



PROTEST OF ASSIGNMENT



Print in block letters!

Facility code Facility name _____
 Date Code of nursing unit Name of nursing unit _____
M M / D D / Y Y Y Y

Name of individual submitting report _____
First Last

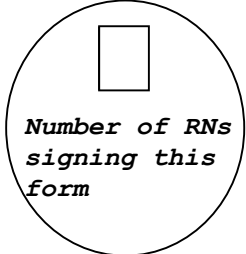
Time Management notified : AM PM Manager's Name _____
(12 hr clock)

<p>What type of nursing unit is this? <i>(shade the type that best applies)</i></p> <p> <input type="radio"/> CCU/ICU/NICU <input type="radio"/> Home Care/Public Health <input type="radio"/> Med/Surg <input type="radio"/> School <input type="radio"/> ER <input type="radio"/> Correctional Facility <input type="radio"/> Maternity/GYN <input type="radio"/> Ambulatory Care/Clinic <input type="radio"/> Peds/NICU/PICU <input type="radio"/> OR/Anesth/Recovery <input type="radio"/> Psychiatry <input type="radio"/> Stepdown/Telemetry <input type="radio"/> Ambulatory Surgery <input type="radio"/> Nursing Home/Rehab <input type="radio"/> Other _____ </p>	<p>What was your staffing like today? <i>(write numbers in the boxes)</i></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Staffing</th> <th rowspan="2">Normal or Core staff</th> <th colspan="3">Number On duty today</th> <th rowspan="2">What you needed</th> </tr> <tr> <th>Regular*</th> <th>Float</th> <th>Agency</th> </tr> </thead> <tbody> <tr> <td>RN</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>LPN</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Ancillary</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <p>Bed Capacity <input type="text"/> <input type="text"/> Census <input type="text"/> <input type="text"/></p>	Staffing	Normal or Core staff	Number On duty today			What you needed	Regular*	Float	Agency	RN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	LPN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ancillary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p><i>*Regular is sum of FT/PT/PD</i></p>
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Ancillary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																								

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
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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 _____ / /
M M / D D / Y Y

Management Comments

Management Signature _____ Date _____
Time management responded : AM PM
(12 hr clock) M M / D D / Y Y