

Patient Label

PATIENT WATCH OBSERVATION SHEET

Patient Watch Level: _____ **Date** _____ **Start Date & Time:** _____ **Discontinue:** _____
 One to One Observation **Line of Sight / Direct Observation** **Every 15- or 30-Minute Check (circle one)**
 Suicidal watch / Elopement Risk Fall Risk / AMS Reason: _____
Known Triggers: _____ **Language Preference:** _____

DAYS	Initials	Code	Room Sweep (√)
7:15 AM			
7:30			
7:45			
8:00			
8:15			
8:30			
8:45			
9:00			
9:15			
9:30			
9:45			
10:00			
10:15			
10:30			
10:45			
11:00			
11:15			
11:30			
11:45			
12:00 PM			
12:15			
12:30			
12:45			
1:00			
1:15			
1:30			
1:45			
2:00			
2:15			
2:30			
2:45			
3:00PM			

EVENING	Initials	Code	Room Sweep (√)
3:15 PM			
3:30			
3:45			
4:00			
4:15			
4:30			
4:45			
5:00			
5:15			
5:30			
5:45			
6:00			
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8:45			
9:00			
9:15			
9:30			
9:45			
10:00			
10:15			
10:30			
10:45			
11:00PM			

NIGHTS	Initials	Code	Room Sweep (√)
11:15 PM			
11:30			
11:45			
12:00 AM			
12:15			
12:30			
12:45			
1:00			
1:15			
1:30			
1:45			
2:00			
2:15			
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5:30			
5:45			
6:00			
6:15			
6:30			
6:45			
7:00AM			

ROOM SWEEP: Includes a visual cross check of the patient's room and care area for any potential safety hazards

BEHAVIORAL OBSERVATION CODE:

1 Agitated	3 Asleep	5 Confused	7 Combative	9 Other:
2 Anxious	4 Calm	6 Cooperative	8 Incoherent	

INITIALS	STAFF NAME & JOB TITLE

HANDOFF GIVEN / TIME	STAFF NAME	STAFF NAME
	<input type="checkbox"/> RN <input type="checkbox"/> NA	<input type="checkbox"/> RN <input type="checkbox"/> NA
	<input type="checkbox"/> RN <input type="checkbox"/> NA	<input type="checkbox"/> RN <input type="checkbox"/> NA
	<input type="checkbox"/> RN <input type="checkbox"/> NA	<input type="checkbox"/> RN <input type="checkbox"/> NA
	<input type="checkbox"/> RN <input type="checkbox"/> NA	<input type="checkbox"/> RN <input type="checkbox"/> NA
	<input type="checkbox"/> RN <input type="checkbox"/> NA	<input type="checkbox"/> RN <input type="checkbox"/> NA