

Nurse Delegation to Certified Staff



The following tasks have been reviewed with _____, a **medication certified** staff for The Cottages Assisted Living.

I am delegating the following duties to this employee:

- Assistance with medications following guidelines in the Medication Assistance Class. This includes oral, ear, eye, nasal, inhaled, crushing medications and topical medication assistance.
 - 6 rights
 - Time management (one hour before and one hour after the scheduled time)
 - What do you do if a Resident: refuses their meds? A medication is late? If the wrong medication is given?
 - When and how do you Narcotic count?
 - What is a PRN? Policy with PRN's
- Non sterile skin/wound care and bandage changes
- Taking and recording vital signs (BP, TPR, O2 saturation)
 - When to contact the nurse? Where are parameters?
- Following physicians orders as directed and written on the MAR
- Using the Nursing Drug Handbook or other references to find medications side effects.
- Documenting on the MAR or resident record, the following:
 - Performing Infection Control
 - Each medication assisted with
 - Vital signs, weights and other health information
- When to call the nurse:
 - Changes in condition of the resident as reported to the supervisor
 - Incidents, accidents or unusual events that occur during your shift
 - Falls – When and who to call – including outside agency
 - Having gathered all information prior to calling
 - Any concerns or complaints from residents, families, or physicians

In addition the following tasks have been reviewed and delegated to this staff member:

- Hand washing, maintenance of clean, sanitary facility environment
- Assisting with shower or tub baths for residents
 - Doing skin checks regularly
- Assisting with peri-care for male and female residents
- Providing nail care (except for diabetics)
- Collection of urine, for testing
- Assisting all residents as directed in their service agreement, to be comfortable, well cared for and to maintain their highest potential.

Delegating nurse's signature

Date

I, _____, understand that I have been delegated the above tasks from the delegating nurse and assure that I have been trained in all areas listed. I understand these duties and will fulfill them correctly.

Staff member's signature

Date