Delegation Decision-Making Grid
For School Nurses

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 *and* expert in the delegation process 1. Either expert in knowledge of needs/activities of defined client population and competent in delegation *or* 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 *and competent in the delegation process* 3. Either experienced in the knowledge of needs/activities of defined client population *or* competent in the delegation process 4. Novice in knowledge of defined population *and* novice in delegation	
Potential for Harm	**Score the potential level of risk the nursing care activity has for the client (*risk is probability of suffering harm):*** 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:** _____		

The Delegation Decision-making Grid is based on a concept developed by the American Association of Critical Care Nurses, used in their unlicensed assistive personnel materials. http://www.ncsbn.org/public/regulation/delegation_documents.htm