



PAR LEVEL ADJUSTMENT SHEET

The purpose of this form is for you to make recommendations to **INCREASE** or **DECREASE** supply levels to meet your patient needs.
 Please fill out the sections below and your nurse manager or appointed personnel will review your request.
 Your unit in partnership with Supply Chain values your input. Thank you.

Date	Item/Description	HMMS code (located on barcode)	Current PAR level	PAR level adjustment	Nurse Manger (NM) or Charge Nurse (CN) Change Accepted
					<input type="checkbox"/> YES , NM/CN communicated to Supply Chain <input type="checkbox"/> NO , Reason: _____
					<input type="checkbox"/> YES , NM/CN communicated to Supply Chain <input type="checkbox"/> NO , Reason: _____
					<input type="checkbox"/> YES , NM/CN communicated to Supply Chain <input type="checkbox"/> NO , Reason: _____
					<input type="checkbox"/> YES , NM/CN communicated to Supply Chain <input type="checkbox"/> NO , Reason: _____
					<input type="checkbox"/> YES , NM/CN communicated to Supply Chain <input type="checkbox"/> NO , Reason: _____
					<input type="checkbox"/> YES , NM/CN communicated to Supply Chain <input type="checkbox"/> NO , Reason: _____
					<input type="checkbox"/> YES , NM/CN communicated to Supply Chain <input type="checkbox"/> NO , Reason: _____
					<input type="checkbox"/> YES , NM/CN communicated to Supply Chain <input type="checkbox"/> NO , Reason: _____

Nurse Manager Signature for Approval: Print name: _____ Signature: _____ Date: _____
 Extension: _____ Unit: _____

****Note:** Scan and email form to Carlos Gutierrez @
CGutierrez@dhs.lacounty.gov or give to your unit/area supply chain personnel.