

**STAFFING DISCREPANCY REPORT AND PATIENT CARE  
ASSIGNMENT NOTIFICATION**

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

Unit: \_\_\_\_\_

Shift: \_\_\_\_\_

Patient Care Center: \_\_\_\_\_

**HOW MANY NURSES ARE ON THIS  
SHIFT?**

**HOW MANY NURSES ARE NEEDED ON  
THIS SHIFT FOR SAFE STAFFING?**

RN: \_\_\_\_\_

RN: \_\_\_\_\_

LPN: \_\_\_\_\_

LPN: \_\_\_\_\_

ANCILLARY STAFFING: \_\_\_\_\_

ANCILLARY STAFFING: \_\_\_\_\_

NURSING ASSISTANT: \_\_\_\_\_

NURSING ASSISTANT: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

**OTHER UNIT CONDITIONS:** \_\_\_\_\_

**COMMENTS/RECOMMENDED SOLUTIONS:** \_\_\_\_\_

**SIGNATURE OF CHARGE NURSE/SUPERVISOR NOTIFIED:** \_\_\_\_\_

**DATE/TIME NOTIFIED:** \_\_\_\_\_

**SUPERVISOR REFUSED TO SIGN**

**Check one or more:**

I have not been adequately trained or oriented to this area (or procedure) and/ or have not been given the appropriate cross-training checklist.

This assignment is not consistent with staffing guidelines according to policy and protocol of JM and/or does not permit me to execute my care according to the standard of excellence promoted by Jackson Memorial Hospital.

In my professional opinion, there are not enough nurses for safe patient care.

In my professional opinion and experience, the patient assigned to me should be in critical care area and with appropriate critical care staffing.

Because I could be disciplined for refusal, and in adherence to the Nurse Practice Act, I do not wish to abandon the patient and, therefore, I accept this assignment. I request immediate remedial action by management; I disclaim liability for any acts or omissions that may result from my acceptance of this assignment; and, I hereby notify management that I am accepting under protest.

Because this assignment is unsafe, and inconsistent with quality patient care, I am additionally filing an incident report.

**PERSON INITIATING REPORT:**

**WORK PHONE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

1. Complete at beginning of shift or when unsafe assignment is made
2. Obtain supervisor's signature immediately
3. Please fax copy to: **Jane Mass at 305-585-5355**
4. Please fax copy to: **SEIU at 305-620-1429**
5. Please give copy to your Nurse Manager
6. Keep copy for yourself