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:**

Please send form via fax to NJNU at 973.992.8410 and Nursing Administration at 973.322.8896