Notice of Unsafe Staffing Situation

To: ___________________________ Date/Time: __________ / __________

Supervisor: ___________________________ was notified that, in my/our professional opinion the number of staff assigned to ___________________________ (Unit, Shift) was inadequate to meet the needs of our patients and placed both the patients and staff at risk.

Please be advised that, in spite of the unsafe staffing situation, we attempted to carry out our responsibilities and provide patient care to the best of our ability. I/we notified the supervisor that he/she will be responsible for any error or incident that may occur from this situation.

Signed: ___________________________

_______________________________

_______________________________

Comments: ___________________________

_______________________________

_______________________________

_______________________________

Census#: ______________ RN #: __________ Nursing Assistants#: __________ U. Secretary: Yes ___ No ___

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<th>Nurse Initial</th>
<th># of pts.</th>
<th>Completes</th>
<th>IV/SL</th>
<th>Blood/Chemo</th>
<th>OR</th>
<th>ISOL</th>
<th>Feeds</th>
<th>Tubes</th>
<th>Restraints</th>
<th>Missed Break</th>
<th>Confused patient</th>
<th>Other</th>
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White copy to supervisor  pink & yellow to union box