



# NDP MAC Worker Call Log

(To be completed by MAC Worker)

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FACILITY

DATE OF CALL	TIME OF CALL	NAME OF MAS BEING CALLED	NAME OF CLIENT NAME OF CALLER	ISSUE/PROBLEM	VITAL SIGNS Requested?	ORDERS GIVEN	TIME MAS RN/LPN NOTIFIED OF RESULTS
	AM				Y		AM
	PM		MAC		N		PM
	PM				N		AM
	AM		MAC		Y		PM
	AM				Y		AM
	PM		MAC		N		PM
	PM				N		AM
	AM		MAC		Y		PM
	AM				Y		AM
	PM		MAC		N		PM

MUST BE REVIEWED BY MAS RN/LPN

RECORDS DISPOSITION: Must maintain for 5 years

MAS NURSE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*Original copy to agency files*