



RNA/UCMC Assignment Despite Objection

I, _____, a Registered Nurse employed at _____
 | _____ (Name/s) | _____ (Facility Name)
 on _____, _____, _____, hereby object to the assignment as
 | _____ (Unit) | _____ (Shift) | _____ (Date)
 - | _____
 made to me by _____ at _____ on _____
 | _____ (CNM/Charge Nurse) | _____ (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 manager/ manager On-Call that I have been given an assignment I believe is potentially unsafe for patients and/or staff. This form will document this situation.

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

- | | |
|---|---|
| <input type="checkbox"/> Short Staffed for Census | <input type="checkbox"/> Charge nurse unable to perform charge nurse duties |
| <input type="checkbox"/> Short staffed for acuity/complexity | <input type="checkbox"/> Inadequate nurse to patient ratios |
| <input type="checkbox"/> Not trained/experienced in area assigned | <input type="checkbox"/> Not provided with adequate ancillary staff |
| <input type="checkbox"/> Not oriented to this unit/case load | <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 | |

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

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

Unit Census on Date and Shift of Objection:

of patients @ start: _____ Admissions/Transfers: _____ Discharges/: _____ # of patients @ end: _____ Unit Capacity: _____

Staffing: # of Nurses _____ # of PCAs _____ HUC? NO <input type="radio"/> YES <input type="radio"/> Charge nurse has patients? No <input type="radio"/> Yes <input type="radio"/> # of Patients _____	
Notified Charge Nurse of staffing needs () Yes () No Units in Division called for resources () Yes () No	ACTIONS TAKEN BY NURSE: _____ _____ _____
Notified-Manager/ Manager On-Call: _____ Time: _____	
Additional Information and Manager/ Manager On-Call response: _____ _____ _____ _____ <i>(If more space is needed, please attach another sheet of paper)</i>	
Manager/ Manager On-Call Investigation and Response: _____ _____ _____ _____ <i>(If more space is needed, please attach another sheet of paper)</i>	

After Manager/ Manager On-Call investigation and RN meeting completed, Manager/ Manager On-call make copy, RN make copy and fax to the RNA office at 584-1105

Follow-up: Discussed at CNO/LMC Meeting with RNA: Date _____ RNA Officer with RN: Date _____