



Assigned Task Condition Assessment Form

DATE OF REQUEST: _____ CLIENT: _____ PHIN: _____

Case Coordinator: _____ Resource Coordinator: _____

Task: Oral Medication

Conditions of Assignment			
	Yes	No	N/A
Current prescribers order in chart.			
Task established as routine and is performed as part of daily care.			
Client assessed by Direct Service Nurse/Case Coordinator and unable to perform the task with or without teaching.			
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 by Direct Service Nurse/Case Coordinator and unable to perform task with assistive device.			
Client's condition is stable as per Direct Service Nurse/Case Coordinator.			
Client's response to the proposed task or procedure is predictable.			
Pharmacy prepared dosing: compliance packaging (e.g. bubble pack), strip packaging, oral syringes. Solid dose formulation, liquid preparations, altered dose i.e. crushed medications. Includes opioids if client stable. Client with swallowing disorder: refer to Swallowing guideline.			

Client Specific Comments:

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

If client meets ALL criteria:

Is client specific training required:

Yes No

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.