

COAGULATION SHIFT COMMUNICATION LOG

- St. Joseph Medical Center Tacoma, WA
 St. Clare Hospital Lakewood, WA
 St. Elizabeth Hospital Enumclaw, WA
 St. Francis Hospital Federal Way, WA
 St. Anthony Hospital Gig Harbor, WA
 PSC

Date: _____ Instrument In Use: _____

ISSUE		NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
QC	COAG N/ABN	QC RAN @	QC RGT EXP @	QC RAN @	QC RGT EXP @	QC RAN @	QC RGT EXP @
	PT/Neoplastin						
	PTT/CaCl2						
	Fibrinogen						
	Thrombin						
	LIATEST N/P D-Dimer						
	UFH HEP QC UFH level 1&2		Last vol () Exp:		Last vol () Exp:		Last vol () Exp:
	LWMH QC LMWH 1&2		Last vol () Exp:		Last vol () Exp:		Last vol () Exp:
	Reviewed: Verified:	<input type="checkbox"/> Reviewed: Stago LVJs <input type="checkbox"/> Verified: All QC in Cerner		<input type="checkbox"/> Reviewed: Stago LVJs <input type="checkbox"/> Verified: All QC in Cerner		<input type="checkbox"/> Reviewed: Stago LVJs <input type="checkbox"/> Verified: All QC in Cerner	
REAGENT	Reagent Alerts	Please list names of reagents		Please list names of reagents		Please list names of reagents	
	Low Volume						
	Short Outdate						
	Extra made			<input type="checkbox"/> ISI log (Dayshift only)			
INSTRUMENT	Maintenance	<input type="checkbox"/> Instrument OK <input type="checkbox"/> Instrument DOWN <input type="checkbox"/> No Maintenance Scheduled <input type="checkbox"/> Daily Maintenance <input type="checkbox"/> Weekly Maintenance <input type="checkbox"/> Coag Connect End of Day Purge <input type="checkbox"/> Troubleshooting Log <input type="checkbox"/> QIM <input type="checkbox"/> Service Call placed <input type="checkbox"/> Ref# _____ TECH ID _____		<input type="checkbox"/> Instrument OK <input type="checkbox"/> Instrument DOWN <input type="checkbox"/> No Maintenance Scheduled <input type="checkbox"/> Daily Maintenance <input type="checkbox"/> Weekly Maintenance <input type="checkbox"/> Coag Connect End of Day Purge <input type="checkbox"/> Troubleshooting Log <input type="checkbox"/> QIM <input type="checkbox"/> Service Call placed <input type="checkbox"/> Ref# _____ TECH ID _____		<input type="checkbox"/> Instrument OK <input type="checkbox"/> Instrument DOWN <input type="checkbox"/> No Maintenance Scheduled <input type="checkbox"/> Daily Maintenance <input type="checkbox"/> Weekly Maintenance <input type="checkbox"/> Coag Connect End of Day Purge <input type="checkbox"/> Troubleshooting Log <input type="checkbox"/> QIM <input type="checkbox"/> Service Call placed <input type="checkbox"/> Ref# _____ TECH ID _____	
		Verbal Dept. Hand-off	<input type="checkbox"/> Problem patient _____ _____ <input type="checkbox"/> Final WCP pulled/reconciled <input type="checkbox"/> Dept. messages & Communication Log Handed off by _____ Received by _____		<input type="checkbox"/> Problem patient _____ _____ <input type="checkbox"/> Final WCP pulled/reconciled <input type="checkbox"/> Dept. messages & Communication Log Handed off by _____ Received by _____		<input type="checkbox"/> Problem patient _____ _____ <input type="checkbox"/> Final WCP pulled/reconciled <input type="checkbox"/> Dept. messages & Communication Log Handed off by _____ Received by _____
COMMENTS							

PLEASE TURN OVER FOR MORE COMMENT SPACE . . .