**Nurse Delegated Emergency Care**

**Implementation Team**

**Minutes**

Click here to select meeting date

Enter meeting location

Enter meeting time

1. **Attendance**
2. **Apologies**
3. **Confirmation of previous minutes**
4. **Action items for follow-up**
5. **Items for discussion**
6. **Other / new business**
7. **Date of next meeting**

Click here to select next meeting date

Enter meeting location

Enter meeting time

*Appendix 1: Action List*

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsible** | **Date due** |
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