Assigned Task Condition Assessment Form

DATE OF REQUEST: _____ CLIENT: _____ PHIN: _____

Case Coordinator: _____ Resource Coordinator: _____

Task: Gastrostomy Feed (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/Case Coordinator)			
Client's condition is stable. (Direct Service Nurse/Case Coordinator)			
Client's response to the proposed task or procedure is predictable.			
Order from dietician or home nutrition program for formula, frequency, rate.			

Client Specific Comments:

_____

_____

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

<u>If client meets ALL criteria:</u>

**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

Medication Assignment 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.