



FAQ

Patient Abandonment

What is the legal definition of patient abandonment?

The Nurse Practice Act (NPA) does not define “patient abandonment,” nor is it a specific ground for disciplinary action. Therefore, the behavior which may be considered by an employer as patient abandonment must be interpreted from, rather than defined by, the law.

What does the Board consider to be patient abandonment?

Generally, the Board identifies that patient abandonment results when a nurse has accepted responsibility for an assignment within the scheduled work shift, but the nurse does not either fulfill that responsibility or transfer it to another qualified person. This failure to fulfill a nursing responsibility may result in unsafe nursing care. Failure to practice with reasonable skill and safety is a ground for disciplinary action by the Board.

Can my supervisor take my license away for patient abandonment?

Only the Board of Nursing may take disciplinary action on a nurse’s license. A supervisor may not “take a license away.” The decision to take disciplinary action is based on the facts of the individual case and their application to grounds for disciplinary action in the NPA. The decision is not based on the recommendation of a supervisor.

What is the nurse’s responsibility?

The minimum standard of care to which the Board holds a nurse accountable requires the nurse to fulfill a patient care assignment or transfer responsibility for that care to another qualified person once a nurse has accepted an assignment.

When will a nurse’s conduct be reviewed by the Board?

The Board will review situations in which a nurse accepts an assignment and fails to fulfill the assignment or appropriately transfer the assignment. The primary concern for the Board is whether the actions of the nurse compromised patient safety. The following examples may illustrate these points:

1. Facility policy requires a nurse who will be absent from a shift to report the absence two hours before the start of the shift. The nurse calls the facility one hour before the start of her shift and reports she is ill and unable to work. Another nurse is required to work a “double” shift but the usual nurse-patient ratios are achieved.

In this example, the nurse’s conduct may be a violation of facility policy and therefore subject to action by the employer. This conduct would not likely be subject to action by the Board. The nurse had not yet accepted a patient care assignment. Even if the Board viewed acceptance of a weekly work schedule as acceptance of a patient care assignment, the nurse made reasonable arrangements to transfer the assignment to another qualified individual and patient safety was not compromised.

2. The nurse is assigned to see a home-bound client on a daily basis. The nurse’s responsibilities for this client include preparing insulin for administration by the client’s son. The nurse fails to visit the client for a week and fails to request that another nurse visit the client. The client’s son takes the client to the emergency department where the client is diagnosed with hyperglycemia and dehydration.

In this example the nurse did not transfer the assignment of care to another nurse and patient safety was compromised. In addition to possible action by the employer, this conduct should be reported to the Board for possible disciplinary action.

The Board encourages nurses and employers to be aware of the Nurse Practice Act, including the grounds for discipline, and to make appropriate reports to the Board when necessary. Conduct which is not actionable by the Board is most appropriately addressed by the employer, consistent with employment laws, rules and policies.

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