



Problem Occurrence Record

PLEASE USE THIS FORM TO DOCUMENT PROBLEMS THAT NEED TO BE ADDRESSED

KEEP A COPY FOR YOUR RECORDS

Mail or fax to:
Alaska Nurses Association
3701 East Tudor, Suite 208
Anchorage, AK 99507
Fax: 907-272- 0292

REPORTING RN'S NAME: _____ UNIT: _____

DATE: _____ TIME: _____ CONTACT TEL NO: _____

STAFFING TOTAL: _____ #RN: _____ #PCT: _____ OTHER: _____

Number of patients assigned to you (acuity maybe included): _____

Total Number of Admissions: _____ Total Number of Discharges: _____

Charge Nurse: _____ Supervisor: _____

1.) Problem (please mark pertinent issues):

Staffing Meal Time	<input type="checkbox"/>	Health Abusive Situation	<input type="checkbox"/>	Acuity Problems Equipment/Supplies	<input type="checkbox"/>	Breaks Floating	<input type="checkbox"/>	Safety Other	<input type="checkbox"/>
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2.) Explanation of problem:

(Use back of sheet or extra page if needed. Please maintain confidentiality; *do not use patient name*)

3.) Action taken by Reporting RN: What did you do? (mark all that apply and add additional comments)

- Discussed with House Supervisor Discussed with Charge Nurse Discussed with Clinical Manager
- Other (please explain): _____

PRN Review:

Analysis:

Action:

Reviewed By:

Date: