

ADVISORY
OPINION

OPINION: Patient Abandonment
ADOPTED: March, 1994
REVISED: 11/1995, 4/2011
REAFFIRMED: 5/2000, 7/2001

This Nebraska Board of Nursing advisory opinion is issued in accordance with the Nebraska Nurse Practice Act, [Neb. Rev. Stat. 38-2216 \(2\)](#). As such, this advisory opinion is for informational purposes only and is non-binding. The advisory opinions define acts, which in the opinion of the board, are or are not permitted in the practice of nursing.

Abandonment

The Nebraska Board of Nursing believes that the term patient abandonment must be defined and differentiated from employment abandonment. The Nebraska Board of Nursing further believes the definition of patient abandonment should be consistent throughout the health care delivery system. This opinion is meant to provide general guidelines as to what may or may not constitute patient abandonment. It is the opinion of the Nebraska Board of Nursing that for patient abandonment to occur, the nurse must:

1. Have first **ACCEPTED** the patient assignment, thus establishing a nurse-patient relationship. Accepting a patient assignment varies from setting to setting and requires a clear understanding of workload and agreement to provide care, **AND** then
2. **DISENGAGED** the nurse-patient relationship without giving reasonable notice and report to the qualified person (supervisor, nurse, etc.) so that others can make arrangements for continuation of nursing care.

Examples of patient abandonment include, but are not limited to:

1. Leaving without giving the supervisor or qualified person adequate notice.
2. Leaving without giving report to a qualified person.
3. Accepting an assignment of patient care and then leaving the nursing unit or patient care setting without notifying the qualified person.
4. Sleeping while on duty, thus being unavailable to assigned patients.
5. Leaving a facility or work place if the nurse is the only licensed individual on duty (if required by the facility to be present the entire shift).

6. Not reporting for an assignment where the nurse is the sole provider of care (e.g., private duty/home health/hospice care).

Situations **NOT** considered to be patient abandonment, but are examples of employer-employee issues (salary, work conditions, hiring and termination policies) include:

1. No call/no show for work.
2. Refusal to work mandatory overtime.
3. Refusal to accept an assignment or a nurse-patient relationship.
4. Refusal to work additional hours or shifts.
5. Ending the employer-employee relationship without providing the employer the amount of notice required by the facility, or without providing the employer a period of time to obtain replacement for that specific position (e.g., resigning without notice).
6. Refusal to work in an unfamiliar, specialized, or “high tech” area when there has been no orientation, no educational preparation or employment experiences. (refer to Nebraska Board of Nursing Advisory Opinion, *Safety to Practice: Temporary Assignments, Floating*)
7. Resigning from a position and not fulfilling the remaining posted work schedule.
8. Failure to return to work from a scheduled leave.

The Nebraska Board of Nursing believes that both nurse managers and nurses in direct patient/client care positions are accountable for providing safe nursing care to their patients/clients. During periods of understaffing or limited numbers of well-qualified staff, it is essential that nurse managers and nursing staff work together to provide safe care to all clients in a manner consistent with the Nurse Practice Act.

On occasion, patient abandonment has been used as a means of intimidation in order to ensure continued staffing at facilities. If the employer makes threats to “take a nurse’s license away for abandonment,” it must be stated that the employer has no authority to take any type of disciplinary action against a license, including revocation of the license. In order for any license to be disciplined, the license holder must go through the disciplinary process defined in statute that includes a review and recommendation by the board. That recommendation is not based on the supervisor’s recommendation. While a supervisor/employer may file a complaint against the nurse, each case is considered on an individual basis.