

**FLORIDA NURSES ASSOCIATION  
Documentation of Practice Situation**

**TO: Director of Nursing**

Name: \_\_\_\_\_

Assignment being protested: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Unit: \_\_\_\_\_ Shift: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

I am objecting to the aforementioned assignment on the grounds that:

- I was not trained or experienced in area assigned.
- I was not given adequate orientation to the unit.
- I was not given adequate staff for acuity (short staffed).
- The unit was staffed with unqualified personnel.
- New patients were transferred or admitted to the unit without adequate staff.
- I was given an assignment which posed a serious threat to my health and safety.
- I was given an assignment which posed a potential threat to the health and safety of my patients.
- I was involuntarily forced to work beyond my scheduled hours.
- Lack of relief for breaks/lunch.
- Lack of auxiliary help a) housekeeping, b) pharmacy, c) clerical, d) medical staff, e) messengers, f) maintenance/equipment.
- Other(Specify) \_\_\_\_\_

Brief explanation of problem.

**PROTEST OF ASSIGNMENT**

As a registered professional nurse, I am responsible and accountable to my patients/clients. Therefore, this is to confirm that I notified my supervisor that, in my professional judgement, today's assignment is unsafe and places my patients/clients at risk for the reasons stated above. As a result, the Hospital/Agency is fully responsible for any adverse effects on patient/client care.

I will, under protest, attempt to carry out the assignment to the best of my professional ability.

\_\_\_\_\_  
Nurse Signature

\_\_\_\_\_  
Date

(Have you answered all the questions, checked the appropriate boxes, and given all the information requested?)

White: DON (through Chain of Supervision)  
Yellow: Unit President  
Pink: Your copy

- ATTACH ADDITIONAL INFORMATION AND/OR COMMENTS -