

General Tasks Sign Off

Date _____

Caregiver _____

Residence Name _____

I _____ RN/LPN, delegated the following tasks to the above employee/caregiver. The above employee has completed the tasks to an acceptable level. In addition, will have access to the Delegation Teaching Tool stored in the Delegation Binder to use as a reference and The Cottages PP as needed.

General Delegation Tasks:

Hand Washing	Application of Topical Meds	Apply Eye Medications
Apply Ear Medications	Admin. Suppositories	Administer Nasal Sprays
Assist Metered Dose Inhalers	Assist Hand Held Nebulizer	Admin Fleets Enema
Assist with Oxygen	Assist Blood Glucose Monitoring	Vital Signs; BP, R, Temp
Assist Showers	Assist Tub Bath	Assist Nail Care
Assist Peri Care/Male & Female	Assist Soiled Linen	Assist Resident with Visual Impairment
Collection of Urine for UA	Foley Catheter Care	

I _____ have received the above information and understand the procedures taught. I have been instructed by RN/LPN on the above procedures and have been instructed by RN on when to contact RN or Residents' PCP in the event there is Adverse Reaction to any of these procedures. By signing the agreement the Caregiver agrees to perform the task as taught.

Caregiver Signature _____

RN/LPN Signature _____

The Nurse will review the Caregiver performance annually or as needed to assure continued competency in performance of these tasks.

Reassessment:

Caregiver Signature

Date

RN/LPN Delegating Nurse Signature

Date