

YOUR HOSPITAL

CONTINUOUS OBSERVATION ACTIVITIES LIST

Directions:

- Fill out by nurse upon initiation of continuous observation
- Update as appropriate
- Keep at patient's bedside

Observer to refer to list and attached skills and responsibilities

- Continuous Observation Activities List is not part of the medical record

REASON TO OBSERVE:

- Hurts Self
- Hurts Others
- Confused
- Tries to Leave

REPORT PACKAGES FROM VISITORS TO NURSE:

YES NO

DO NOT SIT OR STAND MORE THAN
_____ FEET FROM PATIENT

RESTRICTIONS:

Must Stay on Unit	YES	NO
May Have Visitors	YES	NO
May Use Telephone	YES	NO

OTHER PATIENT CARE NEEDS:

Addressograph:

AMBULATION:

Out of Bed (OOB)	YES	NO
OOB Without Help	YES	NO
OOB With Help	YES	NO

REQUIRES SAME-SEX ESCORT:

YES NO

MAY USE:

Bathroom	YES	NO
Commode	YES	NO
Bedpan	YES	NO
Shower	YES	NO

EATING AND DRINKING:

Needs Help to Eat	YES	NO
Needs Help to Drink	YES	NO

Food/Fluid Restriction♦: _____

♦ Check with nurse