



Montana Nurses Association #13 at St. Peter's Hospital

MNA Phone: 406-442-6710/MNA Fax: 406-442-1841

Assignment Despite Objection (ADO)

***Complete all sections of this form. Have signed by your immediate supervisor. Keep original and make 3 copies; one for Supervisor, one for MNA #13, one for MNA office (send by fax). Nurses are encouraged to fill out individually which will help in understanding situation from all angles.

I, _____, a Registered Nurse employed at St. Peter's Hospital hereby object
(Name)

to the assignment given to me on _____, _____, _____, _____, as
(Unit) (Shift) (Date) (Time)

made to me by _____. The length of time the ADO situation existed _____.
(Charge Nurse)

In my professional opinion, as a licensed Registered Nurse, the situation described on this form is not adequate to meet the needs of the patients assigned to me at this time. I indicate my acceptance of the assignment because I've been instructed to do so, but I do object to the conditions surrounding it. It is not my intention to refuse the assignment. The purpose of this form is to notify facility supervisory staff that I've been given an assignment I believe is potentially unsafe for patients and/or staff. Date ADO filed: _____
(Date/Time)

RN Notification:

You must notify your IMMEDIATE Director/A of the Day ASAP with your concern(s). You are ultimately reporting a concern and asking for assistance. When did you notify the chain of command?

Charge Nurse _____ (Include Time)

House Supervisor _____ (Include Time)

Director _____ (Include Time)

My objections to this assignment are (check all that apply):

- Short Staffed for Census
- Short staffed for acuity/complexity
- Not trained/experienced in area assigned
- Not oriented to this unit/case load
- Floating to multiple units during shift
- Necessary equipment is not available
- Not trained/experienced to use equipment
- Transferred/admitted new patient(s) to unit without adequate staff
- Charge nurse unable to perform charge nurse duties
- Inadequate nurse to patient ratios
- Not provided with adequate assistant(s)
- Forced/Mandatory Overtime
- System Failure
- Missed Breaks/Lunch
- Other (please explain)

Acuity Factors (check those that apply and indicate number of patients):

- Ventilator: # of patients _____
- Restraints: # of patients _____
- Total Care: # of patients _____
- Unstable new admission: # of patients _____
- Suicide Precautions: # of patients _____
- Medicated gtt's (insulin, pressors, etc.): # of patients _____
- Requires frequent vital signs/assessment: # of patients _____
- Immediate Post-op: # of patients _____
- Receiving Blood Products: # of patients _____
- Isolation Precaution: # of patients _____
- Head Injury/Confused: # of patients _____
- Procedure on unit (chest tube, etc.): # of pts _____
- Procedure off unit (CT, etc.): # of patients _____
- Other (please explain): _____ # of patients _____

