



## SHORT STAFFING INCIDENT REPORT

(Please fill out form digitally and then either use electronic signature at the bottom or print to sign.)

To: \_\_\_\_\_, Supervisor

Date of Incident: \_\_\_\_\_ Unit: \_\_\_\_\_ Shift: \_\_\_\_\_

**Reason for the Staffing Incident Report:**

Insufficient number of RNs/LPNs

Insufficient number of ancillary staff

High acuity/workload patients

High census

**Unit Demographics:**

Census start of shift: \_\_\_\_\_ Max bed capacity: \_\_\_\_\_ Census end of shift: \_\_\_\_\_

Admissions: \_\_\_\_\_ Discharges: \_\_\_\_\_ Transfers in: \_\_\_\_\_ Transfers out: \_\_\_\_\_

**Unit Staffing Overview:**

# of RNs on duty		# of NAs on duty		# of LPNs on duty	
# of RNs scheduled		# of NAs scheduled		# of LPNs scheduled	
# of RN sick calls		# of NA call outs		# of LPN sick calls	
# of RN personal day calls		# of URs on duty		# of LPN personal day calls	
# of RN call outs replaced		# of URs scheduled		# of LPN call outs replaced	
# of RNs floated out of unit		# of UR call outs		# of LPNs floated out of unit	

**Unit Workload Overview:**

Vents: \_\_\_\_\_ Stepdowns: \_\_\_\_\_ Restraints: \_\_\_\_\_ Sitters: \_\_\_\_\_ Isolation: \_\_\_\_\_

RRT: \_\_\_\_\_ Critical Care Consult: \_\_\_\_\_ Security Alerts: \_\_\_\_\_ 1:1 Care: \_\_\_\_\_

**Additional Comments:**

**Print Names Clearly:**

**Signatures:**