



## Montana Nurses Association

20 Old Montana State Highway ~ Clancy, MT 59634 ~ 406-442-6710

406-442-1841 (fax) ~ www.mtnurses.org

# Assignment Despite Objection

I, \_\_\_\_\_, a Registered Nurse employed at Bitterroot Health Daly Hospital  
(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\**

☐ I have voiced my objections about this assignment to my charge nurse and/or direct supervisor.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Short Staffed for census or acuity                                 | <input type="checkbox"/> Charge nurse unable to perform charge nurse duties |
| <input type="checkbox"/> Not trained in unit assigned                                       | <input type="checkbox"/> Forced/Mandatory Overtime                          |
| <input type="checkbox"/> Floating to multiple units during shift                            | <input type="checkbox"/> System Failure                                     |
| <input type="checkbox"/> Necessary equipment is not available                               | <input type="checkbox"/> Missed Breaks/Lunch                                |
| <input type="checkbox"/> Not trained/experienced to use equipment                           | <input type="checkbox"/> Other (please explain)                             |
| <input type="checkbox"/> Transferred/admitted new patient(s) to unit without adequate staff |   |

Unit Secretary? No ☐ Yes ☐ Charge nurse has patients? No ☐ Yes ☐ Number of Patients \_\_\_\_\_

### Unit Census on Shift of Objection:

# of patients @ start: \_\_\_\_\_ Admissions/Transfers: \_\_\_\_\_ Discharges/Transfers: \_\_\_\_\_ # of patients @ end: \_\_\_\_\_ Total Unit Capacity: \_\_\_\_\_

### Additional Information:

---

---

---

---

---

---

---

---

---

---

*(If more space is needed, please attach another sheet of paper)*

### Supervisor Notes:

---

---

---

---

---

---

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
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).

Follow-up: ☐ Discussed at PCC Meeting with MNA: Date \_\_\_\_\_ ☐ MNA Local President: Date \_\_\_\_\_

☐ Dept. Supervisor: \_\_\_\_\_



## Montana Nurses Association

20 Old Montana State Highway ~ Clancy, MT 59634 ~ 406-442-6710

406-442-1841 (fax) ~ [www.mtnurses.org](http://www.mtnurses.org)

What is an ADO: Assignment Despite Objection or ADO is a form used to document any unsafe conditions for you or your patients. Completing an ADO Form helps to make the problem known to management, which creates an opportunity for the problem to be addressed. ADO's document the facts, which may be helpful to you later if there is a negative outcome.

Why do we use ADO's: To document the facts about an issue or situation, bring it to the attention of your supervisor(s), initiate conversations to collaborate on potential solutions

When do we use ADO's: Anytime you feel like you are assigned to provide care in an unsafe situation.

The nurse questioning an assignment should communicate this concern in the following manner:

1. Actually verbally object to the assignment or situation you are being asked to work in. Notify your direct supervisor (Charge RN, House Supervisor, Manager) that you will take your assignment, but you are objecting to it (let them know why) and that you will be filling out an ADO.
2. Use an ADO form to document the assignment. Provide all of the pertinent information regarding the situation and assignment and what you are objecting to. Feel free to use multiple pages to capture the facts of the situation.
3. If a change in assignment or additional help to improve the situation is provided, document the steps taken to improve or resolve the nurse's concerns on the ADO form.
4. Provide a copy of your ADO to your direct supervisor (Charge RN, House Supervisor, and/or Manager), keep a copy to yourself, give a copy to one of your union reps (Unit Rep, Officer, and/or Labor Rep).

What happens after an ADO is submitted: All ADO's should be reviewed at PCC or with your Union Reps and management, preferably each month. Please plan to discuss your ADO with an officer or Labor Rep in preparation for its review, if possible try to be present at the meeting.