

## Nurse Delegation Letter

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Medication pass-off

1. Aide washes hands between touching residents. Yes No
2. RN observes aide assist resident with oral medications. Yes No
3. RN observes aide assist resident with patch medications. Yes No
4. RN observes aide assist resident with nasal medications. Yes No
5. Aide correctly verbalizes procedure for assisting residents with PRN meds. Yes No
6. Aide demonstrates correct procedure for assisting residents with narcotic scheduled and prn medications. Yes No
7. Aide correctly verbalizes and uses the "5 rights" when assisting with all types of medications. Yes No
8. Aide demonstrates good judgment when RN quizzes on sample scenarios. Yes No

Comments:

**I certify the above-named staff member is authorized to administer medications under my license according to the RN Delegation Clause of the Nurse Practice Act.**

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_