



Short Staffing Report Form

Employee (name) _____ Date _____ Time _____

Unit _____ Shift _____

I have made my objections known to (supervisor): _____ title _____

that this assignment has compromised my ability to provide quality patient care because of the following:

- inadequate staff for acuity
- insufficient number of RNs
- no unit clerk
- insufficient ancillary staff (explain)
- I was not oriented to the unit
- inappropriate assignment for skill level of RN or coworkers
- I was not trained or experienced in area assigned
- other _____

Staffing Pattern

Census _____ Bed capacity _____ Acuity: (High) (Avg.) (Low)

Admits _____ Transfers _____ Discharges _____ # RNs _____

float RNs _____ # LPNs _____ # Nursing Assistants _____ # Unit Secretaries _____

Other _____

Were staffing guidelines for the unit followed? Yes No

Briefly describe the problem: _____

Action taken: _____

Outcome: _____

As a patient advocate, in accordance with the Washington Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment, today's assignment is unsafe and places our patients at risk. I will, under protest, attempt to carry out the assignment to the best of my ability.

Signature of RN issuing unsafe/inadequate staffing objection: _____ Date: _____

Witness/delegate signature(s): _____ Date: _____

Keep 1 copy
Copy to charge nurse and Unit Supervisor or Nurse Manager
NOTE: When Nurse Manager is not on duty, call House Supervisor.
Copy to Union delegate/Executive Board member/Union organizer (circle one or more)

Write and attach a more thorough written documentation when you are off duty, if necessary.

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shortstaffform2001 *Also complete an **Incident Report** in case of any harm or potential harm to a patient.*