



Assignment Despite Objection Form

1. Hospital/Facility _____ Date _____ Shift/Unit _____

2. Name _____ RN ____ LVN ____ CNA ____ Other _____

3. Home Phone _____ Cell Phone _____ E Mail _____

4. **Concern (To guarantee patient confidentiality, do not use patient names or other identifiers):**

- ☐ Admission/Transfer Issues
- ☐ Patient acuity concerns
- ☐ Reduction in support staff (CNAs, clerks, transport, EVS, RT, techs, other _____)
- ☐ Required by manager to work beyond my scheduled hours or area/mandatory overtime.
- ☐ Patient coverage during breaks/meals
- ☐ Missed: Meal period ☐ Breaks ☐ Worked O/T ☐
- ☐ Equipment/supplies
- ☐ Training for assignment
- ☐ Administration of meds/procedure issues
- ☐ Response to call lights
- ☐ Time to chart/document
- ☐ Time to provide patient family education.

Unit Census _____ Capacity _____ Acuity: High _____ Average _____ Low _____

7. Staffing Numbers: RNs ____ LVNs ____ CNAs ____

8. Was incident report filed? ☐ Yes

Was HIPAA patient privacy observed? ☐ Yes Other _____

9. Treatments: Check which apply to assignment.

IVS

- ☐ Inserts
- ☐ D/C's
- ☐ IVPB/IVP
- ☐ Titrating gtts
- ☐ Epidurals/PCA

Medications

- ☐ Pain
- ☐ PRN
- ☐ PO/Injections
- ☐ Multiple/Frequent
- ☐ Finger stick Glucose/Coverage

Frequency

- ☐ Blood draws/Lab/ABG
- ☐ Blood administration
- ☐ Pre-op/procedure prep
- ☐ Post-op/procedures
- ☐ Amb/OOB w/assist
- ☐ Assist w/meals
- ☐ Transport
- ☐ Admissions/Discharges
- ☐ Hemodynamic Monitor
- ☐ Pharmacy/Lab trips
- ☐ Restraints

☐ Isolation Patients _____

☐ Wound/Drain care

☐ Dressing changes

☐ Procedures/Sedation

Respiratory Treatments

- ☐ Breathing Treatments
- ☐ Intubation/Code Blue
- ☐ Ventilator Care/Support
- ☐ Total Care/Turning
- ☐ Education
- ☐ Ortho Care/Spinal Precaution
- ☐ Respiratory Distress/Suctioning

10. Requested assistance from manager or supervisor? ☐ Yes

Supervisor/Manager name: _____

What was his/her response? _____

COMMENTS/OTHER: (Provide additional information here documenting your concerns checked above. Write on an additional sheet as needed.)

Resolution:

Additional Comments:

Note: Fax Number and Address

1. Keep your originals. Document calls to supervisor for assistance and their response.
2. **Deliver a copy of this form to your supervisor, manager or director.**
3. **FAX all forms to SEIU Nevada Local 1107 at 702-386-4883**
Or mail to: **SEIU Nevada Local 1107**

2250 S. Rancho Dr. #165, Las Vegas, NV 89102

IMPORTANT - To guarantee patient confidentiality, do not use patient names or other identifiers.

Complete this form as soon as possible upon receiving objectionable assignment but without interrupting your work or the care of the patient(s).