



Constant Observer Request Form

Please complete the following checklist for each CO request, no less than every 24 hours. All assessments must be completed before requesting a CO. All requests will follow facility specific process.

Room #: _____ Date: _____ Time: _____ Shift request to be covered: 24 HR Shift only
Patient Diagnosis: _____

Patient Assessment: (check all that apply)

Behavioral Conditions:

- Involuntarily committed
- Drug Seeking
- Self-Destructive or Assaultive
- Poor Impulse Control with active destruction of property
- Needed to Prevent Physical Injury to the Patient and/or others
- Suicidal and/or Homicidal Ideation
- Paranoid, Psychotic or Delusional
- Violent Outbursts
- Elopement risk
- Ordered by a MD, ARNP, PA

Any Additional Pertinent Information:

Signature for Approval of Constant Observer – Required DAILY

Director/Supervisor: _____ Date: _____ Time: _____

Primary RN: _____

Name of Ordering MD _____

This form is not part of the permanent medical record

Sitter Request Form



CONSTANT OBSERVER ROLES & RESPONSIBILITIES

To be reviewed with Constant Observer at the start of every shift.

OBSERVATION

- Check in with charge nurse for assignment
- Obtain report from patient’s nurse prior to starting assignment to include reasons for constant observation, precautions, level of awareness, communication status, mobility, dietary restrictions, safety concerns, status for visitors.
- Maintain constant visual contact at all times including if going with patient to other departments for tests or diagnostics, while patient in bathroom and when visitors are present
- The patient door will be open/partly open at all times
- Document on constant observer flow sheet every 15 minutes or more often as nurse instructs you
- Nurse will tell you how to call for assistance and how to call for help per hospital policy
- Do not try to physically restrain patient, do not physically block a patient attempting to leave, follow at a safe distance, and call for help using instructions given by nurse. If a patient leaves the room, you must call for help immediately. Do not follow a patient without calling for help. Each hospital has a specific code to call for this situation
- Patient is not allowed to leave area including to go to other departments unless nurse allows, if a transporter arrives to take patient off the area, a nurse be asked if this will be allowed

FOR THE BEHAVIORAL HEALTH PATIENT, THE FOLLOWING WILL ALSO APPLY:

- Closely monitor the patient’s contact with items that are unable to be removed from the room that can pose a risk, including TV mounts, beds, bathroom fixtures, door hinges, etc.
- Keep potentially harmful objects or contraband from patient and out of room (refer to environment patient safety checklist that is to be completed at a minimum of every shift and with constant observer staffing changes)
- Assist nurse to inspect all items brought in by visitors, nurse will instruct you if assistance is needed
- Do not keep scissors in your pocket or place items around your neck (ID badge, stethoscope)
- Position yourself close enough to the patient to be able to interrupt unsafe behaviors

CONDUCT

- Constant observer will schedule breaks with the patient’s nurse and stay with patient until another constant observer comes to take your place while on break.
- Patient has control of the choice of TV station
- Do not have personal electronics or anything that takes your attention from patient (phone, books, magazines)
- Do not make personal phone calls, eat food, close eyes, sleep
- Notify the charge nurse for any issues/concerns

Constant Observer to complete:

I have read and understand all of the above roles and responsibilities and agree to abide by them.

Name (print): _____ Time: _____

Signature: _____ Date: _____

Nurse Reviewing form with Constant Observer to complete:

Name (print): _____ Time: _____

Signature: _____ Date: _____

**** Please return this form to the staffing office**

Constant Observer Roles and Responsibilities

R8/2020



«StarPatientType» MR#«MedicalRecordNumber»

«PatientNumber»

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Nurse to Constant Observer Hand-Off Tool

Date: _____ Time of Arrival: _____ Shift: _____

CM/Charge Nurse Name: _____ Extension: _____

Primary Nurse Name: _____ Extension: _____

Constant Observer Name: _____ Extension: _____

Nurse Patient Report:

Room Number: _____

Patient is here for: _____

Reason for Constant Observer: _____

Level of Awareness: _____ Communication Status: _____

Mobility/ Device: _____ Dietary Restrictions: _____
(Order safety tray for patient under harm precautions)

Toileting Status: _____ Visitor Status: _____

***Safety Concerns:** (i.e. physical environment, ligature risks, trip hazards, IV/O2 tubing, etc. as documented on the environmental safety checklist for patients under self- harm precautions)

***Special Precautions:** (i.e. difficulty swallowing/ hearing/eyesight, best way to approach/communicate, ingestion of foreign objects or self-mutilation)

Completion of the Environmental Safety Checklist (for self-harm patient)

I have given (Nurse)/ received (CO) and understand the following:

- Patient Report
- Orientation to the room
- Instructions on communication with CM/Designee
- Instructions on how to call for assistance when needed

Title	Print Name	Signature	Date
Nurse (RN or LPN/LVN)			
Constant Observer (CO)			

This form is not a part of the permanent medial record.




SECTION ONE SIGNATURES: To be completed by the Constant Observer (CO) and Nurse

CO Name: _____	CO Signature: _____	Initials: _____;	RN Name: _____	RN Signature: _____
CO Name: _____	CO Signature: _____	Initials: _____;	RN Name: _____	RN Signature: _____
CO Name: _____	CO Signature: _____	Initials: _____;	RN Name: _____	RN Signature: _____
CO Name: _____	CO Signature: _____	Initials: _____;	RN Name: _____	RN Signature: _____

Start Date: _____ (at 0700) Room#: _____ Unit Name: _____

**SECTION TWO: To be completed by the Constant Observer and validated by the nurse every 4 hours
ACTIVITY, BEHAVIOR, LOCATION CODE(S) AND INITIALS ARE REQUIRED FOR EVERY ENTRY POINT, ON THE BELOW TIME LINES**

Staff will immediately notify nurse if starred (*) behaviors in codes are observed.

Frequency of observation is continuous with documentation.

