Mount Sinai

Patient Label

SAFETY OBSERVATION MONITORING FORM
UNIT ASSIGNED

Directions: Check the type, reason and codes for the Observation Level. *Time is the **actual time monitored**

Type of Observation	☐ **In the room** (1:1, 2:1, 3:1, 4:1)	☐ **Rounding every 20 minutes**
Indication	☐ Prevent falls ☐ Prevent wandering ☐ Elopement risk ☐ Other _____ *Please specify reason*	☐ Prevent falls ☐ Agitation ☐ Confusion ☐ Other _____ *Please specify reason*
Frequency of documentation	Every 20 minutes	

Codes: (may use more than 1 code)

- **A** Sleeping
- **B** Agitated
- **C** Pacing
- **D** Calm
- **E** Confused
- **F** Hygiene provided/ assisted
- **G** Food taken
- **H** Fluids taken
- **I** Toileting
- **J** In bed
- **K** Out of bed

Date	Time*	Codes	Initials	Date	Time*	Codes	Initials	Date	Time*	Codes	Initials	Date	Time*	Codes	Initials

Initials	Signature	Print Name	Title	Initials	Signature	Print Name	Title