



Montana Nurses Association #44

MNA Phone: 406-442-6710

Assignment Despite Objection (ADO)

Complete all sections of this form

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.

Date ADO filed: _____

RN Notification:

You must notify your Immediate Supervisor with your concern(s). You are responsible for reporting the concern and requesting assistance. Notification and responses:

Charge Nurse _____ (Include Time)

House Supervisor _____ (Include Time)

Manager _____ 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 (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 _____



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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 _____

RN 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: _____
