

Documentation of Insufficient Staffing/Unsatisfactory Patient Care [Community Setting]

I believe the situation as described below is inadequate to provide safe patient care and does not meet accepted standards of care. While I will continue to provide the best professional nursing care possible in this situation, I decline to accept responsibility for any untoward events that may occur as a result of insufficient staffing by the agency/facility.

I, _____ a _____
[NAME] [TITLE]

employed at _____
[HOSPITAL/AGENCY/FACILITY]

object to my patient assignment on [date]: _____

on the following basis [check all that apply]:

- mandatory overtime
- inadequate staff for patient assignment
- inadequate time to complete documentation
- inadequate time to do patient/family teaching
- inadequate time to do patient/family support
- improper use of nurse substitute
- not given appropriate time for assigned care
- not given appropriate time for required care
- inadequate time for follow-up and conferring with other health professionals on patient(s)
- assignment poses a serious threat to the safety and well-being of my patients
- case load/assignment is excessive and interferes with delivery of safe and adequate care
- admitted new patients in addition to regular assignment

Brief statement of problem (optional) _____

Description of Case Load/Assignment at Time of Documentation

Total case load at time of documentation/objection: _____
Number of patients/students/faculty seen by me today: _____
Case load required for delivery of safe patient care: _____
Number of staff required to handle today's case load: _____

Supervisor(s) notified:	Time	Response
_____	_____	_____
_____	_____	_____

Signature _____ Date _____