



# Documentation of Practice Situation for Michigan Nurses Association

Date \_\_\_\_\_ Time \_\_\_\_\_ Type of Unit \_\_\_\_\_ Core Staffing \_\_\_\_\_ Census \_\_\_\_\_

In accordance with the American Nurses Association Code for Nurses and my obligation as a patient advocate, I am objecting to my work assignment as:  charge nurse  staff nurse  float nurse  other \_\_\_\_\_

I have notified (name) \_\_\_\_\_ (management position) \_\_\_\_\_ that in my professional nursing judgement, I am unable to assure the delivery of safe or adequate nursing care because of the following conditions:

- Personnel assigned lack sufficient orientation  Self  Other Assigned Staff
- Inadequate staffing for existing patient acuity  Staffing meets guidelines  Staffing less than guidelines]
  - Patient status change or added care needed
  - Patient admission
  - Patient transfer/discharge
  - RN working in unit  not oriented  not experienced
  - Lack of relief for breaks/lunch
  - Lack of auxiliary help  housekeeping  pharmacy  clerical  medical staff  messengers  maintenance/equipment
- Other \_\_\_\_\_

Staff Needed			Staff Present		
Usual Number of Staff on Duty _____			Actual Number of Staff on Duty _____		
Staff nurses _____	Pool in-house _____	Temps/Agency _____	Staff nurses _____	Pool in-house _____	Temps/Agency _____
Floats _____	Orientees _____	LPNs _____	Floats _____	Orientees _____	LPNs _____
Clerical _____	Aides/Orderlies/Attendants _____		Clerical _____	Aides/Orderlies/Attendants _____	
Other (title and number) _____			Other (title and number) _____		

**My specific assignment.** Indicate room/bed; patient classification; equipment in use, special procedures, support services, e.g., respiratory therapy for each patient. (Attach additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Outcomes of Inadequate Staffing

- Overtime:  Mandatory  Voluntary  Scheduled
- Patients requiring emotional support not given
- Patient teaching not being done
- Inadequate assessment/observation/monitoring
- Other \_\_\_\_\_
- Medication errors
- IV running late/dry
- Medications passed late
- Incident report(s) filed
- Medications passed late
- Patient treatment/care not done/timely
- Compromised safety/injury
- Delayed/incomplete documentation

**Attach additional information and/or comments.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I indicate my acceptance of the assignment despite objection. I will, despite objection, attempt to carry out the assignment to the best of my professional ability. It is not my intention to refuse to accept the assignment and thus raise questions of meeting my obligations to the patient or of my refusal to obey an order, if such were given. However, I hereby give notice to my employer of the above facts and indicate that for the reasons listed, full responsibility for the consequences of this assignment must rest with the employer. Copies of this form may be provided to appropriate state and federal agencies.

Nurse's Signature \_\_\_\_\_

Nurse's Printed Name \_\_\_\_\_