

GUIDELINES FOR USE

- (1.) A Nurse who believes that adequate and safe care of clients cannot be provided because of that Nurse’s workload shall bring the matter to the attention of the immediate Supervisor. If the matter is not satisfactorily resolved, the Nurse may file this report with the Employer.
- (2.) Briefly outline:
 - (a.) the work situation; and
 - (b.) identify specific problem(s). If the form does not provide sufficient space, please add further information on a separate sheet.
- (3.) **DO NOT** identify any names of individuals involved in the incident described; use Dr. X or client/resident A.
- (4.) **Clinical Capacity Reports** are not intended to replace any incident report form or other internal documentation required under Employer Policies.

EMPLOYER NAME: _____

SITE/FACILITY: _____

(1) NAME: _____ Date of Occurrence: (YYYY/MM/DD): _____

SHIFT/TIME OF OCCURRENCE: _____

(2) STAFFING (NUMBERS)	SCHEDULED:	THIS SHIFT:
RNs	_____	_____
LPNs	_____	_____
OTHER	_____	_____

(3) Number of clients/residents assigned: _____

(4) Describe situation affecting safe and adequate care of clients/residents:

(5) Detail actions you took in response to the workload situation to address client/resident needs:

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

Signature