**The ADO Form**
- Is used by registered nurses to formally document circumstances in which the RN believes a staffing situation is unsafe or inadequate.
- Ensures and documents that appropriate supervision has been notified.
- Notifies supervision that nurses have been given an assignment which in their independent professional judgment is unsafe for their patient. The ADO documents the situation.
- Is reviewed by the Professional Practice Committee (PPC) to identify trends in unsafe assignments and to raise these issues with management.
- Protects a nurse’s license and shifts responsibility back to management.

**How the ADO Works**

**STEP 1** The RN(s) with the concern makes a good faith effort to inform the manager, assistant manager, or nursing supervisor at the time of the objection to the assignment. The nurse(s) must notify their supervisor or the “person in charge”, not the charge nurse or team leader. The immediate goal is to address the concerns at hand, relative to quality or safety within the resources available, or appropriate scope of practice or policy. The supervisor must be aware of the problem to be able to solve the problem.

**STEP 2** If no resolution, the RN(s) complete an ADO.

**STEP 3** Copies of the ADO are submitted as follows:
1. White copy to supervisor.
2. Pink copy to PPC, place in ADO box.
3. Green copy to Labor Rep, place in ADO box.
4. Golden copy to be kept by nurse for their records.

**STEP 4** When management receives a copy of the ADO, the date and time it was received will be noted on the upper right corner of the form.

**STEP 5** Management will respond in writing to the ADO within one week of its receipt. If there are extenuating circumstances necessitating additional time to respond to the ADO, the initiating RN(s) and PPC shall be notified within one week that the ADO is under review.

**STEP 6** Management will return the response to the initiating RN(s), PPC chair, and the CNE.
**ASSIGNMENT DESPITE OBJECTION**

“You must VERBALLY protest your assignment to your supervisor which based on your professional judgment is unsafe. This is usually at the start of the shift, but may occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADO copies according to the instructions on the reverse side.”

**SECTION I — Nurse(s) Information**

Print your name and other nurses’ names.

Employed: facility, unit, shift.

Protest assignment as: check all that apply.

Given to you by: list supervisor’s name.

**SECTION IIb — Working Conditions**

Did you miss your meal period or break? Did you work overtime? Check all that apply.

**SECTION III — Patient Care**

Staffing Count

Did you have: clerk (UA), lift team, transport, or if applicable, write in PCT?

How many RNs: reg, float, travelers?

**SECTION V — Patient Care Affected**

This might need to be done at the end of the shift or the next day.

How was patient care affected?

(E.g. unable to ambulate patients, delay in patient care, unable to discharge or transfer, etc.)

---

**CALIFORNIA Assignment Despite Objection/InPatient**

You must first verbally protest your assignment to your supervisor which based on your professional judgment is unsafe. This is usually at the start of the shift, but may occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADO copies according to the instructions on the reverse side.

**SECTION I**

I/We ___

Registered Nurse(s) employed at ___

Facility ___ Unit/Team ___ Shift ___

Hereby protest my/our assignment as: □ primary nurse □ charge nurse □ relief change □ team leader □ team member given to me/us by ___

Name/Title Date Time

As a patient advocate, in accordance with the California Nursing Practice Act, this is to confirm that I notified you that, in my professional judgment, today’s assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will, under protest, attempt to carry out the assignment to the best of my ability.

Supervisor notified ___ Date/Time: ___

Supervisory response: ___

Other person notified: ___ Date/Time: ___

Other person’s response: ___

**SECTION IIa — Title 22**

Why are you objecting to the assignment? (See reverse of ADO form for Title 22 explanation.) Check all that apply.

**SECTION IIa — Nursing Practice Act**

“As a patient advocate, in accordance with the California Nursing Practice Act, this is to confirm that I notified you that, in my professional judgment, today’s assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will, under protest, attempt to carry out the assignment to the best of my ability.”

**SECTION III — Patient Care Affected**

This might need to be done at the end of the shift or the next day.

How was patient care affected?

(E.g. unable to ambulate patients, delay in patient care, unable to discharge or transfer, etc.)

**SECTION IV — Problem Statement**

Explanation of the situation.