**Washington State**
**Department of Social & Health Services**

# Nurse Delegation:
# Consent for Delegation Process

| 1. CLIENT NAME | | 2. DATE OF BIRTH | 3. ID/SETTING (OPTIONAL) |
|---|---|---|---|

| 4. CLIENT ADDRESS | CITY | STATE | ZIP CODE | 5. TELEPHONE NUMBER |
|---|---|---|---|---|

| 6. FACILITY OR PROGRAM CONTACT | 7. TELEPHONE NUMBER |
|---|---|

| 8. FAX NUMBER | 9. E-MAIL ADDRESS |
|---|---|

| 10. SETTING | 11. CLIENT DIAGNOSIS | 12. ALLERGIES |
|---|---|---|
| ☐ Certified Community Residential Program for Developmentally Disabled | | |
| ☐ Licensed Adult Family Home | | |
| ☐ Licensed Assisted Living Facilities | | |
| ☐ Private Home/Other | | |

| 13. HEALTH CARE PROVIDER | 14. TELEPHONE NUMBER |
|---|---|

| **Consent for the Delegation Process** |
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I have been informed that the Registered Nurse Delegator will only delegate to caregivers who are capable and willing to properly perform the task(s). Nurse delegation will only occur after the caregiver has completed state required training (WAC 246-841-405(2)(a)) and individualized training from the Registered Nurse Delegator. I further understand that the following task(s) may never be delegated:

- Administration of medications by injections (IM, Sub Q, IV) **except insulin injections.** ESSHB 2668 (2008) specifically allows delegation of insulin injections.
- Sterile procedures.
- Central line maintenance.
- Acts that require nursing judgment

*If verbal consent is obtained, written consent is required within 30 days of verbal consent.*

| 15. CLIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE | 16. TELEPHONE NUMBER | 17. DATE |
|---|---|---|

| 18. VERBAL CONSENT OBTAINED FROM | 19. RELATIONSHIP TO CLIENT | 20. DATE |
|---|---|---|

My signature below indicates that I have assessed this client and found his/her condition to be stable and predictable. I agree to provide nurse delegation per RCW 18.79 and WAC 246-840-910 through 970.

| 21. RND NAME - PRINT | 22. TELEPHONE NUMBER |
|---|---|

| 23. RND SIGNATURE | 24. DATE |
|---|---|

**To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078**

**DISTRIBUTION:** Copy in client chart and in RND file