



OKLAHOMA NURSES ASSOCIATION
DOCUMENTATION OF CONCERN FOR ASSIGNMENT

Purpose:

The purpose of this form is to notify your supervisor and document your concerns regarding a potentially unsafe patient care assignment.

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 me by \_\_\_\_\_ at \_\_\_\_\_
Supervisor's Name/Title Date/Time

Response: \_\_\_\_\_

Other persons notified:

Table with 3 columns: Name, Date/Time, Response. Two rows for notification records.

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 \_\_\_
- Receiving blood products \_\_\_
- Receiving titrated drips/chemo/TPN \_\_\_
- Complete care \_\_\_
- Isolation \_\_\_
- Restraints \_\_\_
- <2 hours post op \_\_\_
- Vital signs/assessments <q1hr \_\_\_
- Other \_\_\_\_\_
- Suicide precautions \_\_\_
- Psychosocial needs \_\_\_\_\_

**Section 4: Patient Care Staffing Profile**

	RN	LPN	Aide	Ancillary
<b>Start of shift</b>				
<b>End of shift</b>				

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 my 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 taken to revise staffing:**

- Call in prn staff
- "Traded" staff with other units to enhance mix
- Obtained overtime approval for staff to work over
- Pulled staff from other units
- Request staff to trade shifts or days of work
- Other \_\_\_\_\_
- 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

Recommendation/Outcome: \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_

***Workplace Advocacy.....building bridges to understanding***  
**For more information, or assistance with workplace issues, contact the**  
**Oklahoma Nurses Association at (405)840-3476.**