



### Assignment Despite Objection

Date & Time: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Shift: \_\_\_\_\_  
Unit: \_\_\_\_\_

In accordance with the American Nurses Association Code of Ethics for Nurses and my obligations as a patient advocate I am objecting to my work assignment as:

Charge Nurse  Staff Nurse  Float Nurse  Other: \_\_\_\_\_

I have notified (Name) \_\_\_\_\_, (Management Position) \_\_\_\_\_ that in my professional nursing judgment I am unable to assure the delivery of safe or adequate nursing care because of the following condition(s):

- Personnel assigned lack sufficient orientation [ Self  Other Assigned Staff]
- Inadequate staffing for existing patient acuity [ staffing meets guidelines  staffing less than guidelines]
- New patients transferred or admitted to unit without adequate staffing
- Assignment posed potential of harm to health and safety of patients (explain below)
- Assignment posed potential of harm to health and safety of myself or other nursing staff (explain below)
- Inappropriate mix of providers (RN, LPN, NA, UAP/Tech, Clerical, other)
- Inadequate or unsafe equipment (explain below)
- Forced to work beyond scheduled tour by situation [ voluntarily;  involuntarily]
- Other situation:

Explain/Describe Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### CONDITIONS & WORKLOAD SUMMARY

Unit Staff Assigned: RN \_\_\_; LPN \_\_\_; NA \_\_\_; UAP/Tech \_\_\_; Clerical \_\_\_; Charge RN taking patients? Y/N #? \_\_\_  
 Outside Staff Assigned: RN \_\_\_; LPN \_\_\_; NA \_\_\_; UAP/Tech \_\_\_; Clerical \_\_\_; (Utilized as: \_\_\_\_\_)  
 Source of outside staff: Float from another unit \_\_\_; Intermittent or Float Pool \_\_\_; Agency/Fee Basis \_\_\_  
 Describe Assignment: \_\_\_\_\_ Supervising Others?: Y/N \_\_\_\_\_  
 Starting Census: \_\_\_ Describe Acuity: \_\_\_\_\_  
 Ending Census: \_\_\_ Describe Acuity: \_\_\_\_\_  
 Admissions/Transfers In - Pending: \_\_\_ Discharges/Transfers Out - Pending \_\_\_\_\_  
 Admissions/Transfers In - Actual: \_\_\_ Discharges/Transfers Out - Actual: \_\_\_\_\_  
 Other workload indicators:

I indicate my acceptance of the assignment despite objection; I will despite objection attempt to carry out the assignment to the best of my professional ability. It is not my intention to refuse to accept the assignment and thus raise questions of meeting my obligations to the patient or of my refusal to obey an order, if such were given. However, I hereby give notice to my employer of the above facts and indicate that for the reasons listed, full responsibility for the consequences of this assignment must rest with the employer. Copies of this form may be provided to appropriate state and federal agencies.

(Nurse's Signature)

(Nurse's Printed Name)

Supervisor's Acknowledgment Signature: \_\_\_\_\_ Date & Time

#### SPECIFIC NEGATIVE PATIENT OUTCOMES

- Compromised Safety/Injury;  Death;  Delayed/Postponed/Omitted Treatment;  Delay of Medication;
- Inadequate Observation/Monitoring;  Delayed/Incomplete Documentation;  Incident Report(s) Filed;
- Delayed/Omitted Education/Instruction;  Delayed/Omitted Hygiene;  Omitted Psych/Social Support;
- Other (Specify):

Copy x3: one for supervisor/management; one for INA; one for nurse