

Delegation Order to Unlicensed Assistive Personnel (UAP)

Authority for Delegation: OSBN Div. 45 Nurse Practice Act

Definitions:

Delegation is authorizing a competent individual to perform a task of nursing, while the RN retains accountability. Only RNs have the authority to delegate.

UAP is a person who may have training which documents their knowledge and competency but they do not have a scope of practice or authorized nursing tasks. (eg: CMA (Certified Medical Assistants), phlebotomists, other tech positions)

Delegating RN to complete this form:

RN Delegating to the UAP: _____ Job Title: _____
Print

UAP Receiving Delegation: _____ Job Title: _____
Print

What is the "task of nursing" to be delegated by the RN to the UAP?

What is the rationale for this delegation?

Delegation Process

1. Is the client/clients anticipated to be stable and will the delegation produce a predictable outcome? **Yes** **No**

Yes **No** UAP understands nursing task to be done.

Yes **No** UAP understands contraindications.

Yes **No** UAP understands when to seek advice, additional support.

2. Teach the task: (site tools used) _____ Date of Training : ____/____/____

Modules: _____

Policies: _____

Training/Webinars: _____

3. Check for competency: What specifically did you do to check for the competency of your clinic employee to perform the delegated task appropriately and safely as you trained them?

Pre/Post Test

Return Demo

Other: (list)

Observed Task

Certificate of completion

Training / Webinar

4. UAP acknowledges receiving training, written procedure & delegation from the RN.

UAP Signature: _____ Date: ____/____/____
(Note: Delegation may transfer between or with the Registered Nurse.)

5. Re-evaluate client(s) if necessary:

Date(s) re-evaluated: _____

6. RN re-evaluated UAP staff delegated nursing task:

a. Dates re-evaluated: _____

b. RN Initial under date: _____

Narrative Notes: (use the corresponding numbers from side 1)

(Ex: #3: Staff may need frequent monitoring during her first week of performing this task, some anticipation and nervousness noted. Date: Initials:)

Any changes in delegation document below: (Include specific changes, date of change, staff initials)

Give completed form to the UAP's Supervisor to file after you have trained the staff and re-evaluated their performance and feel confident in their ability to accept this delegation. Include written procedure discussed in #5 above with this form.

Delegation RN signature: _____ Date ____/____/____

Date Received by UAP Supervisor: ____/____/____

References: Licensed Nurse Supervision in Settings other than Community-Based Care
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