

Assigned Task Condition Assessment Form

DATE OF REQUEST: _		CLIENT:	PHIN:					
Case Coordinator: Resource Coordinator:								
Task: Transderm	nal Patches							
Conditions of Assignment								
			Yes	No	N/A			
Current prescriber or	der in chart.							
Task has been establi care.	shed as routine	and is performed as part of daily						
Client assessed and unable to perform the task with or without								
teaching. (Direct Serv	vice Nurse/Case	e Coordinator)						
		nd not available/ unable to						
perform the task with		-						
Medication regularly								
	•	m task with assistive device. (Direct						
Service Nurse/Case C	·							
	•	ervice Nurse/Case Coordinator)						
		sk or procedure is predictable.						
No opioids, client stal	ole for more tha	an 30 days.						
Client Specific Comm	ents:							
Client meets criteria for Assignment of Task to Unregulated Health Care Provider Yes No								
If client meets ALL cr	iteria:							
Is client specific traini	ng required:							
Yes	No							
Assignment Task Plan Specific Comments/T	-	nis will include the Procedure/Problen by Nurse):	ems to watch	for and Cl	ient			
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.							

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