

HPAE LOCAL 5004

To \_\_\_\_\_, Supervisor UNIT: \_\_\_\_\_  
SHIFT: \_\_\_\_\_  
FROM \_\_\_\_\_ DATE: \_\_\_\_\_

I have notified you at the start of this shift that the staffing provided is not adequate to meet the needs of the patients on this unit at this time. You have failed to provide proper staffing.

Please be aware that while I will do all that I can to insure safe and proper care for my patients, I fear that my efforts and those of the staff will not be sufficient.

Therefore, I am informing you that I cannot take responsibility for any error or incidents that take place as a result of the unsafe conditions the Medical Center has created.

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

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I have sent notice to my supervisor that staffing levels were inadequate to meet patient care needs and that in my professional opinion, unsafe conditions exist. No remedy was provided and I notified her of the Medical Center's responsibility for errors and incidents that may result.

DATE UNIT SHIFT SUPERVISOR

Signatures

# of RN's scheduled \_\_\_\_\_ # of RN's who actually worked \_\_\_\_\_  
Census at start of shift: \_\_\_\_\_ Census at end of shift \_\_\_\_\_  
Acuity Index \_\_\_\_\_ # of Admissions \_\_\_\_\_ # of Discharges \_\_\_\_\_  
Stepdown census at start of shift: \_\_\_\_\_ Stepdown Census at end of shift \_\_\_\_\_  
Acuity Index \_\_\_\_\_ # of Admissions \_\_\_\_\_ # of Discharges \_\_\_\_\_  
ICU # of 1:1 patients \_\_\_\_\_ (fresh post-op, CVVH, protocol (explain on back)  
# of Secretaries: assigned or covering \_\_\_\_\_ No Secretary provided \_\_\_\_\_  
#of PCA/PCT \_\_\_\_\_ # of Monitor Techs \_\_\_\_\_  
Amount of time RN provided coverage for breaks/meals for monitor tech and/or sitter  
\_\_\_\_\_ (hours/min). and/or coverage for nurses on another unit \_\_\_\_\_ (hours/min)  
(Please describe conditions on back of this lower portion. Thank you.)

Place in locked union mailbox in nursing office or fax to union office at 201-262-4335