

# Specialized Task Instructions

## HEALTH-RELATED SERVICES SPECIALIZED TASK INSTRUCTIONS

Date:	Resident:
Frequency:	Task:
Purpose of task:	

Procedures / steps to follow:

See supplemental instructions attached: y / n

Predictable outcomes / appropriate follow-up:

Potential risks:

Follow-up for side effects, complications, unexpected outcomes:

The above procedure has been taught to me through written and verbal instructions and by demonstration. I understand that instruction for this task is for the above named client only, and that I cannot perform this or similar tasks for other people without further instruction by a registered nurse.

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Trained:	Date:	Staff Trained:	Date:	Staff Trained:	Date:

**Re Training:** I have reviewed the written procedure above and given a return demonstration of my continued ability to perform this task properly.

RN Signature: \_\_\_\_\_

Staff Re-Trained:	Date:	Staff Re-Trained:	Date:	Staff Re-Trained:	Date:

**Re Training:** I have reviewed the written procedure above and given a return demonstration of my continued ability to perform this task properly.

RN Signature: \_\_\_\_\_

Staff Re-Trained:	Date:	Staff Re-Trained:	Date:	Staff Re-Trained:	Date: