

Diabetes Care Tasks Delegation Decision-Making Grid

| Elements for Review | Name of UAP: _____ | Score/Comments |
|---|---|----------------|
| Level of Client Stability | Score the client's level of stability: 0. Client condition is chronic/stable/predictable 1. Client condition has minimal potential for change 2. Client condition has moderate potential for change 3. Client condition is unstable/acute/strong potential for change | |
| Level of UAP Competence | Score the UAP competence in completing delegated nursing care activities in the defined client population: 0. UAP-expert in activities to be delegated, in defined population 1. UAP – experienced in activities to be delegated, in defined population 2. UAP – experienced in activities but not in defined population 3. UAP – novice in performing activities and in defined population | |
| Level of Licensed Nurse Competence | Score the licensed nurse's competence in relation to both knowledge of providing nursing care to a defined population and competence in implementation of the delegation process: 0. Expert in the knowledge of nursing needs/activities of defined client population <i>and</i> expert in the delegation process 1. Either expert in knowledge of needs/activities of defined client population and competent in delegation <i>or</i> experienced in the needs/activities of defined client population and expert in the delegation process 2. Experienced in the knowledge of needs/activities of defined client population <i>and competent in the delegation process</i> 3. Either experienced in the knowledge of needs/activities of defined client population <i>or</i> competent in the delegation process 4. Novice in knowledge of defined population <i>and</i> novice in delegation | |
| Potential for Harm | Score the potential level of risk the nursing care activity has for the client (<i>risk is probability of suffering harm</i>): 0. None 1. Low 2. Medium 3. High | |
| Frequency | Score based on how often the UAP has performed the specific nursing care activity: 0. Performed at least daily 1. Performed at least weekly 2. Performed at least monthly 3. Performed less than monthly 4. Never Performed | |
| Level of Decision-making | Score the decision-making needed, related to the specific nursing care activity, client (both cognitive and physical status) and client situation:: 0. Does not require decision making 1. Minimal level of decision making 2. Moderate level of decision making 3. High level of decision making | |
| Ability for Self Care | Score the client's level of assistance needed for self-care activities: 0. No assistance 1. Limited assistance 2. Extensive assistance 3. Total care of constant attendance | |
| EMS Response Time | Score the estimated time for access to the Emergency Medical System 1. Average response time of 3 minutes or less 2. Average response time of 3 minutes – 10 minutes 3. Average response time greater than 10 minutes 4. Volunteer EMS response | |
| RN Signature _____ Date: _____ | | |