

**DELEGATION OF NURSING  
TASK TO UNLICENSED STAFF  
SAMPLE**

DELEGATED

TASK: \_\_\_\_\_

PERSON: \_\_\_\_\_

\_\_\_\_\_

UNLICENSED STAFF:

\_\_\_\_\_

REGISTERED NURSE: \_\_\_\_\_

—

**ASSESSMENT**

After assessing the above named person's condition, I have determined that his/her condition is stable/ predictable.

I have considered the complexity, the risks and the skill necessary to perform this task, and it is my determination that it is acceptable to delegate.

This person's condition will be reassessed every \_\_\_\_\_ days for continued appropriateness of delegating this task.

\_\_\_\_\_

\_\_\_\_\_  
(Delegating RN Signature)

\_\_\_\_\_  
(Date)

**TEACHING - WRITTEN INSTRUCTIONS - RATIONALE - TEACHING  
OUTCOMES**

The written instructions for the above task, including risks, side effects and the appropriate response, have been reviewed with the unlicensed staff and can be located: \_\_\_\_\_.

Teaching process used include (check methods used):

- Review and discussion of the written material
- Review of potential risks and side effects of the task
- Demonstration of the task by the RN
- Return demonstration by the unlicensed staff
- Time for further discussion including question and answer time
- Written test (optional)
- Other \_\_\_\_\_ (specify)

The rationale for determining that the skill of the unlicensed staff is appropriate to the person's condition is based on the following (check all that apply):

- The person's condition is predictable/stable
- The unlicensed staff has a good understanding of the task, its risks/side effects and how to manage them
- The unlicensed staff can safely and accurately perform the task

EVALUATION

Teaching outcome:

- Level of understanding of task, risks and side effects and how to manage them:  
\_\_\_\_\_ acceptable, \_\_\_\_\_needs improvement, \_\_\_\_\_  
unacceptable
- Return demonstration of task:  
\_\_\_\_\_ acceptable, \_\_\_\_\_needs improvement, \_\_\_\_\_  
unacceptable
- Written test (if given):  
\_\_\_\_\_ acceptable, \_\_\_\_\_needs improvement, \_\_\_\_\_  
unacceptable  
  
\_\_\_\_\_ not applicable
- Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DELEGATION APPROVAL - SUPERVISION STATEMENT**

The unlicensed staff has been instructed in the correct method of performing the above task and has successfully demonstrated understanding of the task, its risks/side effects and management of both. It is my determination he/she can safely perform the task in my absence. I thereby take responsibility for delegation of:

\_\_\_\_\_ to \_\_\_\_\_.  
(task) (unlicensed staff)

I assure that I will provide supervision of the above unlicensed staff's performance of this task for as long as I am supervising the delegation of this task. Ongoing supervision will occur at least every 60 days unless otherwise documented.

Reason and rationale for supervision of unlicensed staff to exceed 60 days:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (Delegating RN Signature)  
\_\_\_\_\_ (Date)

**UNLICENSED STAFF'S STATEMENT**

**I understand that there are potential risk/side effects involved in the performance of this task and that I am prepared to effectively deal with**

**the consequences of them.**

**I have been instructed that performing this task is specific to \_\_\_\_\_ and is not transferable to other persons or unlicensed staff.**

\_\_\_\_\_  
(Signature of Unlicensed staff)

\_\_\_\_\_  
(Date)