



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 judgement 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;
- G** Other (Specfy):

Original – Supervisor/Management

Middle Copy – UAN Local
 Instructions on reverse

Bottom Copy - RN keeps for records