

## Nananom Assisted Living

### DELEGATION

Following an assessment of the client and through conversation and observation, I believe \_\_\_\_\_, is/ are capable of learning skill of **Reading a TB skin test**.

| Teaching Steps      | Date | Signature | Comments |
|---------------------|------|-----------|----------|
| Explanation         |      |           |          |
| Discussion          |      |           |          |
| Demonstration       |      |           |          |
| Question/Discussion |      |           |          |

#### **Instructions: (Document or Indicated attached)**

*This individual is to look at left forearm and rub index finger over the area of the shot if there is any redness or raised area, manager is to call Gloria Rios, R. N. for assessment. If there is no redness or raised area on the forearm, manager is to mark negative on the receipt. Please call (480) 228-7176 for any question.*

This Manager or individual is able to perform this task satisfactorily.

Reassessment Frequency: \_\_\_\_\_

Dr. or RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We, \_\_\_\_\_, have received the above information and understand that the procedure taught is specific to the above named client and is not transferable to another client, nor can I teach this task to another person. I understand the risks involved in performing the task and that the RN and or PHYSICIAN/Nurse Practitioner is to be contacted should problems arise.

Signature: \_\_\_\_\_

\_\_\_\_\_