

Documentation of Practice Situation UMPNC-MNA, Inpatient

Answer all questions. Fill in blanks. Circle correct answer.

Date/time of occurrence _____ Today's Date/time _____

1. Unit _____
2. Number of beds _____
3. Census _____
4. Practice situation as cited below:
 - A. RN absence not being replaced _____
 - B. RN on scheduled PTO not being replaced _____
 - C. Other staff absence not being replaced _____
 - D. Patient status changed or added care needed _____
 - E. Patient admission/transfer/discharge _____
 - F. Number of RNs working on unit _____
 - a.) Number of RNs unable to take full assignment ____
 - b.) Explanation of decreased assignment _____
 - G. Lack of auxiliary help: Housekeeping ____ Pharmacy ____ Clerical ____ Medical Staff ____
Messengers ____ Other _____

Comments: _____

5. Patient classification, activity level, or caseload _____
6. Your specific assignment:
 - A. Indicate room/bed _____
 - B. Patient classification _____
 - C. Equipment in use _____
 - D. Special procedures _____
 - E. Support services, e.g. respiratory therapy (for each patient) _____

(Use additional sheets if necessary).
7. Staff on Duty:

Staff RNs ____ CSR Nurses ____ Unit based Temps ____ Floats ____ Graduate Nurses ____

Orientees ____ Travelers ____

Registered Nurses : Nurse Manager Yes ____ No ____
Clinical Supervisor Yes ____ No ____
Charge Nurse Yes ____ No ____

Number of LPNs ____ Aides/techs/assistants ____ Clerks ____ Other (indicate title) _____

8. Practice situation as cited below:
 - A. Medication errors _____
 - B. Medications missed/late _____
 - C. IV running late/dry _____
 - D. Patient treatment not done/timely _____
 - E. Patient teaching not done _____
 - F. Unable to provide emotional support _____
 - G. Other _____

Nurse manager notified of situation ____ Date and time of notification _____

- **Attach additional information and/or comments as needed.**
- **Managers response narrative (please use back of this form).**

Nurse Signature _____

Manager Signature _____

- A. **FAX COPY TO UMPNC CHAIR (734-663-0212); COPY TO NURSE MANAGER, COPY TO UNIT WORKLOAD CHAIR AND KEEP A COPY.**
- B. **ONCE RESPONSE IS COMPLETED, WORKLOAD CHAIR WILL FAX A COPY TO UMPNC AND GIVE COPY TO THE NURSE WHO SUBMITTED THE DOCUMENT.**