



CONCERN FOR ASSIGNMENT DOCUMENTATION FORM

PURPOSE:

The purpose of this form is to notify your immediate supervisor at the time and document your concerns regarding a potentially unsafe patient care assignment. Immediate supervisor could be charge nurse, nurse manager, or house supervisor depending on the time.

INSTRUCTIONS:

Discuss the situation with your charge nurse and notify your supervisor of your concern about the assignment. Initiate this form, to document your concerns and the details of the situation. Complete the response section with the supervisor's response, as well as the date and time of the response. If you do not receive a response from your supervisor, submit a copy of the completed form to the next level of administration.

Section 1:

I _____, Registered Nurse employed at _____
on _____
Facility Unit/shift

Hereby document my concern regarding this assignment as:

Staff Nurse Nurse in Charge RN pulled to unit Other: _____

Made to the following _____ at _____
Supervisor's Name/Title Date/Time

Document Concern Here:

Response: _____

Other persons notified:

Name Date/Time Response

Name Date/Time Response

Section 2:

I am stating my concerns about this assignment, because, I believe the following conditions exist: (check all appropriate statements)

- Staff not trained or experienced in area assigned
- Assignment posed serious threat to health/safety of staff
- Staff not given adequate orientation in area assigned
- Assignment posed potential threat to health/safety of patient
- Inadequate staff for acuity
- Unit staffed excessively by agency
- Staff pressured to work beyond scheduled hours
- Unit staffed with unqualified personnel
- Unit staffed with inappropriate personnel
- New patients were transferred or admitted without adequate staff

Other (explain) _____

Section 3:

Patient census at the time of your objection: (Indicate the number of patients for each acuity level). If there are acuity factors not identified, please specify:

Patient Census: Unit Capacity Admissions Discharges

Acuity Levels: High Average Low

Factors influencing acuity: Check all that apply and the number of patients per intervention

- On ventilators____
- Complete Care____
- <2 hours post op____
- Suicide precautions____
- Receiving blood products____
- Isolation____
- Vital signs/assessments
- <q1hr____
- Psychosocial needs____
- Receiving titrated drips/chemo/ TPN____
- Restraints____
- Other_____

Section 4:

Patient Care Staffing Profile

	RN	LPN	Aide	Ancillary
Start of Shift				
End of Shift				

Additional Comments: _____

Section 4:

Actions taken to remedy situation (use space to document times, names, other details)

Call in additional staff _____

Ongoing communication with supervisor during shift _____

Reprioritized during shift _____

Close beds/divert _____

As a patient advocate, I have notified you that, in professional judgement this assignment is unsafe and places the patient and/or staff at risk. I indicate my acceptance of this assignment is with stated concerns. It is not my intention to: 1.) refuse to accept the assignment and thus raise questions of meeting my obligations to the patient, or of 2.) refusal to obey an order which was given. However, I hereby give notice to my employer of the above facts and indicate the reasons listed.

RN Signature

Print Name

Date

Section 5:

To be completed by nurse to document follow up by organization or individual.

Actions take to revise staffing:

- Call in prn staff
- "Traded" staff with other units to enhance mix
- Obtained overtime approval for staff work over
- Pulled staff from other units
- Request staff to trade shifts or days of work
- Negotiated appropriately with physicians of stable patients to change
- Changed mode of care (from total patient care to team)
- Frequency of vital signs and other interventions
- Additional training to prepare staff to handle situation

Other _____

Recommendation/Outcome:

Date _____ Time _____ Initials _____

For more information, or assistance with workplace issues, contact the Oklahoma Nurses Association at (405) 840-3476.