



**Assigned Task Condition Assessment Form**

DATE OF REQUEST: \_\_\_\_\_ CLIENT: \_\_\_\_\_ PHIN: \_\_\_\_\_

Case Coordinator: \_\_\_\_\_ Resource Coordinator: \_\_\_\_\_

**Task: Colostomy/Urostomy Pouching (client specific)**

Conditions of Assignment			
	Yes	No	N/A
Current prescriber order in chart.			
Task has been established as routine and is performed as part of daily care.			
Client assessed and unable to perform the task with or without teaching. (Direct Service Nurse/Case Coordinator)			
Family/Primary Caregiver assessed and not available/unable to perform the task with or without teaching.			
Medication Regularly scheduled (no 'as needed' orders).			
Client assessed and unable to perform task with assistive device. (Direct Service Nurse)			
Client's condition is stable. (Direct Service Nurse/Case Coordinator)			
Client's response to the proposed task or procedure is predictable.			
Mature stoma, consistent pouch change procedure. Pre-cut, moldable pouch, or cut from template. Client must be able to self-direct, identify skin concerns.			

**Client Specific Comments:**

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**Client meets criteria for Assignment of Task to Unregulated Health Care Provider** \_\_\_ Yes \_\_\_ No

**If client meets ALL criteria:**

\*\*Client specific training is required

Assignment Task Plan Completed (This will include the Procedure/Problems to watch for and Client Specific Comments/Teaching written by Nurse):

Yes                      No                      N/A

Medication Reconciliation completed:

Yes                      No                      N/A

Treatment/Care Plan Activity Record – Home Care Attendant completed with medication and assist times; submit to Case Coordinator and Resource Coordinator.

Yes                      No                      N/A

Frequency of Task Monitoring:

Annually with medication reconciliation

Other than Annually – specify frequency:

\_\_\_\_\_

**Assessed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Direct Service Nurse forwards completed document to client's Case Coordinator.**