



Patient Label: _____

DATE: _____						UNIT: _____					
Observer to record observations using codes corresponding with the time every 15 minutes											
OBSERVATION CODE KEY:		1-Asleep 2-Calm 3-Cooperative 4- Engaged in activities 5-Confused 6-Combative 7- Agitated 9-Eating 9-Pacing 10-Outbursts 11-Patient Visitor present									
Observer Responsibilities:											
<ul style="list-style-type: none"> • Introduce themselves to the patient and let them know they are there for a specific time • When talking with the patient, maintain a calm manner and do not discuss their personal life or give advice. • The patient will remain in view at all times, including toileting. If a Provider asks them to leave the room for an examination, they will wait outside the door and return immediately when the Provider leaves. • Refer conditions regarding the patient to the Registered Nurse. 						<ul style="list-style-type: none"> • Be alert for changes in behavior and patient condition. Report these to the Registered Nurse. • Never leave the patient for meals or breaks unless properly relieved by another Observer or the Registered Nurse. • The Observer will maintain a safe environment. If any items are found that the patient may use to harm themselves or potentially harm themselves, remove them immediately and notify the Registered Nurse. • Observer to advise visitor that all personal items must be left outside the patient room 					
Registered Nurse Responsibilities:											
<ul style="list-style-type: none"> • Review the need for constant observation and inform the Observer of any special precautions to be taken. • Will introduce the Observer to the patient and orient the Observer to room and equipment if needed. • Review the patient's plan of care and let the Observer know if they will be participating in any of the activities (based upon the job role of the Observer). 						<ul style="list-style-type: none"> • Perform an environmental check for safety and review a safe environment with the observer according to policies and procedures. • Verify the Observer knows how to call for help or assistance. • Check on the Observer hourly to share information and note changes observed by the observer. 					
Initials		Signature		Title		Initials		Signature		Title	
Observer Signature						(Facility Name)					