulin injections.** ESSHB 2668 (2008) specifically allows delegation of insulin injections.
- Sterile procedures.
- Central line maintenance.
- Acts that require nursing judgment

If verbal consent is obtained, written consent is required within 30 days of verbal consent.

15. CLIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE		16. TELEPHONE NUMBER		17. DATE	
18. VERBAL CONSENT OBTAINED FROM		19. RELATIONSHIP TO CLIENT		20. DATE	

My signature below indicates that I have assessed this client and found his/her condition to be stable and predictable. I agree to provide nurse delegation per RCW 18.79 and WAC 246-840-910 through 970.

21. RND NAME - PRINT		22. TELEPHONE NUMBER	
23. RND SIGNATURE		24. DATE	

To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078

DISTRIBUTION: Copy in client chart and in RND file

Instructions for Completing Nurse Delegation: Consent for Delegation Process

All fields are required unless indicated "OPTIONAL".

1. **Client Name:** Enter ND client's name (last name, first name).
2. **Date of Birth:** Enter ND client's date of birth (month, day, year).
3. **ID Setting:** OPTIONAL – Enter client's ID number as assigned by your business OR enter settings "AFH", "ALF", DDD Program, "In-home".
4. **Client Address:** Enter the address where the client currently resides, including street address, city, state and zip code.
5. **Telephone Number:** Enter the telephone including area code where the client can be reached.
6. **Facility or Program Contact:** Enter the name of facility or name of individual to contact at the facility. Enter N/A if client resides in own home.
7. **Telephone Number:** Enter the telephone number including area code if different from 5. above.
8. **Fax Number:** Enter the fax number at the facility if available.
9. **E-mail Address:** Enter e-mail address of client or facility if available.
10. **Setting:** Check the appropriate box.
11. **Client Diagnosis:** Enter client's diagnoses that affect the delegated task.
12. **Allergies:** List known allergies or "N/A" if none.
13. **Health Care Provider:** Enter name of client's health care provider.
14. **Telephone Number:** Enter telephone number including area code of provider named in 13.
15. **Client or Authorized Representative Signature:** Read the statement to the client/authorized representative and explain the nurse delegation process to them before they sign.
16. **Telephone Number:** Ask them to enter their telephone number if different from 5. above.
17. **Date:** Date the signature.
18. **Verbal Consent Obtained From:** Read the statement to the client/authorized representative and explain the nurse delegation process to them before obtaining verbal consent. Print the name. Written consent must be obtained within 30 days of verbal consent.
19. **Relationship to Client:** Enter the relationship of the person to the client named in 18. above.
20. **Date:** Date when you obtained verbal consent.
21. **PND Name:** Print your name.
22. **Telephone Number:** Enter your telephone number including area code.
23. and 24. **RND Signature and Date:** Sign and date your signature verifying consent.