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| **Task:** | **Resident:** | | |
| **Frequency:** | **Employee:** | | |
| **Purpose of task:** | | | | |
| **Procedures / steps to follow:** | | | | |
| **See supplemental instructions attached:  Y  N** | | | | |
| **Predictable outcomes / appropriate follow-up:** | | | | |
| **Potential risks:** | | | | |
| **Follow-up for side effects, complications, unexpected outcomes:** | | | | |
| The above procedure has been taught to me through written and verbal instructions and by demonstration. I understand that instruction for this task is for the above named resident only, and that I cannot perform this or similar tasks for other people without further instruction by a registered nurse. | | | | |
| Employee Signature: | | Date: | | |
| RN Trainer Signature | | | Date: | |
| **RN Delegation: Delegation required:**   N  Y ***If yes:***  Having been trained and demonstrated competency for this task, this employee is delegated this task for the above-named resident as allowed by the state Nurse Practice Act and Assisted Living Regulations | | | | |
| RN Signature: | | Date: | | |
| **Re-training and/or review**: The above procedure has been taught to me through written and verbal instructions and by demonstration. I understand that instruction for this task is for the above named resident only, and that I cannot perform this or similar tasks for other people without further instruction by a registered nurse. I have reviewed the written procedure above and given a return demonstration of my *continued* ability to perform this task properly. | | | | |
| Staff Signature: | | Date: | | |
| **RN Delegation**: Having demonstrated continued competency in this task, RN delegation is continued.  RN Signature: | | Date: | | |

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| **Task:** | **Resident:** |
| **Frequency:** | **Employee:** |

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