



**NURSING DELEGATION:
INSTRUCTIONS FOR NURSING TASK**
Wyoming Department of Health, Aging Division
IHS-200

1. Client Name:	2. Date of Birth:	3. Setting:	4. Date Task Delegated:
5. Delegated Task and Expected Outcome:			
Report Unexpected Outcomes To:			
6. Licensed Nurse Name: (PRINT)		7. Telephone Number:	
8. What to Report to the Licensed Nurse:			
Call the Licensed Nurse When:			
9.			
<input type="checkbox"/> Client dies <input type="checkbox"/> Client is admitted to the Hospital, Nursing Home or institution <input type="checkbox"/> Client condition changes <input type="checkbox"/> Problem/unable to perform nursing task		___ Other: _____ _____ _____ _____	
10. Health Care Provider:		11. Telephone Number:	
12. If unable to contact Licensed Nurse, report to Health Care Provider.			
EMERGENCY SERVICES, 911			
13. When to Report to 911:			
___ Client unresponsive ___ Client not breathing ___ Client has fallen ___ Client has uncontrolled bleeding		___ Other: _____ ___ Other: _____	
14. Licensed Nurse Signature and Title:			15. Date:

ORIGINAL COPY – CLIENT CHART
COPY – LICENSED NURSE



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Instructions for completing Nurse Delegation: Instructions for Nursing Task

All fields are required.

1. Client Name: Enter client's legal name (first name, last name).
2. Date of Birth: Enter client's date of birth (month, day, year).
3. Setting: Indicate program (WyHS, NFCSP).
4. Date Task Delegated: Enter the date task is delegated.
5. Delegated Task and Expected Outcome: Enter the name of the task and what outcome is anticipated.
6. & 7. Licensed Nurse Name and Telephone Number: Print Licensed Nurse name and telephone number.
8. What to Report to the Licensed Nurse: If there are outcomes, listed in Section 5, that are not attained and the licensed nurse would like the CNA to report, please list here.
9. Call the Licensed Nurse When: If the listed items take place, please call the licensed nurse as soon as possible.
- 10 & 11. Health Care Provider and Telephone Number: Enter the health care provider and telephone number.
12. If unable to contact Licensed Nurse, report to healthcare provider: If this is not your organizations standard operation, please note how you would like the CNA to proceed.
13. What to report to 911: List signs and symptoms to report to 911.
14. & 15. Licensed Nurse Signature and Title and Date: Sign and date the document.

This form must be completed annually or if there is a change in status.
This form may be completed more frequently per provider's policy.