

UW Medicine UNIVERSITY OF WASHINGTON MEDICAL CENTER		Daily Shift Hand-off			Day / Date
<b>Staffing Level</b> *Notify Nina any time a call out will bring the staffing level to critical or below.	<b>Min/Crit</b>	<b>Days TOTAL 7/6</b>	<b>Evenings TOTAL 5/4</b>	<b>Nights TOTAL 4/3</b>	
	<b>Scheduled</b>	<b>MLS:</b>	<b>MLS:</b>	<b>MLS:</b>	
		<b>CLT:</b>	<b>CLT:</b>	<b>CLT:</b>	
	<b>Call Outs</b>	<b>Staff Name / Time</b>			<b>Nina Notified (Time)</b>
<b># of Unfilled FHCC Ord.</b>	<b>Platelets:</b> Night->Day / Day->Eve		<b>RBCs:</b> Night->Day / Day->Eve		
<b>FHCC PLT Inventory</b>	<b>Rh Positive:</b> Day / Eve / Night		<b>Rh Negative:</b> Day / Eve / Night		
<b>FHCC RV &amp; Washed Pending Confirmation</b>	<b>Patient Name</b>		<b>Processing Needed</b>		<b>Confirmed</b>
			<input type="checkbox"/> RV	<input type="checkbox"/> Washed	Tech Code and Time
			<input type="checkbox"/> RV	<input type="checkbox"/> Washed	Tech Code and Time
			<input type="checkbox"/> RV	<input type="checkbox"/> Washed	Tech Code and Time
<b>Inventory (All Areas)</b>	<b>RBCs</b>			<b>Platelets</b>	
	<b>O POS:</b>	<b>O NEG:</b>		<b>Rh POS:</b>	
	<b>A POS:</b>	<b>A NEG:</b>		<b>Rh NEG:</b>	
	<b>B POS:</b>	<b>B NEG:</b>			
<b>Time:</b>					
<b># of Short Dated Units</b>	<b>Platelet:</b> Day / Eve / Night		<b>RBC:</b> Day / Eve / Night		<b>Other:</b> Day / Eve / Night
<b>MD Approval for Rh Pos Components</b>	<b>Patient Name</b>		<b>Patient MRN</b>	<b>RBC or PLT?</b>	<b>Approved By (MD &amp; Time)</b>
<b>Additional Sample Needed</b>	<b>Patient Name</b>		<b>Patient MRN</b>	<b>Requested?</b>	<b>Received?</b>
				Tech Code and Time	Tech Code and Time
				Tech Code and Time	Tech Code and Time
<b>Equipment Issues:</b>					
<b>Other Issues:</b>					
<b>Staff Review Initials</b>					