34425

PROTEST OF ASSIGNMENT

NYSNA
NEW YORK STATE NURSES ASSOCIATION

Print in block letters!

Facility code ☐☐☐☐☐ Facility name _____

Date ☐☐ / ☐☐ / ☐☐☐☐ (M M / D D / Y Y Y Y)

Code of nursing unit ☐☐☐ Name of nursing unit _____

Name of individual submitting report ☐☐☐☐☐☐☐☐☐☐ (First) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Last)

Time Management notified (12 hr clock) ☐☐ : ☐☐ ◯ AM ◯ PM Manager's Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

What type of nursing unit is this? ***(shade the type that best applies)***

- ◯ CCU/ICU/NICU
- ◯ Med/Surg
- ◯ ER
- ◯ Maternity/GYN
- ◯ Peds/NICU/PICU
- ◯ Psychiatry
- ◯ Ambulatory Surgery
- ◯ Other _____
- ◯ Home Care/Public Health
- ◯ School
- ◯ Correctional Facility
- ◯ Ambulatory Care/Clinic
- ◯ OR/Anesth/Recovery
- ◯ Stepdown/Telemetry
- ◯ Nursing Home/Rehab

What was your staffing like today? ***(write numbers in the boxes)*** **Regular is sum of FT/PT/PD*

Staffing	Normal or Core staff	Number On duty today: Regular*	Float	Agency	What you needed
RN	☐☐	☐☐	☐☐	☐☐	☐☐
LPN	☐☐	☐☐	☐☐	☐☐	☐☐
Ancillary	☐☐	☐☐	☐☐	☐☐	☐☐

Bed Capacity ☐☐ **Census** ☐☐

For what reasons are you protesting this assignment? ***(shade all that apply)***

- ◯ patient acuity higher than usual
- ◯ inadequate number of qualified staff
- ◯ volume of admissions and discharges
- ◯ not adequately trained for this situation
- ◯ don't have resources I need such as supplies, equipment, or medications
- ◯ case load too high and impedes safe care
- ◯ inadequate time for documentation
- ◯ mandatory Overtime
- ◯ Other _____

Additional Comments
Print in Block letters!

☐ ***Number of RNs signing this form***

Under the laws of this state, as a registered professional nurse, I am responsible and accountable to my clients. Therefore, this is to confirm that I notified you that, in my professional judgement, today's assignment is unsafe and places my clients at risk. As a result, the Hospital/Agency and you share responsibility for any adverse effects on patient care.

I will, under protest, attempt to carry out the assignment to the best of my professional ability.

Signature _____ **Date** ☐☐ / ☐☐ / ☐☐ (M M / D D / Y Y)

Management Comments

Management Signature _____ Date ☐☐ / ☐☐ / ☐☐ (M M / D D / Y Y)

Time management responded (12 hr clock) ☐☐ : ☐☐ ◯ AM ◯ PM