



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of Nursing**

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**Position Statement**

**Patient Abandonment Formulated:**

May 2001

**Revised:** July 2021, March 2012

**Reviewed:** March 2018, May 2015

Patient abandonment is included as a specific ground for disciplinary action under the Nurse Practice Act Section 40-33-110. (A)(24). Patient abandonment is defined as "leaving a patient requiring nursing care without properly notifying appropriate personnel." In order to assist licensees and employers, the Board provides the following examples of what constitutes "patient abandonment".

For patient abandonment to occur, the nurse must:

- a) have first ACCEPTED the patient assignment, thus establishing a nurse-patient relationship; AND then
- b) DISENGAGED the nurse-patient relationship without giving immediate verbal notice to the appropriate personnel (supervisor, director of nursing etc.) so that others can make arrangements for continuation of nursing care.

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

1. Leaving the patient without adequately providing arrangements for coverage.
2. Leaving abruptly without giving the appropriate personnel adequate notice for replacing the nurse.
3. Leaving without reporting to the oncoming shift.
4. Accepting an assignment of patient care and then leaving the nursing unit or patient care setting without notifying the appropriate personnel.

Situations **NOT** considered to be patient abandonment, but are examples of employer-employee or contract issues of which the Board has no jurisdiction:

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. Not returning from a scheduled leave of absence.
6. Ending the employer-employee relationship without providing the employer with a period of time to obtain replacement staff for that specific position.
7. Refusal to work in an unfamiliar, specialized, or "high tech" area when there has been no

orientation, no educational preparation or employment experience.

8. Resigning from a position and not fulfilling the remaining posted work schedule.

9. Refusal to float to an unfamiliar unit.

Organizations are strongly encouraged to have written policies in place which describe circumstances that may require mandatory overtime as a condition of employment and how the staffing of mandatory overtime is resolved. Failure of a licensed nurse to comply with each organization's policy involving mandatory overtime is an employer/employee issue.

During periods of understaffing at an agency, the nurse manager/supervisor may need to reassign qualified staff to different patients/ patient care areas, as well as, approve extended hours of work. The nurse manager is accountable for assessing the capabilities of personnel in relation to patient needs and assigning nursing care functions only to qualified personnel.

The nurse manager/supervisor may be subject to disciplinary action by the Board for assigning unqualified persons to perform nursing care functions, tasks, or responsibilities or failing to effectively supervise persons to whom nursing functions are delegated or assigned. (The Nurse Practice Act Section 40-33- 110.(A)(23))

The nurse manager/supervisor is responsible for assigning a qualified nurse who can accept report and responsibility for the patients. This includes regular shift replacement nurses and overtime nurse replacements.