

Patient Label

ONE-TO-ONE CONSTANT OBSERVATION PATIENT OBSERVATION MONITORING FORM

Directions: Check the type, reason and codes for the Observation Unit Assignment.

* Time is the actual time monitored

Indication: Choose one:								
☐ Suicide Risk	☐ Harm to self	☐ Threat to others						

Frequency of documentation: Every 15 minutes

Codes: (may use more than 1 code)

A Sleeping **E** Confused

H Fluids taken

B Agitated **C** Pacing

D Calm

F Hygiene provided/

I Toileting J In bed

assisted **G** Food taken

K Out of bed

Date	Time*	Codes	Initials												
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