

ASSIGNMENT DESPITE OBJECTION

(Please fill form out completely and turn in to clinical manager.)

Name: _____
Email: _____ Date of Occurrence: _____ Shift (Day, Eve, Noc) Home unit: _____
Daytime Phone: _____ Home Phone: _____ Cell Phone: _____

Hereby object to the assignment as: () Staff RN () Charge nurse () RN floated to unit: _____ () Other: _____

Made to me by: _____ despite my objections on the grounds that:
Supervisor's name/Title

- () Short staffed for census
- () Short staffed for acuity (indicate acuity below)
- () Not trained or experienced in area assigned
- () Not provided with adequate HCAs
- () Not provided with needed sitter(s)
- () Other: _____
- () Not provided with unit secretary
- () Transferred or admitted new patient(s) to unit without adequate staff
- () Assignment posed a serious threat to health or safety of staff
- () Assignment posed a serious threat to health or safety of patient
- () Floating to multiple units during shift

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

STAFFING ON DATE AND SHIFT OF OBJECTION:

	Core staff					Non-Core staff		Total
	Scheduled	Sick Call	Called In	Matrix	Float out	Actual	Float In	
RN								
LPN								
HCA								

Unit secretary? No _____ Yes _____ Charge nurse has patients? No _____ Yes _____ (# of pts _____)

CENSUS ON DATE AND SHIFT OF OBJECTION:

pt's @ start: _____ Admissions/Transfers: _____ Discharges/Transfers: _____ # pt's @ end: _____ Unit Capacity: _____

ACUITY FACTORS: Check those that apply and indicate # of pt's

- () ventilators _____ () complete care _____ () isolation precautions _____ () restrained _____ () head injury/confused _____
- () suicide precautions _____ () medicated gtts(insulin, pressors, etc) _____ () procedures off unit (ICU / MICU) _____
- () procedure on unit (central line, chest tube) _____ () receiving blood products () unstable new admission
- () requires vital signs/assessment more frequent than routine () immediate post-op (< 4 hrs)
- () other (specify) _____

Additional Info: _____

Suggested solution: _____

RN signature Print Name Date

Supervisor's Comments: _____

Supervisor signature Print Name and Title Date

Follow up: (to be filled out by supervisor and/or MNA representative)

Copies sent to MNA / Dept. supervisor/ VP nursing: _____(date) Discussed @ PCC meeting w/ MNA & VP nursing: _____(date)

Suggestions and/or actions taken: _____

Follow-up done with person completing form: _____(date)

White copy = Supervisor/Manager Yellow copy = MNA Representative Pink copy = CNO, SPH (fax 329-0324) Form updated 1/720 NS-0669