

PRN
Professional Resource for Nurses

ASSIGNMENT DESPITE OBJECTION

See instructions on next page.

Part 1

I, _____ RN, employed on (unit) _____, (shift) _____,

hereby protest my assignment as follows: _____

made to me by (name) _____ at (date, time) _____
despite my objection. As a patient advocate, in accordance with the California Nursing Practice Act, this is to confirm I notified you that, in my professional judgment, today's assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will, under protest, attempt to carry out the assignment to the best of my ability.

Part 2

I am objecting to the aforementioned assignment on the grounds that (mark as many as needed):

- | | |
|--|--|
| <input type="checkbox"/> I was not trained or experienced in area assigned. | <input type="checkbox"/> I was given an assignment which posed a potential threat to the health and safety of my patients. |
| <input type="checkbox"/> Staffing was not in accordance with the Patient Classification System. | <input type="checkbox"/> I was involuntarily forced to work beyond my scheduled hours. |
| <input type="checkbox"/> The unit was staffed with excessive registry. | <input type="checkbox"/> Skill mix was inappropriate for patient acuity. |
| <input type="checkbox"/> The unit was staffed with unqualified personnel. | <input type="checkbox"/> I was assigned more patients than authorized by State mandated ratios. |
| <input type="checkbox"/> New patients were transferred or admitted to unit without adequate staff. | <input type="checkbox"/> Other (please specify). |
| <input type="checkbox"/> No relief for rest/meal breaks available. | |
| <input type="checkbox"/> Out of mandated ratios during rest/meal breaks. | |

Part 3

Census _____ Acuity (high, average, low) _____ Unit Capacity _____ State Ratios _____

Part 4

Break nurse available (circle one): Yes No
Charge Nurse had patients (circle one): Yes No (how many? _____)
Number of RNs _____ Number of LVNs _____ Number of CNAs _____
Administrative Support/Monitor Tech available (circle one): Yes No

Part 5

Action by RN: Notified Clinical Manager/Assistant Manager/Hospital Supervisor (name/title) _____

(date/time) _____

Response to Objection by ECH Mgmt: _____

Original: Clinical Manager/Assistant Manager/Hospital Supervisor. One (1) copy each to: RN and PRN.

**Instructions: Completing
and Filing ADO**

The purpose of this form is to notify ECH management that you have been given an assignment which you believe is potentially unsafe for your patients. This form will document the situation and your attempt to resolve the underlying conditions creating the unsafe situation. It gives management an opportunity to correct the unsafe conditions.

You must orally protest your assignment to your supervisor (Clinical Manager/Assistant Manager/Hospital Supervisor) before you assume the assignment. You can complete the form later as documentation of your verbal objection.

This document can be used to relieve you of liability if something goes wrong due to an unsafe assignment for which you objected and was ordered to take by management.

Your NUC and/or Charge Nurse is not management. DO NOT OBJECT TO THE NUC OR CHARGE NURSE!

When the form is completed, mail it to PRN:

PRN
4320 Stevens Creek Blvd., Suite 212
San Jose, CA 95129-1266
Att: ADO

Or scan the document and e-mail it to: PRNurse@att.net