



Registered Nurses Professional Association

Ratios and Patient Care Issues Form

Use this form to document issues with safe RN ratio implementation and any resulting patient care problems so that these issues can be addressed and corrected. Your RNPA Representative will review the form.

Date _____ Location _____ Nursing Unit _____ Shift _____

Actual RN to Patient Ratio for this Shift: _____

1. Please give a detailed description of the problem, issue or incident : _____

2. What was the impact on patient care? _____

3. Is management aware of the problem, issue or incident? Yes ___ No ___ Not Sure ___

If yes, what has been done to correct the problem? _____

4. Nurse recording the problem/issue or incident*:

Name (please print)	Unit	Shift	Home Phone #	Date
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*Your name is requested by RNPA so we can contact you if clarification is needed. If your concern is forwarded to administration, it will be done in the name of RNPA and your name will be kept confidential

Turn in completed form to the RNPA office. 950 South Bascom Ave. Suite 2120, Fax: 408-292-4729