Assignment Despite Objection Form

As a patient advocate, in accordance with the guidelines of the Kansas State Nurses Association (KSNA), and under Article 44 of the KUNA MOA, this is to confirm that I have notified you that in my professional judgment this assignment is unsafe and places patients or staff at risk. I accept the assignment and will carry it out to the best of my ability. For the reasons listed, full responsibility rests with management for the consequences of this assignment, and I request that management take appropriate corrective action.

Name: _____ Unit: _____

Unit coordinator/Supervisor Notified: _____ Date: _____ Time:_____

I believe this assignment is unsafe because: Check appropriate item(s)

( ) Inadequate staff for acuity, and /or volume of patients, activity of unit (admissions, discharges, etc.)
( ) Lack of training or experience in area assigned – complexity of interventions – ventilators, blood transfusions, etc.
( ) Acuity of patient's condition including confusion, combativeness, etc.
( ) Other _____

In order to protect patient/client confidentiality, DO NOT use patient name(s) or identify patient(s) in any way

Signature (s):_____ Date: _____

Top copy to supervisor 2nd copy to KUNA 3rd copy for your records