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.

“This is a confidential Quality Management/peer review document of the University of Michigan Health System. Unauthorized disclosure or duplication is absolutely prohibited. This document is protected from disclosure pursuant of the provisions of MCL 333.20175; MCL 333.21515; MCL 331.531; MCL 331.533 or such other statutes that may be applicable.”