



Assignment Despite Objection

I, \_\_\_\_\_, a Registered Nurse employed at \_\_\_\_\_
(Name) (Facility Name)
on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, hereby object to the assignment as
(Unit) (Shift) (Date)
made to me by \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_
(Supervisor) (Time) (Date)

In my professional opinion, as a licensed Registered Nurse, the situation described on this form is not adequate to meet the needs of the patients assigned to me at this time. I indicate my acceptance of the assignment despite objection. It is not my intention to refuse the assignment. The purpose of this form is to notify facility supervisory staff that I have been given an assignment I believe is potentially unsafe for patients and/or staff. This form will document this situation.

\*This assignment is accepted because I have been instructed to do so, despite my objections\*

My objections to this assignment are (check all that apply):

- Short Staffed for Census
Short staffed for acuity/complexity
Not trained/experienced in area assigned
Not oriented to this unit/case load
Floating to multiple units during shift
Necessary equipment is not available
Not trained/experienced to use equipment
Transferred/admitted new patient(s) to unit without adequate staff
Charge nurse unable to perform charge nurse duties
Inadequate nurse to patient ratios
Not provided with adequate assistant(s)
Forced/Mandatory Overtime
System Failure
Missed Breaks/Lunch
Other (please explain)

Acuity Factors (check those that apply and indicate number of patients):

- Ventilator: # of patients
Restraints: # of patients
Total Care: # of patients
Unstable new admission: # of patients
Suicide Precautions: # of patients
Medicated gtts (insulin, pressors, etc.): # of patients
Requires frequent vital signs/assessment: # of patients
Immediate Post-op: # of patients
Receiving Blood Products: # of patients
Isolation Precaution: # of patients
Head Injury/Confused: # of patients
Procedure on unit (chest tube, etc.): # of pts
Procedure off unit (CT, etc.): # of patients
Other (please explain): # of patients

Number of Patients \_\_\_\_\_

Unit Secretary? No Yes Charge nurse has patients? No Yes

Census on Date and Shift of Objection # of patients @ start: Admissions/Transfers: Discharges/Transfers: # of patients @ end: Unit Capacity:

Additional Information:
[Blank lines for notes]

Signature lines for RN Signature, Supervisor Signature, Print Name, Print Name & Title, Date, Date

Complete this form and have it signed by your immediate supervisor or designee. Keep the original for your records and make 3 copies; give one to the supervisor, one to your local MNA unit officer, one to the MNA office (or MNA Labor Representative).

Discussed at PCC Meeting with MNA: Date
Follow-up:
MNA Local President: Date
Dept. Supervisor: