

CALIFORNIA

Assignment Despite Objection/InPatient



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Association



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You must first verbally protest your assignment to your supervisor which based on your professional judgment is unsafe. This is usually at the start of the shift, but may occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADO copies according to the instructions on the reverse side.

SECTION I

I/We _____

Registered Nurse(s) employed at _____
Facility Unit/Dept Shift

Hereby protest my/our assignment as: primary nurse charge nurse relief charge team leader team member
given to me/us by _____
Name/Title Date Time

As a patient advocate, in accordance with the **California Nursing Practice Act**, this is to confirm that 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.

Supervisor notified: _____ Date/Time: _____

Supervisory response: _____

Other person notified: _____ Date/Time: _____

Other person's response: _____

SECTION IIa See reverse side

I am objecting to the aforementioned assignment on the grounds that: *(check all that apply)*

- I was given an assignment where I did not receive or complete
 - orientation to the unit/clinical area *(Title 22 Section 70213, 70214, & 70217)*
 - validation of current demonstrated competency *(Title 22 Section 70213, 70016.1, & 70217)*
- I was given an assignment which posed a threat to the health and safety of my patients *(explain in Section V)*
- Staffing/skill mix is/was insufficient to:
 - meet the individual patient care needs/requirements of my patients due to failure to provide additional staff based on acuity *(Title 22 Section 70217)*
 - perform effective assessments of patients assigned to me *(Title 22 Section 70215 & 70217)*
 - meet the teaching/discharge needs identified by my patient's condition *(Title 22 Section 70215)*
 - prevent overtime due to post-shift documentation requirements *(Title 22 Section 70215 & 70217)*
 - provide breaks by a direct-care RN to prevent fatigue, accidents, and/or errors *(Title 22 Section 70217)*
- The unit is staffed with unqualified:
 - licensed unlicensed certified staff
 - nursing personnel whose competency was not validated *(Title 22 Section 70213, 70016.1, & 70217)*
- Direct patient care duties did not allow time for charge nurse duties — clinical supervision/coordination of care
- Hospital non-compliance with the required ratios 1:1 1:2 1:3 1:4 1:5 1:6 other _____
Unit name _____ *(Title 22 Section 70217)*
- New patients were transferred or admitted to unit without adequate staff to stay in compliance with the ratios *(Title 22 Section 70217)*
- Patient(s) on the unit require a higher level of care than can be provided *(Title 22 Section 70217)*
- Other *(explain in Section IV)*

SECTION IIb Working conditions:

Meal period missed? Yes No Break missed? Yes No Overtime worked? Yes No

SECTION III Patient care staffing count:

Number of RNs _____ Number of Aides _____
Clerk? Yes No Lift team? Yes No Transport? Yes No

SECTION IV Brief problem statement:

(If more space is needed, attach additional information and make four copies to distribute)

SECTION V Complete this section as appropriate:

Patient care affected (this may need to be filled out at the end of your shift, if appropriate). Interference with safe, therapeutic, and effective patient care in areas of assessments, formulating RN diagnosis, planning/designing/implementing individualized patient care, evaluation of patient's response to treatment, teaching, and patient advocacy. Potential/actual hazard that resulted from this situation:
