



Ratio Basics

■ RN Ratios

No RN can be assigned responsibility for more patients than the specific ratio at any time, under any circumstances, based on patient acuity and scope of practice laws. An LVN cannot be assigned overall responsibility for a patient.

■ DHS Ratios are Minimums

Once the DHS minimum ratios are in place, additional staffing must be assigned based on patient acuity.

■ No Averaging

The ratios are the maximum number of patients assigned to any one RN at all times during a shift.

■ Break Coverage

A competent charge nurse, RN manager or break RN must relieve an RN during their breaks.



The Ratios

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|-------------------------------------|-----|
| Intensive/Critical Care | 1:2 |
| Neo-natal Intensive Care | 1:2 |
| Operating Room | 1:1 |
| Post-anesthesia Recovery | 1:2 |
| Labor and Delivery | 1:2 |
| Antepartum | 1:4 |
| Postpartum couplets | 1:4 |
| Postpartum women only | 1:6 |
| Pediatrics | 1:4 |
| Emergency Room | 1:4 |
| ICU patients in the ER | 1:2 |
| Trauma patients in the ER | 1:1 |
| Step Down Initial | 1:4 |
| Step Down in 2008 | 1:3 |
| Telemetry Initial | 1:5 |
| Telemetry in 2008 | 1:4 |
| Medical/Surgical Initial | 1:6 |
| Medical/Surgical in 2005 | 1:5 |
| Other Specialty Care Initial | 1:5 |
| Other Specialty Care in 2008 | 1:4 |
| Psychiatric | 1:6 |

For more information, contact your Ratio Monitor, PPC member, nurse rep, or CNA labor rep. If your unit does not have a Ratio Monitor, please volunteer yourself or encourage a co-worker to volunteer.