

Total Current Census (Hospital):

ED Charge Nurse Throughput Worksheet--HOURLY ASSESSMENT

Date: _____

TIME: _____

ALERT LEVEL: _____

Green	Yellow	Orange	Red
#Lobby <5	#Lobby 6-15	#Lobby 16-20	#Lobby >20
Lobby Wait Time <30 mins	Lobby Wait Time 30mins-60 mins	Lobby Wait Time 60mins-1.5hrs	Lobby Wait Time >1.5hrs
#LWBS <2 (per 24 hr 12m-12m)	#LWBS 2-6 (per 24 hr 12m-12m)	#LWBS 7-12 (per 24 hr 12m-12m)	#LWBS >12 (per 24 hr 12m-12m)
#Holds >2hrs awaiting bed <2	#Holds >2hrs awaiting bed 3-6	#Holds >2 hrs awaiting bed 7-12	#Holds >2 hrs awaiting bed >12
ED Staffing			
RNs (CHECK HOURLY TO ASSURE ASSIGNED TO PATIENTS)	Notify ED Supervisor?	Notify House Supervisor? (assure page placed)	Notify House Supervisor? (assure page placed)
	Notify ED Leadership?	Notify ED Leadership? (ED Leadership to notify ED Director and Nurse Administrator On-Call discuss all NM notification, notify administrator on call)	Notify ED Leadership? (ED Leadership to notify ED Director, Nurse Administrator, and Hospital Administrator On-Call, discuss all NM notification)
CMTs	Alternate Area Opened? Y or N (if N respond below)	Alternate Area Opened? Y or N (if N respond below)	Alternate Area Opened? Y or N (if N respond below)
Scribes	If not, why?	If not, why?	If not, why?
ED Volume			
#Side 1			
#Side 2			
#Side 3	Reason YELLOW/support needed?	Reason ORANGE/support needed?	Reason RED/support needed?
#Side 4	ED volume issue?	ED volume issue?	ED volume issue?
#Alternate Area	Admit/boarders issue?	Admit/boarders issue?	Admit/boarders issue?
#Waiting room	Staffing issue?	Staffing issue?	Staffing issue?
#Waiting for bed/admission	Support needed?	Support needed?	Support needed?

Charge Nurse Signature: _____

Assess ongoing, complete form hourly, turn in completed forms to Emergency Department Nurse Manager after each shift

