

# Clinical Task Instruction

## Delegated Task

### D-WTS01: When to Stop

#### Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant to:

- assess whether it is safe to proceed with a delegated task.
- recognise danger/warning signs that indicate the need to stop a delegated task.
- take appropriate actions following the cessation of the delegated task.

The safety and wellbeing of the client is the primary concern of all healthcare providers. It is the AHA's responsibility to only undertake delegated tasks with a client if the AHA is satisfied that it is safe to do so. Consequently, this CTI overrides delegation instructions and all other CTIs that the AHA has been trained to implement.

#### VERSION CONTROL

Version:	2.2	Author:	Allied Health Professions' Office of Queensland
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Document custodian:	Chief Allied Health Officer, Allied Health Professions' Office of Qld.	Review date:	8/2/2025
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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: [allied\\_health\\_advisory@health.qld.gov.au](mailto:allied_health_advisory@health.qld.gov.au).

This CTI must be used under a delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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# Requisite training, knowledge, skills and experience

## Training

- The AHA shall complete workplace-specific orientation and be able to identify appropriate methods to access assistance in the case of any emergency in each setting the AHA will work in e.g. facility, community.
- If relevant to the clinical service, the AHA will complete orientation and training relevant to home visiting including understanding of workplace health and safety policies and procedures.
- If relevant to the setting and client group, the AHA will complete workplace-based training and demonstrate competent use of oxygen equipment during allied health interventions e.g. delivery methods, mobile oxygen.
- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI including manual handling, infection control and basic life support.

## Clinical knowledge

- The following content knowledge is required by an AHA delivering this task:
  - knowledge of normal values for clinical observations listed in this CTI, and signs and symptoms of adverse reactions to allied health delegated tasks.
  - knowledge and demonstrated ability to obtain clinical information from medical records/observations charts to the extent required to implement this CTI including the ability to identify clinical terminology relevant to:
    - the variance from normal values listed in this CTI including the terms dyspnoea, hypotension, hypertension, tachycardia, bradycardia, febrile, pyrexia, hypoxia, ischaemia and cyanosis.
    - the conditions listed in this CTI including the terms angina, acute myocardial infarct (AMI), chronic obstructive pulmonary disease (COPD) or chronic obstructive airways disease (COAD), emphysema, chronic bronchitis, asthma, chronic cardiac failure (CCF), cerebrovascular accident (CVA), delirium.
- The knowledge requirements will be met by the following activities:
  - reviewing information in this CTI.
  - receiving instruction from allied health professionals in the training phase which may include scenario-based discussions of common and rare events, and supported decision making on information in medical records e.g. the AHA reviews a record and discusses with the allied health professional their decision to proceed with the task or not.

## Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an AHA delivering this task:
  - experience accessing and reviewing the variety of client medical records relevant to the setting with guidance and instruction from the delegating health professional.

# Safety and quality

## Environment

- For all clinical tasks conducted outdoors or outside regular clinical environments, the AHA should consider the points below in addition to any task-specific environment risk factors:
  - the AHA should be aware of communication methods to call for assistance and be able to promptly contact the delegating health professional or seek assistance if an emergency arises e.g. external emergency alarms/call buttons, mobile telephone.
  - the AHA will ensure that during the task, the client maintains access to oxygen at the flow rate and delivery method prescribed by the healthcare team, unless otherwise directed by the delegating health professional e.g. use of mobile oxygen bottle.
  - the AHA will ensure the client has access to prescribed self-administered medications including inhalers, GTN (angina) spray, or any similar medication for treatment of episodic conditions. The allied health professional delegating the activity should advise the AHA regarding the appropriate use of these medications by the client.
  - the AHA should be aware of forecast weather conditions and ensure the client is appropriately dressed, has adequate sun protection and access to hydration, and there are no obvious risks related to exposure to weather conditions constituting a risk to outdoor mobility e.g. forecast high winds or rain.
  - the delegating health professional or another member of the team must be aware of the AHA's plan to leave the healthcare facility including approximate timeframes for delivering the task offsite. This should be consistent with local procedural documents that govern safety of staff and clients while outside the healthcare facility.

## Performance of clinical task

### 1. Delegation instructions

- The AHA receives a delegated task from an allied health professional including any specific considerations with regard to the client's health status such as recent loss/improvement in functional status, recent change in symptoms, potential risk of adverse event, variation from standard clinical observation values that are relevant to the specific client e.g. 'normal' oxygen saturation for a client with COPD.

### 2. Preparation

- As some time may have elapsed between the health professional providing the delegation instruction and the AHA reviewing the client, the AHA must ascertain if the client's condition has changed sufficiently in that period to invalidate the instruction and requires the advice of the health professional before proceeding.
- Before starting any task with a client, obtain current information on their health status. Depending on the setting and client group the AHA may:
  - review recent observations in the medical record or observations chart e.g. heart rate, blood pressure, respiratory rate, oxygen saturation, temperature.

- review recent entries in the client’s medical record for changes since the delegating health professional last reviewed the client and provided the delegation instruction to the AHA.
- seek information from the client and carers if relevant, about how the client is feeling, any recent changes to symptoms, health status or function etc.
- seek information from another member of the healthcare team e.g. ward nurse.

## Discontinuing delegated tasks

### 1. Consent

- For all delegated tasks, the AHA will:
  - introduce self to the client.
  - check three forms of client identification: full name, date of birth, *plus one* of the following: hospital UR number, Medicare number, or address.
  - describe the task to the client.
  - seek informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2<sup>nd</sup> edition (2017).

Note: the AHA should refer to sub-sections as relevant for the client e.g. adults who lack or have impaired capacity to make decisions and/or consent for children and young persons.

- The client and/or carer may not agree to participate i.e. does not provide consent or withdraws consent previously provided. In these circumstances the AHA should:
  - be polite and confirm/acknowledge the client’s decision to decline to participate.
  - respectfully request that the client indicate the reason, ask if the AHA can provide more information on the task or its purpose, or ask the client if anything may enable the client to participate.

### 2. Clinical observation measures outside accepted range

- The AHA should source the client’s clinical observations and:
  - compare to the normal ranges listed below and/or
  - apply information provided by the delegating health professional on acceptable variance from normal values for an individual client.

Clinical observations in Table 1 are based on normal ranges reflected on the Q-ADDS Score for the age-range listed and a score of 0. For adults this includes the default of 120 for systolic blood pressure.

**Table 1: Standard clinical observations for children and adults (Queensland Health, 2020b & 2020a)**

Age	BP (systolic) [mmHg]	HR [beats/min]	Temp (oral) [°C]	RR [breaths/min]	SpO <sub>2</sub> [%]	Consciousness
<b>&lt;12 months</b>	75-119	≥100 to <160	35.5-37.9	21-45	≥94%	Alert
<b>1-4 years</b>	80-124	≥90 to <140	35.5-37.9	16-35	≥94%	Alert
<b>5-11 years</b>	85-129	≥80 to <130	35.5-37.9	16-30	≥94%	Alert
<b>12-17 years</b>	90-149	≥60 to <120	35.5-37.9	16-25	≥94%	Alert
<b>≥18 years</b>	110-159	<u>50-99</u>	36.1-37.9	13-20	≥95%	Alert

- If a client has measurements outside the normal or client-specific range, the AHA will consult with the delegating health professional before commencing the task.
- Oxygen
  - The AHA will consult with the delegating practitioner prior to commencing the task if:
    - the client is receiving oxygen and this was not identified in the delegation instruction, or
    - the client is receiving oxygen and this was identified in the delegation instruction. However, the flow rate differs from the information provided by the delegating health professional and is greater than one litre/minute for a child four years old or younger, or greater than two litres/minute for an adult or child five year old or older (Queensland Health, 2020).
- If the AHA has concerns about the client’s medical status at any time, stop and immediately consult a health professional.

### 3. Feeling unwell

- If the client reports that they are feeling unwell (non-specific) or the carer advises that the client appears more unwell than usual, the AHA should:
  - not proceed with the task or continue with the task if already commenced.
  - promptly move the client into a supported position e.g. supported sitting or lying.
  - elicit information from the client on their symptoms e.g. “Can you describe your symptoms?”, or more specific probing questions such as “Are you light headed?”, “Do you feel dizzy?”, “Are you in pain?”, “Do you feel sick/nauseous?”.
  - ask if the client and carer (if relevant), if the client has had these symptoms before and if there is an action plan for the symptoms if they are commonly experienced e.g. “have you had these symptoms before/often?”, “what do you usually do when you get these symptoms?”.
  - seek information through observation and questioning the client on relevant signs and symptoms including:
    - dizziness e.g. swaying, balance problems, unable to focus eyes on the AHA
    - nausea
    - pain e.g. grimacing, protecting a painful area
    - altered sensation e.g. numbness, burning, pins and needles
    - shortness of breath or difficulty breathing
    - profuse sweating
    - pale skin, lips appear blue or other skin colour changes
    - other signs and symptoms.
- If the client’s symptoms do not quickly improve and resolve, or their level of consciousness deteriorates i.e. the client becomes less responsive, confused, fails to follow commands, the AHA should:
  - ensure the client is positioned safely, e.g. returned to bed and placed in a side-lying position.
  - apply basic life support principles.

