

ASSIGNMENT DESPITE OBJECTION

PROTESTING OF ASSIGNMENT – DOCUMENTATION OF PRACTICE SITUATION

A registered nurse receiving an assignment that in her/his professional judgment place patient(s) or themselves at risk has an obligation to take action. Acting in the interest of patients, the nurse should promptly notify her/his supervisor that because of inadequate staffing, the quality of care and the safety of patients and nurses have been jeopardized.

The Ohio Nurse Practice Act and the ANA Code for Nurses hold the nurse responsible and accountable to her/his patients for the nursing care provided. However, responsibility and accountability for the level of care also resides with the Hospital, including both Hospital and nursing administrative staff.

The accompanying “**Assignment Despite Objection**” for may be used to document an assignment which is potentially unsafe for the patients or staff. This form should also be used to document concerns about potentially unsafe conditions that may arise when a nurse may be required to delegate inappropriately to unlicensed assistive personnel (UAPs). This will not exonerate you from liability or responsibility, but it will shift a great deal of the burden onto the shoulders of the Hospital, where it belongs.

Please be sure to:

1. Notify your supervisor for help as soon as you realize the problem; the staffing numbers provided are less than what you need to provide proper and safe nursing care.
2. State that you will do the best you can, if help is denied, but that patients have the right to receive safe professional nursing care.
3. Fill out the attached form and send it to your supervisor within a reasonable period of time.
4. Forward a copy to the OSUNO President and retain a copy. Please email any additional documentation along with the form, if needed.
5. Please reach out to your OSUNO Representatives with any questions or concerns with the ADO process.

The Ohio State University Nurses Organization (OSUNO) urges members to file an ADO when there is a situation that affects, or has the potential to affect the delivery of safe, quality patient care. This form is to be filled out and copies emailed to the Nurse Manager of the nurse’s unit and the president of OSUNO (Rick Lucas @ rick.osuno@outlook.com).

