



United Nurses of Children's Hospital REPORT OF UNRESOLVED ASSIGNMENT DESPITE OBJECTION

I, _____, RN, protest my assignment on
(date) _____ (unit) _____ (shift) _____.

As a patient advocate, in accordance with the California Nursing Practice Act, this form confirms my notification to you that, in my professional judgment, today's assignment is unsafe and places my patients at risk. I will, under protest, attempt to carry out the assignment to the best of my ability.

I am protesting this assignment on the grounds that:

- _____ I was not trained or experienced in area assigned.
- _____ I was not given adequate staff for patient acuity.
- _____ New patients were transferred or admitted to unit without adequate or qualified staff.
- _____ I was given an assignment, which posed a potential cross-contamination risk to my patients.
- _____ I was involuntarily forced to work beyond my scheduled hours. ****Please include a written explanation of the situation or circumstances.**
- _____ The unit was staffed with excessive registry/travelers.
- _____ The unit was staffed with unqualified personnel.
- _____ Equipment and/or supplies were inadequate for patient care.
- _____ Assignment change mid-shift to unsafe acuity.
- _____ Other _____

Census _____ Acuity: high _____ average _____ low _____ Unit Capacity _____

Patient Care Staffing Count:

	Core Staff	Float Staff	Registry	Travelers	New Staff
RN					
LVN					
NA					
RT					
Other					

Action: Notified (Name/Title) _____

Others Notified: _____

If further explanation is needed please attach a sheet with additional information with this form. Give this form and any other explanations to your Unit Rep. Or mail it to

UNOCH 4650 Palm Ave, La Mesa, CA. 91941- Fax (619) 697-5776

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Directions:

The Report of Unresolved Assignment Despite Objection should be utilized when a staff RN has exhausted all avenues in which to resolve a difficult assignment. It is the responsibility of the RN making the report to take her objection and explanation to those in charge of the unit before filling this form out so they may examine the circumstances and have the opportunity to make changes.

This form is meant to address potential staffing problems and not to be used as a punitive tool. When filling the form out, please include all information requested so we may have an accurate accounting of the circumstance. If more detail is needed, please write a narrative and include that with the form.

We suggest you retain a copy for yourself, send one copy to

UNOCH
4650 Palm Ave
La Mesa, CA. 91941
and a copy to

Mary Fagan, Vice President of Inpatient Services at MC 5058.

If you have any further questions, please feel free to contact UNOCH either by e-mail:

unoch@hotmail.com

or phone: (619)697-5099.