- immediately notify a health professional and/or action the emergency procedure relevant to the setting e.g. emergency call in a hospital, phone 000 if outside a health facility.
- If the client’s symptoms resolve quickly and completely, the AHA should ask the client if they feel they are able to go ahead with the planned tasks and proceed with caution if able, monitoring closely for further symptoms. If symptoms reoccur the AHA should:
  - stop the task
  - report it to a health professional i.e. delegating health professional if easily contactable, or another member of the healthcare team such as a nurse or other AHP.
- The AHA should clearly document the episode in the medical record including:
  - the client’s activities immediately prior to the episode
  - the actions taken e.g. cease task, rest
  - the outcome
  - the health professional/s who were notified.

## 4. Shortness of breath

- Prior to commencing a delegated task, the AHA should:
  - observe the client’s breathing and note whether the client is experiencing shortness of breath at rest, or a change to usual shortness of breath at rest. If the AHA is not familiar with the client’s usual level of shortness of breath, they may clarify this with the client and/or confirm with the delegating health professional.
- During and at the conclusion of a delegated task, the AHA should monitor for signs of shortness of breath. It is normal for most people to become slightly breathless during exercise or physical tasks, but excessive shortness of breath will require action by the AHA.
- If the client is experiencing shortness of breath or an abnormal level of shortness of breath for the client, the AHA should:
  - not proceed or continue with the task.
  - move the client into a supported upright position, ideally sitting, leaning forward with hands/elbows resting on knees or on a table. If a chair or bed is not available, assist the client to move to a supported standing position with hands/arms placed on a stable surface e.g. table, rail.
  - check if the client requires a regular self-administered medication such as an inhaler, and if so, ensure the client is safe, get the medication for the client and encourage the client to use it.

Note: the client must administer their own medication. For clients with a carer, the carer may administer the medication if this is their usual practice.

- ask the client if he/she knows the cause of the shortness of breath or has had these symptoms before e.g. asthma, chest infection.
- observe the client’s breathing including counting the respiratory rate and noting the quality of breathing e.g. laboured, shallow and any audible signs of breathing distress such as wheezing, persistent coughing or grunting:
  - if the client’s breathlessness does not rapidly begin to improve following the implementation of the positioning strategies above, report it to a health professional i.e. the

delegating health professional or another member of the healthcare team such as a nurse or other AHP.

- if the client's breathlessness does rapidly begin to improve and completely resolves, or decreases to the normal level for the client, continue with the delegated task if the client agrees to proceed.
- The AHA should clearly document the episode of shortness of breath in the medical record including:
  - the client's activities immediately prior to the episode
  - the actions taken to try to resolve the breathlessness e.g. cease task, rest, positioning, self-administered medication
  - the outcome
  - the health professional/s who were notified.

## 5. Chest pain

- Chest pain identified prior to commencing a delegated task:
  - the AHA should not commence a task if the client currently has chest pain or reports experiencing an episode of chest pain since he/she was last reviewed by the delegating health professional.
  - ensure the client is in a supported position e.g. lying down or in a supported sitting position.
  - if the client reports chest pain to the AHA but the client has not reported it to any other member of the healthcare team, the AHA should immediately inform a health professional or another member of the healthcare team e.g. the delegating health professional if easily contactable, nurse, allied health professional or medical officer. If the AHA is not in a health facility or cannot immediately access a health professional, the AHA should phone 000.
  - if the client's episode of chest pain is known to the medical team, obtain current health status information from the client and relevant health professionals and contact the delegating health professional. The AHA should provide information to the delegating health professional including:
    - when the episode of chest pain occurred and how long it lasted, and if multiple episodes, how many.
    - what precipitated the chest pain, if anything e.g. exertion, exercise.
    - what interventions were used to resolve the chest pain e.g. 'GTN' spray, 'nitro' spray/tablet.
    - any information relevant to the delegated task e.g. doctor advised client to rest in bed today, client placed on oxygen.
  - Document what has occurred and specify which health professional/s were informed/consulted and the impact on the delegated task e.g. task not delivered or task delivered following consultation with the delegating health professional.
- Chest pain identified during or at the conclusion of a delegated task:
  - the AHA should stop the task immediately and move the client into a supported position e.g. sitting in chair or lying on a bed or plinth.

