

PEINU WORK SITUATION REPORT

WORKSITE: _____

(1) NAME: _____ DATE: (YYYY/MM/DD): _____

WORKSITE/UNIT: _____ SHIFT/TIME OF OCCURRENCE: _____

(2) STAFFING (NUMBERS) SCHEDULED: _____ THIS SHIFT: _____

RNs _____

LPNs _____

OTHER: _____

(3) NUMBER OF PATIENTS ON UNIT: _____

Isolations: _____ Constant Cares/
Levels of Observation: _____

Admissions: _____ Discharges: _____

(4) DESCRIBE WORKLOAD SITUATION, INCLUDING ACUITY OF PATIENTS AND ANY CONTRIBUTING FACTORS:

(5) DETAIL ACTIONS YOU TOOK IN RESPONSE TO THE WORKLOAD SITUATION TO ADDRESS PATIENT NEEDS:

(6) NAME OF MANAGER/SUPERVISOR/DESIGNATE CONTACTED: _____

TIME CONTACTED: _____

(7) DESCRIBE ACTION/RESPONSE GIVEN BY MANAGER/SUPERVISOR/DESIGNATE:

(8) WHAT OTHER OPTIONS MIGHT HAVE BEEN CONSIDERED: _____

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MANAGER/SUPERVISOR/DESIGNATE RESPONSE: _____

Date (YYYY/MM/DD) & Time of Submission

Signature of Registered Nurse

Date (YYYY/MM/DD) & Time of Receipt

Signature of Nursing Management

COPIES TO:
PEINU REPRESENTATIVE, EMPLOYER, REGISTERED NURSE

(9) For Professional Practices Committee Use Only

Report reviewed by Committee:

Date

Employee(s) notified of recommendations:

Date

Local President /
Worksite Representative

Director of Nursing /
Designate