



Assignment Despite Objection (ADO)

Complete all sections of this form on both sides/pages

Date ADO filed: _____

Have signed by your immediate supervisor if available. Keep original and make 2 copies; one for Supervisor, one for MNA #44 Officers.

Nurses are encouraged to complete ADO forms individually which will assist in understanding situations from various perspectives.

I, _____, a Registered Nurse employed by Holy Rosary Healthcare hereby object
(Name)

to the assignment given to me on _____ Made to me by _____
(Unit) (Date) (Time) (Assigning Employee)

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 and am requesting assistance.**

Notification:

You must notify your Immediate Supervisor with your concern(s). You are responsible for reporting the concern and requesting assistance. Indicate who was notified and their response(s):

Manager _____ (Include Time)
House Supervisor _____ (Include Time)
Nurse Leader on Call _____ (Include Time)

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

- Short Staffed for Census
- Short staffed for acuity/complexity
- Not trained/oriented to this unit
- Necessary equipment is not available
- Missed Breaks/Lunch
- Not trained/experienced to use equipment
- Charge nurse unable to perform charge nurse duties
- Inadequate nurse to patient ratio
- Not provided with adequate assistant(s)
- Forced/Mandatory Overtime or Extra Hours
- System Failure
- 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 gtts (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/central line etc.): # of pts _____
- Procedure off unit (CT, etc.): # of patients _____
- Other (please expand below): _____ # of patients _____

Census on Date and Shift of Objection:

Unit Capacity: _____ # of patients @ start: _____ Admissions: _____ Discharges/Transfers: _____ # of patients @ end: _____

Team Leader has patients? No Yes

Number of Pts TL has _____



Montana Nurses Association #44

MNA Phone: 406-442-6710

RN Explanation of Scenario and Additional Information:

RN thoughts about how this situation may be avoided in the future:

Holy Rosary Healthcare Response:

Date of Response: _____

Signatures:

RN Signature

Print Name

Date

Supervisor Signature (if available)

Print Name & Title

Date

Follow-up:

Date Discussed at PCC: _____ Notes: _____
