DELEGATION SKILLS CHECKLIST

326-B:29 Delegation. A licensee who delegates or has delegated a specific nursing activity or task **in compliance with this chapter** shall not be subject to disciplinary action because of the performance of the person to whom the nursing activity or task is or was delegated. The nurse remains ultimately responsible for the care provided, but the scope of this responsibility should be made clear, because being responsible for the task of delegation is not the same as being responsible for the actual performance of the delegated task. If the delegatee makes a mistake while performing the delegated task, the nurse retains accountability and is responsible for determining what caused the problem and what measures should be taken following discovery of the problem.

Delegated Task:  Medication Administration under NUR 400

A delegation of a task of client care involving the administration of medication shall specify:

1) The medication to be administered;
2) The dosage, route and time of the medication to be administered; and
3) The individual to whom the medication is to be administered.

Medication to be administered:__________________________________________________

Dosage, route, and time:_________________________________________________________

Individual:____________________________________________________________________

Before delegating a task of client care, a delegating licensee shall determine:

1) The intended delegatee's competency to perform the task;
2) The unlicensed staff should possess skill in core areas such as:
   - Basic reading, writing and communications skills: □Yes □No
   - A basic understanding of individuals’ rights, including confidentiality, the right to privacy, the right to refuse care and the right to be treated with dignity: □Yes □No
   - Culturally sensitive interpersonal communications: □Yes □No
   - Role clarification: □Yes □No
   - Principles of consumer safety, including infection control and proper hand washing techniques; and feel competent that they can perform the activities: □Yes □No

The “5 Rights” in administering medication:
- Right Individual, Right Time, Right Dose, Right Route, Right Drug □Yes □No

In exercising such discretion in delegation as is permitted by NUR 404 a licensee intending to delegate a task of client care shall take into account: The degree of the intended delegatee's competency to perform the task: NUR 101.03 “Competency” means having the integration of knowledge, judgment and skills necessary to provide safe nursing care or safely to perform nursing related activities.

Delegatee’s demonstration of knowledge of task, risks, and side effects and how to manage them:
- Competent_________ Needs further education_________ Unacceptable_______

Delegatee’s demonstration of judgment:
- Competent_________ Needs further education_________ Unacceptable_______

Delegatee’s demonstration of skill:
- Competent_________ Needs further education_________ Unacceptable_______
In exercising such discretion in delegation as is permitted by NUR 404 a licensee intending to delegate a task of client care shall take into account: Whether the client is stable:
Nur 101.19 “Stable client” means a client whose health status is under control and raises no expectation that the client’s symptoms, vital signs or reactions to medications will suddenly change.

Individual meets the Nur 101.19 definition of stable: ☐Yes ☐No

Unlicensed Staff Statement:
I ____________________________________________ have received written instruction regarding the performance of medication administration to: ____________________________________________
I can[ ] cannot[ ] describe the steps involved and the outcomes.
I believe I do[ ] do not[ ] have the necessary skills to perform this activity.
I do[ ] do not[ ] have the necessary supplies, equipment, and other support necessary to perform this activity.
I know[ ] do not know[ ] what observations the nurse wants me to report.
Observations: ____________________________________________
I do[ ] do not[ ] understand any limitation imposed on me while I perform this activity.
Limitations: ____________________________________________
I have[ ] have not[ ] performed this skill successfully under direct observation.
I do[ ] do not[ ] know to whom to report my needs for assistance or support, and
I do[ ] do not[ ] understand that I must report medication errors immediately to ____________________________
Tel.# ____________________________

Unlicensed Staff signature ____________________________ Date ____________________________

RN Statement:
The unlicensed person named ____________________________________________ has been instructed in the correct method of performing the above named task and has successfully demonstrated knowledge, skill, and judgment via direct observation in the performance of this task, its risks/side effects and management thereof. S/he has therefore demonstrated competency to administer the above named medication(s) to: ____________________________ for so long as I provide supervision of this task.

Delegating RN signature ____________________________ Date ____________________________

Supervision date ______ Competency Demonstrated Comments/RN signature ____________________________ Next supervision date ____________________________

SEE ATTACHED CERTIFICATE OF COMPETENCY