



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
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 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
- 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 _____

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