Investigation Meeting re: Duespayer Name

Date: DATE

Time: TIME
Place: PLACE

Notes by: NAME

**Attendees**

UNA:

* Duespayer Name (Duespayer)

Employer Name:

* Manager Name (Manager)
* HR Name (Human Resources)

|  |  |
| --- | --- |
| WHO | WHAT |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Commonly Used Acronyms

|  |  |
| --- | --- |
| **ADL** | Activities of Daily Living |
| **AHN** | Assistant Head Nurse |
| **AHS** | Alberta Health Services |
| **BP** | Blood Pressure |
| **CCU** | Critical Care Unit |
| **CNE** | Clinical Nurse Educator |
| **DX** | Diagnosis |
| **ECG/EKG** | Electrocardiogram |
| **ED/ER** | Emergency Department/Room |
| **FU or F/U** | Follow-up |
| **GOA** | Government of Alberta |
| **HCA** | Health Care Aide |
| **HN** | Head Nurse |
| **ICU** | Intensive Care Unit |
| **JSG** | Justice and Solicitor General |
| **LDRP** | Labour, Delivery, Recovery and Postpartum |
| **LPN** | Licensed Practical Nurse |
| **NIC** | Nurse in Charge [Charge Nurse] |
| **NP** | Nurse Practitioner |
| **OHN** | Occupational Health Nurse |
| **OHS** | Occupational Health and Safety |
| **OT** | Occupational Therapist |
| **PCM** | Patient Care Manager |
| **PRC** | Professional Responsibility Concern |
| **PRN** | Pro Re Nata [“As needed”] |
| **RN** | Registered Nurse |
| **RPN** | Registered Psychiatric Nurse |
| **RT** | Respiratory Therapist |
| **UM** | Unit Manager |
| **UNA** | United Nurses of Alberta |