

**Assignment Despite Objection Form – Committee for Recognition Of Nursing Achievement
Lucile Packard Children’s Hospital & Stanford Hospital and Clinics**

Prior to filling out an ADO, you must follow the chain of command: RSN or Manger or Supervisor and report your concern(s).

As a patient advocate, in accordance with California Nurse Practice Act, this form confirms my notification to you that, in my professional judgment, today’s assignment is unsafe and places my patients at risk. As a result, I will under protest carry out the assignment to the best of my ability.

I, _____, RN, protest my assignment on
(date) _____ (shift) _____ (unit) _____ on
grounds that:

- I was not trained or experienced in the area assigned
- I was not given adequate staff for patient acuity
- New patients were transferred or admitted to unit without adequate or qualified staff
- I was given an assignment, which posed a potential cross-contamination risk to my patients
- I was involuntarily forced to work beyond my scheduled hours
- The unit was staffed with excessive registry
- The unit was staffed with unqualified personnel
- Equipment and/or supplies were inadequate for patient care
- Violation of staffing ratios (including break times)
- Other: _____

Comments:

Date & Time RSN/Supervisor/Manager was notified: _____

Summary of Response: _____

Other relevant personnel notified: (name/title) _____

If further explanation is needed, please attach an additional sheet.

Please FAX this form to the CRONA office at 650-366-0182. If you are faxing from the hospital, dial 9 first, then 366-0182. Leave the form for your manager and keep a copy for yourself as a reference.

- Print a copy of the ADO from crona.org found on the home page under forms.
- Complete and submit the form within 24 hours of the assignment, if possible.