



# Montana Nurses Association #13 at St. Peter's Health Assignment Despite Objection (ADO) Form

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

Instructions: Complete all sections of this form. Your immediate supervisor must sign this form before distribution. Keep original and make 3 copies; one for your supervisor, one for MNA Local #13, one for MNA office (please send by fax).

NAME: \_\_\_\_\_  
Shift: \_\_\_\_\_  
DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Charge RN: \_\_\_\_\_

Time at which the charge was notified: \_\_\_\_\_  
My assignment was modified or help was provided? yes or no?  
Time at which A of the day was notified: \_\_\_\_\_  
My assignment was modified or help was provided? yes or no?  
Time at with director was notified: \_\_\_\_\_  
Duration of time the ADO situation existed: \_\_\_\_\_

## Census on Date and Shift of Objection:

Unit Capacity: \_\_\_\_\_  
# of patients @ start: \_\_\_\_\_  
Admissions/Transfers: \_\_\_\_\_  
Discharges/Transfers: \_\_\_\_\_

# of patients @ end: \_\_\_\_\_  
Unit Secretary? No Yes  
Charge Nurse has patients? No Yes  
Number of Pts CN has \_\_\_\_\_

## Please describe why you are objecting to this assignment (examples below):

(Short staffed;Not trained/experienced in area assigned;not oriented to this unit/case load;Floating to multiple units during shift;Necessary equipment not available;transferred/admitted new patient(s) to unit without adequate staff;Charge unable to perform charge nurse duties;Not provided adequate assistant(s);Forced/ mandatory overtime;System failure;Missed breaks/lunch)

\*\*\*NOTE: If more than one RN is completing this ADO each nurses' assignment and change to their assignment must be listed here.\*\*\*

## Please describe the contributing acuity factors (examples below):

(# of pts requiring ventilator, restraints;# of unstable new admissions; # of suicide precautions; # of Medicated gtts;# of pts requiring frequent vital signs/ assessments;# of pts receiving blood products;# of pts in isolation precaution;# of head injury/confused pts;# of procedures on unit, # of procedures off unit)



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

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

## RN thoughts and solutions on appropriate safe staffing level for the situation:

---

---

---

---

---

---

---

---

---

---

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: \_\_\_\_\_

## (For administrative use only) Director/A of the Day Response:

---

---

---

---

---

---

---

---

**Date of Response:** \_\_\_\_\_

## Signatures:

_____ RN Signature	_____ Print Name	_____ Date
_____ RN Signature	_____ Print Name	_____ Date
_____ RN Signature	_____ Print Name	_____ Date
_____ RN Signature	_____ Print Name	_____ Date
_____ RN Signature	_____ Print Name	_____ Date
_____ RN Signature	_____ Print Name	_____ Date
_____ Director/A of the Day Signature	_____ Print Name & Title	_____ Date