



Assignment Despite Objection Form

Section I. I/We _____
Registered Nurse(s) employed at (Facility) _____ on (Shift) _____ in (Unit) _____
Hereby protest my/our assignment as: ___ Primary Nurse ___ Charge Nurse ___ RN Pulled to Unit ___

SECTION II: Please check all appropriate statements. I/We have notified (Name) _____
(Manager's Title) _____ that in my (our) professional nursing judgment, I/we are unable to assure
the delivery of safe or adequate nursing care because of the following conditions:

- 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 the 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*)
- Lack of relief for breaks/lunch
- Inadequate or unsafe equipment (*explain below*)
- Forced to work beyond scheduled hours 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 ___; (<i>Utilized as: _____</i>)
Source of outside staff:	Float from another unit ___; Intermittent or Float Pool ___; Agency/Fee Basis ___

Describe Assignment: _____ Supervising Others?: Y/N _____
Starting Census: ___ Acuity: _HIGH_ AVERAGE _LOW_ Ending Census: ___ Acuity: _HIGH_ AVERAGE _LOW_
Admissions/Transfers In - Pending: ___ Actual: ___ Discharges/Transfers Out - Pending ___ Actual: ___

Section III. SPECIFIC NEGATIVE PATIENT OUTCOMES

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

I/We indicate my acceptance of the assignment despite objection; I/ We 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/We, 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 Notified: _____

Date & Time _____

Response of Supervisor: _____
