

MAC CALL LOG

This form is used to document all communication with the MAS Nurse

Date of Call	Time of Call	Name of MAS being Called	Name of person served	Issue/Problem	Vital Signs Requested (T, P, R, BP)	Orders/Instructions	Time MAS Nurse Notified of Results	Describe how the Nurses Instructions were effective
			Name of Caller					
	AM						AM	
	PM						PM	
	AM						AM	
	PM						PM	
	AM						AM	
	PM						PM	
	AM						AM	
	PM						PM	
	AM						AM	
	PM						PM	
	AM						AM	
	PM						PM	

This form must be reviewed by the MAS Nurse at frequent intervals, at least once every month to verify intervention was completed and outcome is documented ABN 610-X-7-.06(1)

Licensed nurses who are MAS trained are accountable and responsible for the outcome of the delegated nursing care delivered by unlicensed mental health worker

MAS Nurse Signature _____

Date _____