



Ohio Nurses Association, 4000 East Main Street
Columbus, OH 43213-2983 (614) 237-5414

ASSIGNMENT DESPITE OBJECTION

I/WE _____ Registered Nurse(s)'

employed at AGMC, on _____(unit), _____(date) _____(shift)

hereby protest my/our assignment as Primary Nurse Charge Nurse RN pulled to unit other

made to me/us by _____ at _____ on _____ despite my objection.
(supervisor/charge person) (time) (date)

Response: _____

Other persons notified: _____
name(s) date/time response

Section II: Please check all appropriate statements:

I am objecting this assignment on the grounds that:

- Staff not given adequate orientation to the unit.
- Inadequate staff for acuity (short staffed).
- The unit was staffed with unqualified or inappropriate personnel.
- New patients were transferred or admitted to the unit without adequate staff.

- The assignment posed a serious threat to health and safety of staff.
- The assignment posed a potential threat to the health and safety of patients.
- Staff involuntarily forced to work beyond scheduled hours.
- Other (please explain) _____

Section III: Complete to the best of your knowledge the patient census at the time of your objection.

Census and Acuity:

Patient Census: Start _____ End _____ Unit Capacity _____ Admissions _____ Discharges _____
Acuity levels: High _____ Average _____ Low _____

Factors influencing acuity. Check those that apply:

- on respirators complete care on isolation precautions restrained immediately postop (<4hrs)
- require vital signs/nursing assessment more frequently than routine receiving blood products
- receiving IV drug/TPN/chemotherapy infusions
- other (specify) _____ other (specify) _____

Section IV: Complete to the best of your knowledge.

Patient care Staffing Count:

	RN	LPN	Aide	Other	Clerk/ Secretary	Previous Number of Staff for Equivalent Census/Acuity
start of shift						

end of shift						
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Section V: Brief statement of problem: _____

As a patient advocate, in accordance with the Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment this assignment is unsafe and places the patients or staff at risk. I indicate my acceptance of the assignment under protest. 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, which were given; however I hereby give notice to my employer of the above facts and indicate that for the reasons listed , responsibility for the consequences of this assignment must rest with the employer. Copies of this form may be provided to any and all appropriate State and Federal Agencies.

 Nurse's Signature (print name)

Turn in this form to your supervisor. Send a copy to PSNA, and keep a copy for yourself.