Facility code | Facility name
---|---

Date

Code of nursing unit | Name of nursing unit
---|---

Name of individual submitting report

Time Management notified (12 hr clock): AM PM

Manager’s Name

What type of nursing unit is this? (shade the type that best applies)

- CCU/ICU/NICU
- Med/Surg
- ER
- Maternity/GYN
- Peds/NICU/PICU
- Psychiatry
- Ambulatory Surgery
- Other

What was your staffing like today? (write numbers in the boxes)

<table>
<thead>
<tr>
<th>Staffing</th>
<th>Normal or Core staff</th>
<th>Regular* Float</th>
<th>Agency</th>
<th>What you needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LPN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ancillary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number On duty today

Bed Capacity | Census
---|---

For what reasons are you protesting this assignment? (shade all that apply)

- patient acuity higher than usual
- inadequate number of qualified staff
- volume of admissions and discharges
- not adequately trained for this situation
- don't have resources I need such as supplies, equipment, or medications
- case load too high and impedes safe care
- inadequate time for documentation
- mandatory Overtime
- Other

Additional Comments

Print in Block letters!

Under the laws of this state, as a registered professional nurse, I am responsible and accountable to my clients. Therefore, this is to confirm that I notified you that, in my professional judgement, today’s assignment is unsafe and places my clients at risk. As a result, the Hospital/Agency and you share responsibility for any adverse effects on patient care.

I will, under protest, attempt to carry out the assignment to the best of my professional ability.

Signature

Management Comments

Time management responded (12 hr clock): AM PM

Date

Number of RNs signing this form

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