- if the client has a prescribed self-administered medication for these symptoms, the AHA should encourage the client to take it e.g. spray or tablet.
- immediately inform a health professional i.e. the delegating health professional if easily accessible, or another member of the healthcare team such as a nurse or other allied health professional. If a health professional is not available to immediately review the client, implement the appropriate emergency procedure for the setting e.g. emergency call in a hospital, phone 000 if outside a health facility.
- the AHA should not continue with the task, even if the chest pain subsides.
- Document the episode of chest pain in the medical record including:
  - the client's activities prior to the episode
  - the actions taken e.g. cease task, positioning, self-administered medication
  - the outcome
  - the health professional/s who were notified.

## 6. Not following instructions safely

- Sometimes clients have difficulty following instructions which may impact on safety and the effectiveness of the delegated task. If a client is not following instructions, the AHA should try to ascertain the reason. Common reasons are hearing problems, cognition problems such as the capacity to understand instructions and respond appropriately, attentional or behavioural difficulties, English as a second language or the agreement or motivation to participate.
- The AHA should adjust the way the instructions are delivered using one or more of the following strategies:
  - if the client uses hearing aids, encourage the client to place them in their ear/s, turn on or check.
  - speak clearly and not too quickly (do not yell).
  - keep instructions concise and deliver instructions for each step in the task separately rather than as a long list of points.
  - use everyday language rather than jargon or complex terms.
  - demonstrate the activity and/or provide visual cues to show the client what is expected e.g. write the instructions down, draw diagrams, use gestures.
  - face the client directly to assist the client to pick up facial cues or to encourage attention.
  - engage the carer (if relevant) to assist with instructions or demonstrations.
  - ensure the client continues to consent to participate.
- If the intervention continues to be ineffective because the client is not following instructions well, the AHA should:
  - stop the activity
  - inform the delegating health professional.
- If the client and/or healthcare staff are at risk because the client is not following instructions well, or if the client's difficulty following instructions appears to increase during the session, the AHA should:
  - stop the activity.

- if possible, ensure the client and staff are free from potential harm e.g. client returned to chair/bed, staff maintain a safe distance from an aggressive client.
- inform a health professional immediately i.e. the delegating health professional if easily contactable, or another member of the healthcare team e.g. nurse, allied health professional or medical officer.
- The AHA should clearly document the client’s difficulty following instructions in the medical record including:
  - concise objective information on the impact on the task e.g. “AHA requested the client remain sitting on the mobile shower chair in preparation for a functional shower retraining session. Client attempted to stand and walk but was assisted back to a seated position on the shower chair”
  - the actions taken e.g. task ceased due to safety concerns, provided adjusted/additional instructions
  - the outcome
  - the health professional/s who were notified.

## 7. Accident/injury

- If a client is involved in an accident and/or obtains an injury during a clinical task such as a fall, or sustains a skin tear, the AHA should:
  - support the client where possible to minimise the extent of injury, as per clinical client handling and basic life support training.
  - cease the clinical task.
  - ensure the client is safe and inform a health professional immediately of the accident/injury i.e. delegating health professional if easily contactable, or another member of the healthcare team such as a nurse, allied health professional or medical officer.
  - clearly document the event in the medical record, including cause (if known), actions taken and health professional/s who were notified.
  - complete a clinical incident report as per Queensland Health policy, located on QHEPS at <https://qheps.health.qld.gov.au/psu/riskman/homepage> e.g. RiskMan.

## 8. Psychological distress

- Clients may experience distress due to physical symptoms such as pain, or psychological consequences of ill health such as fear, anxiety, sadness. If a client becomes distressed, the AHA should:
  - not commence, or if commenced not continue, the task.
  - acknowledge the person’s distress with a simple statement e.g. “I can see that you are quite distressed at the moment” or “It sounds like you are having a hard time this morning”.
  - provide supportive actions e.g. offer the person some tissues if crying or some water if not nil by mouth or with other restrictions on fluid consumption.
  - ask the client to advise whether they feel able to continue, needs a break or wishes to stop the task i.e. withdraws consent to participate.
- If the client’s distress eases and they consent, the AHA should:

- continue and complete the delegated task.
- before concluding the session, ask the client if they would like to speak with a member of the healthcare team about their distress e.g. social worker, psychologist, nurse, doctor. If yes, reassure the client that this request will be reported to the delegating professional for actioning.
- If the client remains distressed or the client cannot continue with the delegated task, the AHA should:
  - provide reassurance to the client.
  - indicate that feedback will be provided to the delegating health professional that the client is experiencing distress and any planned change to the delegated tasks that have resulted e.g. task postponed.
  - inform a relevant health professional promptly about the client’s distress and notify the delegating health professional.
- The AHA should clearly document the client’s distress in the medical record, including:
  - the cause, if reported by the client.
  - actions taken e.g. provided support to the client, requested nursing staff review the client due to significant distress.
  - outcome e.g. client agreed to continue with the task or task postponed.
  - the health professional/s who were notified and the feedback provided by the AHA to the delegating health professional.

