

CONNECTICUT BOARD OF EXAMINERS FOR NURSING

PATIENT ABANDONMENT GUIDELINES FOR APRN's, RN's, and LPN's

Patient abandonment is a term which is often used by health care regulatory agencies, employers of health care personnel, the nursing profession and the consumer. The Board of Examiners for Nursing feels that the definition of "patient abandonment" should be consistent throughout the health care delivery system, and **has on occasion been used as a means of intimidation in order to ensure continued staffing at facilities.** The Board believes that the term "patient abandonment" must be defined, and differentiated from "**employment abandonment**".

Recruiting and maintaining appropriate licensed staff is the responsibility of the facility. If, at the close of a shift, the facility does not have the appropriately licensed staff to ensure the continuity of nursing care, then the employer shall make all reasonable attempts to obtain such staff. Failure of a nurse to work beyond her/his scheduled work shift will not constitute patient abandonment as defined by the Board. Facilities are strongly encouraged to have written policies in place which describe the circumstances requiring mandatory overtime for nurses and how the staffing of mandatory overtime is to be resolved. Failure of a licensed nurse to comply with a facility policy involving mandatory overtime is an employer-employee issue.

If there are periods of understaffing at a facility, the nursing manager/supervisor may have to reassign staff to different patient care areas as well as approve extended shifts (e.g., double shifts). The nurse manager/ supervisor is accountable for assessing the capabilities of personnel in relationship to client needs and delegating or assigning nursing care functions only to qualified personnel. The manager/supervisor's responsibility also includes making judgments about situational factors which influence the nurse's capabilities for delivering safe nursing care to clients (e.g., the staff nurse who accepts a double shift and then must return for the next regularly scheduled shift with only a few hours off may function with significant sleep deprivation). The nurse manager/supervisor should be aware that she/he could be liable for disciplinary action by the Board for assigning patient care responsibilities to staff nurses, when the manager knows or has reason to expect that such assignment may affect the competency of the staff nurse.

The staff nurse who volunteers to accept an extended assignment is responsible to be fully aware of how competency to deliver safe nursing care can be impacted by her/his decision to accept or request such an assignment. The staff nurse must also be fully aware that she/he is accountable for her/his practice during this extended assignment.

The licensed nurse is accountable for the nursing care that she/he provides. Before accepting the responsibility, it is most important that the nurse have the knowledge to safely perform the task. If the nurse arrives at work and believes that the unit is understaffed, the nurse should immediately contact the supervisor and request assistance in the planning of care based on the available resources. Such assistance might include obtaining more staff, negotiating intermittent assistance from the immediate supervisor for delivery of specific care activities, prioritizing the care activities that will be delivered and notification of other health care providers regarding the limitations. There are certain activities that must be carried out regardless of staffing. These activities include accurately administering medications, protecting clients who are at risk for harming themselves, monitoring a client's response to medical and nursing interventions, notifying the physician of a deterioration or change in patient status and accurately documenting patient care that has been delivered.

When an advanced practice registered nurse, registered nurse or licensed practical nurse accepts an assignment of patient care for a specific length of time, the Board believes that the nurse should provide that nursing care until such time as the nurse can transfer the responsibility of this care to another licensed nurse. The Board notes that patient abandonment occurs when, during the previously agreed upon work-time period, the nurse voluntarily removes herself/himself from the immediate setting where the care is being delivered and has not given a status report to another qualified nurse who can assume responsibility for this patient's care. An example of patient abandonment is:

A licensed nurse accepts an assignment of patient care and leaves the facility; staff and supervisors are not aware that the nurse is not in the facility, nor has the nurse given a status report on her patients to another qualified nurse who can assume responsibility for patient care.

The following situations are *NOT* examples of patient abandonment, but are examples of employer-employee issues and will not alone subject the licensee to possible disciplinary action by the Board:

A licensed nurse has completed her/his assigned shift, and then notifies the employer that the employment relationship between the nurse and employer is being ended.

A licensee ends the employer-employee relationship without providing the employer a period of time to obtain a replacement for the specific position which the licensee held.

A licensee does not return from a scheduled leave of absence, again not providing the employer with a period of time to obtain replacement staff for that specific position.

A licensee is asked to work beyond her/his regularly scheduled work shift and informs the employer she/he will not comply with that request.

The Board believes that failure of the licensee to provide the employer with sufficient notice of intent to end the employment relationship does not constitute patient abandonment. However, the Board does not encourage licensees to end their employment relationships in such a manner.

ADOPTED FROM THE OREGON STATE BOARD OF NURSING BY THE CONNECTICUT BOARD OF EXAMINERS FOR NURSING MARCH 1, 1995; MODIFIED MARCH 6, 2002