

**PRN**  
**Professional Resource for Nurses**

**ASSIGNMENT DESPITE OBJECTION**

See instructions on next page.

**Part 1**

I, \_\_\_\_\_ RN, employed on (unit) \_\_\_\_\_, (shift) \_\_\_\_\_,

hereby protest my assignment as follows: \_\_\_\_\_

made to me by (name) \_\_\_\_\_ at (date, time) \_\_\_\_\_  
despite my objection. As a patient advocate, in accordance with the California Nursing Practice Act, this is to confirm 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.

**Part 2**

I am objecting to the aforementioned assignment on the grounds that (mark as many as needed):

- |  |  |
|--|--|
| <input type="checkbox"/> I was not trained or experienced in area assigned.                        | <input type="checkbox"/> I was given an assignment which posed a potential threat to the health and safety of my patients. |
| <input type="checkbox"/> Staffing was not in accordance with the Patient Classification System.    | <input type="checkbox"/> I was involuntarily forced to work beyond my scheduled hours.                                     |
| <input type="checkbox"/> The unit was staffed with excessive registry.                             | <input type="checkbox"/> Skill mix was inappropriate for patient acuity.   |
| <input type="checkbox"/> The unit was staffed with unqualified personnel.                          | <input type="checkbox"/> I was assigned more patients than authorized by State mandated ratios.                            |
| <input type="checkbox"/> New patients were transferred or admitted to unit without adequate staff. | <input type="checkbox"/> Other (please specify).   |
| <input type="checkbox"/> No relief for rest/meal breaks available.                                 |  |
| <input type="checkbox"/> Out of mandated ratios during rest/meal breaks.                           |  |

**Part 3**

Census \_\_\_\_\_ Acuity (high, average, low) \_\_\_\_\_ Unit Capacity \_\_\_\_\_ State Ratios \_\_\_\_\_

**Part 4**

Break nurse available (circle one):      Yes      No  
Charge Nurse had patients (circle one):      Yes      No      (how many? \_\_\_\_\_)  
Number of RNs \_\_\_\_\_      Number of LVNs \_\_\_\_\_      Number of CNAs \_\_\_\_\_  
Administrative Support/Monitor Tech available (circle one):      Yes      No

**Part 5**

**Action by RN:** Notified Clinical Manager/Assistant Manager/Hospital Supervisor (name/title) \_\_\_\_\_  
\_\_\_\_\_  
(date/time) \_\_\_\_\_

**Response to Objection by ECH Mgmt:** \_\_\_\_\_  
\_\_\_\_\_

**Original: Clinical Manager/Assistant Manager/Hospital Supervisor. One (1) copy each to: RN and PRN.**

**Instructions:  
Completing and Filing ADO**

The purpose of this form is to notify ECH management that you have been given an assignment which you believe is potentially unsafe for your patients. This form will document the situation and your attempt to resolve the underlying conditions creating the unsafe situation. It gives management an opportunity to correct the unsafe conditions.

You must orally protest your assignment to your supervisor (Clinical Manager/Assistant Manager/Hospital Supervisor) before you assume the assignment. You can complete the form later as documentation of your verbal objection.

This document can be used to relieve you of liability if something goes wrong due to an unsafe assignment for which you objected and was ordered to take by management.

**Your NUC and/or Charge Nurse is not management. DO NOT OBJECT TO THE NUC OR CHARGE NURSE!**

When the form is completed, mail it to PRN:

PRN  
4320 Stevens Creek Blvd. #128  
San Jose, CA 95129-1266  
Att: ADO

Or scan the document and e-mail it to: [PRNurse@att.net](mailto:PRNurse@att.net)