## 9. Carer behaviour

- Many clients will present to a health service with a carer. Carers may be partners, parents, children, siblings, relatives, friends or neighbours.
- People take on a carer role for someone to improve their quality of life (State of Victoria 2015). The role of the carer varies between clients. Engagement of the carer during task delivery can be beneficial for the client.
- Carer behaviour can impact on delivery of the clinical task both positively and negatively. Positive behaviour may include engaging with task delivery by providing encouragement or assisting with the demonstration or instruction of the task. Negative behaviour may include the carer becoming agitated, overly protective, obstructive, distressed, and/or anxious during the task. It is therefore important to monitor the carer during the task.
- If carer behaviour is negatively impacting on the client and task delivery the AHA should:
  - monitor the impact on the client.
  - provide education and reassurance to the client and carer regarding the purpose of the task.
  - involve the carer to support the task delivery e.g. move to a position to encourage eye contact with the client, ask the carer to count task repetitions for task performance.
  - determine the need for the carer to be present during the task. If the carer’s presence is not required for the task, offer the carer the opportunity to remove themselves e.g. to go outside and take a few moments to compose themselves or to engage with another health professional. If carer support is required for the task or carer behaviour adversely affects

the performance of the delegated task, the AHA should cease the task and notify the delegating health professional.

- The AHA should clearly document the carer's behaviour in the medical record, including:
  - who the carer present was e.g. wife, son, friend.
  - the cause of the client behaviour, if reported by the client or carer.
  - actions taken e.g. client observations and monitoring, education provided to the carer regarding clinical task, attempts to engage with task delivery.
  - outcome e.g. client and/or carer agreed to continue with the task or task ceased or postponed.
  - the health professional/s notified and the feedback provided by the AHA to the delegating health professional.

## 10. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.

## 11. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

# References and supporting documents

- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2<sup>nd</sup> edition). Available at: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0019/143074/ic-guide.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf)
- Queensland Health (2020a). Queensland Health's Adult Deterioration Detection System (Q-ADDS) for tertiary and secondary facilities. Adult. SW150 v8.00 – 04/2020.
- Queensland Health (2020b). Children's Early Warning Tool (CEWT®) for tertiary and secondary facilities.
  - Less than 1 year. WINC Code: 1NY310801. V9.00 – 08/2020
  - 1-4 years. WINC Code: 1NY31695. V6.00 – 07/2020
  - 5-11 years. WINC Code: 1NY31858. V9.00 – 08/2020
  - 12-17 years. WINC Code: 1NY31794. V9.00 – 08/2020
- State of Victoria (2015). Better Health Channel. Role of a carer. Available at: <https://www.betterhealth.vic.gov.au/health/servicesandsupport/role-of-a-carer>

## Acknowledgement

This CTI is based on Effective Workforce Solutions, 2012. *When to Stop (Precautions when working with clients)*. Available at: <http://www.calderdaleframework.com/>

# Assessment: performance criteria checklist

## D-WTS01: When to Stop

**Name:**

**Position:**

**Work Unit:**

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Completes preparation for the task including sourcing information on client's current health status and appropriately addressing risks associated with working with the client 'offsite' or outdoors (if relevant).			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
Demonstrates knowledge of reasons to stop a task and actions required to address: <ul style="list-style-type: none"> <li>a) Client does not consent to participate</li> <li>b) Clinical observations deviate from normal/client-specific range</li> <li>c) Client unwell</li> <li>d) Shortness of breath</li> <li>e) Chest pain</li> <li>f) Not following instructions safely</li> <li>g) Accident or injury</li> <li>h) Psychological distress</li> <li>i) Carer behaviour.</li> </ul>			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			

**Comments:**

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**Record of assessment competence:**

Assessor name:		Assessor position:		Competence achieved:	/ /
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**Scheduled review:**

Review date:	/ /	
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