

District of Columbia Nurses Association  
 1220 12<sup>th</sup> Street, SE – Suite G10  
 Washington, DC 20003  
 202.244.2705 (phone) 202.362.8285 (fax)

**George Washington University Hospital  
 ASSIGNMENT DESPITE OBJECTION SAMPLING TOOL**

I, \_\_\_\_\_, a Registered Nurse employed at  
 (Name)  
 \_\_\_\_\_ on \_\_\_\_\_ hereby object to the  
 (Hospital, Agency) (Date) (Unit/Department)

**Assignment as:**

- charge nurse       primary nurse       team member/patient care

made to me by \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_ despite  
 (Supervisor) (time) (Date)

**My objections are on the following grounds:**

- not oriented to the unit
- not trained or experienced in area assigned
- given an assignment that poses a serious threat to my health, safety and/or licensure
- given assignment outside current job description
- case load assignment excessive and interferes with delivery of adequate patient care
- inadequate/inaccessible medical supplies or medications
- malfunctioning or inadequately functioning equipment

**Not Given Adequate Staff for Acuity**

**\* Check Appropriate Description \***

- excessive agency personnel
- unqualified agency personnel
- excessive # of unlicensed personnel
- short staffed for patient volume acuity
- not provided with unit clerk
- transferred or admitted new patient to unit w/out adequate staff
- Other: \_\_\_\_\_

This assignment is nevertheless accepted because I have been instructed to do so, despite my objections.

**STAFFING COUNT on the date of the objection:**

Staff	Regular	Float/Casual	Agency	Total
RN				
LPN/TECH				
Aide				
Clerk				

**CENSUS on date of objection \_\_\_\_\_ Unit capacity \_\_\_\_\_ Acuity:  high  average  low**

Brief statement of problem: *(If needed, continue the statement on a separate page).*

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

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**All ADO's should be faxed to DCNA at 202-362-8285.**

**INSTRUCTIONS:**

The purpose of this document/form is to notify DCNA that you have been given an assignment which in your independent professional judgment is unsafe for your patients. This form will document the situation and provide data to document serious nurse practice issues.

**PLEASE PRINT:**

Check all appropriate boxes (more than one may apply). Please don't forget to complete the name of your **unit/department** and name of the person making the assignment. All ADO's should be faxed to DCNA at 202-362-8285. Please retain a copy for yourself.

**APPLICABLE RULES AND REGULATIONS:****DISTRICT OF COLUMBIA MUNICIPAL REGULATIONS for REGISTERED NURSING 5414 SCOPE OF PRACTICE**

The practice of registered nursing means the performance of acts requiring substantial specialized knowledge, judgment, and skill based upon the principles of the biological, physical, behavioral, and social sciences in the following:

The observation, comprehensive assessment, evaluation and recording of physiological and behavioral signs and symptoms of health, disease, and injury, including the performance of examinations and testing and their evaluation for the purpose of identifying the needs of the client and family;

The development of a comprehensive nursing plan that establishes nursing diagnoses, sets goals to meet identified health care needs, and prescribes and implements nursing interventions of a therapeutic, preventive, and restorative nature in response to an assessment of the client's requirements;

The performance of services, counseling, advocating, and education for the safety, comfort, personal hygiene, and protection of clients, the prevention of disease and injury, and the promotion of health in individuals, families, and communities, which may include psychotherapeutic intervention, referral, and consultation;

The administration of medications and treatment as prescribed by a legally authorized healthcare professional licensed in the District of Columbia;

The administration of nursing services including:

- Delegating and assigning nursing interventions to implement the plan of care;
- Providing an environment for the maintenance of safe and effective nursing care.
- Evaluating responses and outcomes to interventions and the effectiveness of the plan of care;
- Promoting a safe and therapeutic environment;

A registered nurse may provide nursing services, which are beyond the basic nursing preparation for a registered nurse, if the registered nurse has the appropriate education, knowledge, competency, and training to safely perform the services.

A registered nurse shall not accept or perform professional responsibilities which the nurse is not competent to perform.

A registered nurse shall report unsafe nursing practice by a nurse that he or she has reasonable cause to suspect has exposed or is likely to expose a client unnecessarily to risk of harm as a result of failing to provide client care that conforms to the minimum standards of acceptable and prevailing professional practice. The registered nurse shall report such conduct to the appropriate authority within the facility, or to the Board.

**DISTRICT OF COLUMBIA MUNICIPAL REGULATIONS for HOSPITALS 22-B2021 NURSING STAFF**

Each hospital shall provide a nursing staff that is adequate for the diagnostic facilities and services, therapeutic facilities and services, and rehabilitation facilities and services that the hospital undertakes to provide.

Supervisory and staff personnel shall be provided for each department of patient care unit to ensure the immediate availability of a professional nurse for bedside care of all patients at all times.

Qualified personnel shall be provided in sufficient numbers to provide nursing care not requiring the services of a licensed registered nurse.

All nursing personnel shall be qualified by education, experience, and demonstrated ability for the positions to which they are assigned.

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