





# STAFFING ASSIGNMENT REPORT



Date: \_\_\_\_\_

## 18.79RCW NURSING CARE 246-839WAC REGISTERED NURSES WAC246-839-700 STANDARD OF NURSING CONDUCT OR PRACTICE.

"The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person."

**PLEASE PRESS FIRMLY**

I, \_\_\_\_\_, a Registered Nurse at \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ express and document my concerns about my assignment.  
(NAME) (HOSPITAL) (UNIT) (SHIFT)

I have notified the Nursing Supervisor \_\_\_\_\_ that I am/was:  
(NAME)

- Not oriented to unit
- Not trained or experienced in area assigned
- Not given adequate staff for acuity  
*(Check appropriate description)*
  - Staffed with excessive registry personnel
  - Staffed with unqualified registry personnel
  - Staffed with excessive number unlicensed personnel
  - Short staffed
  - Not provided with unit clerk
- Transferred or admitted new patient(s) to unit without adequate staff
- Given an assignment which posed a serious threat to my health and safety
- Promised help that never arrived or was unlicensed when licensed needed.
- Other: \_\_\_\_\_

In order not to further jeopardize patient care, I will accept the assignment as instructed.

**STAFFING COUNT # of each:**      **Unit Capacity:** \_\_\_\_\_ **Unit Census:** \_\_\_\_\_ **Unit Acuity:** \_\_\_\_\_

RN \_\_\_\_\_ Agency Nurse \_\_\_\_\_ *During your shift:*

LPN \_\_\_\_\_ Float Nurse \_\_\_\_\_ # Admits \_\_\_\_\_ # Transfers In \_\_\_\_\_

AIDE \_\_\_\_\_ Nurse On-Call \_\_\_\_\_ # Discharges \_\_\_\_\_ # Transfers Out \_\_\_\_\_

CLERK \_\_\_\_\_ # Codes/Deaths \_\_\_\_\_ # Special Procedures \_\_\_\_\_

My assignment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(# PATIENTS) (ACUITY) (CHARGE/PRECEPTOR/TEAM MEMBER)

My team included: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(# AIDES) (# LPNS) (#RNS)

On a timely basis I was/was not able to:

- Do adequate assessments  Yes  No
- Repeat assessments (as necessary)  Yes  No
- Give medications  Yes  No
- Do treatments  Yes  No
- Check/sign Physician's Orders  Yes  No
- Vital signs  Yes  No
- Update pathways/care plans  Yes  No
- Teach patients/families  Yes  No
- Chart  Yes  No
- Review/supervise with LPN/Aide on my team  Yes  No

	DIAGNOSIS	#IV/IV MEDS	TREATMENTS	ACUITY		OTHER
				RATED	ACTUAL	
Patient # 1						
Patient # 2						
Patient # 3						
Patient # 4						
Patient # 5						
Patient # 6						

*(Please document additional patients on separate sheet)*

**COMMENTS -- (What would have helped/should have been done)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_