

DATE OF INCIDENT _____ FACILITY (Name of site): _____

SHIFT _____ UNIT _____ REPORT BY: An individual nurse or group of nurses A charge nurse reporting on a unit/shift

I HAVE NOTIFIED THE FOLLOWING ADMINISTRATIVE EMPLOYEES IN MY FACILITY OF MY REQUEST:

Charge nurse/AUM Nurse manager/patient care coordinator Supervisor Dept. Director Chief nurse/DNS Other _____

REQUEST FOR STAFF AND REASON FOR REPORT: I am hereby informing you that, in my professional nursing judgment, I am unable to assure the delivery of safe or adequate nursing care on the unit with the current configuration and/or number of staff assigned to the unit. I request the following additional staff be assigned to my unit immediately.

_____ RN(s) _____ LPN(s) _____ CNA(s) _____ Ward Clerk _____ Other (describe) _____

ONE OR MORE of the following conditions (check all that apply):

- Not enough/too few staff
- Staff mix inappropriate to meet patient needs
- Other factors: (orientees, students, inoperable equipment, new technology, unit remodeling) _____
- Patient acuity too high for staff to meet
- Nursing care intensity too high

I indicate my acceptance of the assignment under protest. It is not my intention to refuse to accept the assignment and thus raise questions of meeting my obligations to the patient nor am I refusing to obey an order if such were given. However, I hereby give notice to my employer of the above facts and indicate that for the reasons listed, full responsibility for the consequences of this assignment must rest with the employer. Copies of this form may be provided to any and all appropriate state and federal agencies.

STAFF NURSE SIGNATURE

STAFF NURSE NAME (PRINTED)

ACTION SUMMARY:

	Start of Shift	End of Shift	Admissions	Discharges	Transfers In	Transfers Out
Patient census						
Number of RNs						
Number of LPNs						
Number of patient aides						
Unit secretary						

UNINTENDED CONSEQUENCE SUMMARY: (Note: this section must be completed)

Legend: 1 = delayed; 2 = omitted; 3 = able to complete; 4 = not applicable to this situation

1	2	3	4		1	2	3	4	
				Medical orders and treatments					Psychosocial support to patient/family
				Medications					Support, information to patient/family
				Hygiene					Observation, assessment, monitoring
				Documentation					Pain management
				Admission, transfer, discharge					Teach home/self care to patient/family

- Compromised patient safety/patient injury
- Unable to take rest breaks
- Patient left alone without RN when an RN was needed
- Unable to take meal breaks
- Voluntary overtime
- No continuity of care
- Mandatory overtime

SHIFT SUMMARY (check all that apply)

The staff: None of those requested arrived Few of those requested arrived All requested arrived
 The shift: Deteriorated Got slightly worse Was the same throughout Improved

Please attach additional comments to this form, if needed.

COPIES:

WHITE (ONA)

YELLOW (Employer)

PINK (BU or PNCC Chair)

GOLDENROD (Self)