CODE - EXPLANATION	TIME: Activity / Behavior / Location	TIME: Activity / Behavior / Location
0700 _____ / _____ / _____; Initial: _____	1500 _____ / _____ / _____; Initial: _____	2300 _____ / _____ / _____; Initial: _____
0715 _____ / _____ / _____; Initial: _____	1515 _____ / _____ / _____; Initial: _____	2315 _____ / _____ / _____; Initial: _____
0730 _____ / _____ / _____; Initial: _____	1530 _____ / _____ / _____; Initial: _____	2330 _____ / _____ / _____; Initial: _____
0745 _____ / _____ / _____; Initial: _____	1545 _____ / _____ / _____; Initial: _____	2345 _____ / _____ / _____; Initial: _____
0800 _____ / _____ / _____; Initial: _____	1600 _____ / _____ / _____; Initial: _____	2400 _____ / _____ / _____; Initial: _____
0815 _____ / _____ / _____; Initial: _____	1615 _____ / _____ / _____; Initial: _____	0015 _____ / _____ / _____; Initial: _____
0830 _____ / _____ / _____; Initial: _____	1630 _____ / _____ / _____; Initial: _____	0030 _____ / _____ / _____; Initial: _____
0845 _____ / _____ / _____; Initial: _____	1645 _____ / _____ / _____; Initial: _____	0045 _____ / _____ / _____; Initial: _____
0900 _____ / _____ / _____; Initial: _____	1700 _____ / _____ / _____; Initial: _____	0100 _____ / _____ / _____; Initial: _____
0915 _____ / _____ / _____; Initial: _____	1715 _____ / _____ / _____; Initial: _____	0115 _____ / _____ / _____; Initial: _____
0930 _____ / _____ / _____; Initial: _____	1730 _____ / _____ / _____; Initial: _____	0130 _____ / _____ / _____; Initial: _____
0945 _____ / _____ / _____; Initial: _____	1745 _____ / _____ / _____; Initial: _____	0145 _____ / _____ / _____; Initial: _____
1000 _____ / _____ / _____; Initial: _____	1800 _____ / _____ / _____; Initial: _____	0200 _____ / _____ / _____; Initial: _____
1015 _____ / _____ / _____; Initial: _____	1815 _____ / _____ / _____; Initial: _____	0215 _____ / _____ / _____; Initial: _____
1030 _____ / _____ / _____; Initial: _____	1830 _____ / _____ / _____; Initial: _____	0230 _____ / _____ / _____; Initial: _____
1045 _____ / _____ / _____; Initial: _____	1845 _____ / _____ / _____; Initial: _____	0245 _____ / _____ / _____; Initial: _____
1100 _____ / _____ / _____; Initial: _____	1900 _____ / _____ / _____; Initial: _____	0300 _____ / _____ / _____; Initial: _____
1115 _____ / _____ / _____; Initial: _____	1915 _____ / _____ / _____; Initial: _____	0315 _____ / _____ / _____; Initial: _____
1130 _____ / _____ / _____; Initial: _____	1930 _____ / _____ / _____; Initial: _____	0330 _____ / _____ / _____; Initial: _____
1145 _____ / _____ / _____; Initial: _____	1945 _____ / _____ / _____; Initial: _____	0345 _____ / _____ / _____; Initial: _____
1200 _____ / _____ / _____; Initial: _____	2000 _____ / _____ / _____; Initial: _____	0400 _____ / _____ / _____; Initial: _____
1215 _____ / _____ / _____; Initial: _____	2015 _____ / _____ / _____; Initial: _____	0415 _____ / _____ / _____; Initial: _____
1230 _____ / _____ / _____; Initial: _____	2030 _____ / _____ / _____; Initial: _____	0430 _____ / _____ / _____; Initial: _____
1245 _____ / _____ / _____; Initial: _____	2045 _____ / _____ / _____; Initial: _____	0445 _____ / _____ / _____; Initial: _____
1300 _____ / _____ / _____; Initial: _____	2100 _____ / _____ / _____; Initial: _____	0500 _____ / _____ / _____; Initial: _____
1315 _____ / _____ / _____; Initial: _____	2115 _____ / _____ / _____; Initial: _____	0515 _____ / _____ / _____; Initial: _____
1330 _____ / _____ / _____; Initial: _____	2130 _____ / _____ / _____; Initial: _____	0530 _____ / _____ / _____; Initial: _____
1345 _____ / _____ / _____; Initial: _____	2145 _____ / _____ / _____; Initial: _____	0545 _____ / _____ / _____; Initial: _____
1400 _____ / _____ / _____; Initial: _____	2200 _____ / _____ / _____; Initial: _____	0600 _____ / _____ / _____; Initial: _____
1415 _____ / _____ / _____; Initial: _____	2215 _____ / _____ / _____; Initial: _____	0615 _____ / _____ / _____; Initial: _____
1430 _____ / _____ / _____; Initial: _____	2230 _____ / _____ / _____; Initial: _____	0630 _____ / _____ / _____; Initial: _____
1445 _____ / _____ / _____; Initial: _____	2245 _____ / _____ / _____; Initial: _____	0645 _____ / _____ / _____; Initial: _____

ACTIVITY

- Sleeping
- Standing Still
- Walking
- Lying Still or Sitting
- Bath/Shower Taken
- Fluids Taken
- Meals Taken
- Toothbrush Used
- Out of room for procedure
- Toileting
- Pulling out lines or tubes
- Getting out of bed w/o notifying staff

BEHAVIOR

- Beating on door/wall*
- Yelling or screaming*
- Crying*
- Cursing*
- Mumbling Incoherently*
- Mute*
- Pacing*
- Talking to self/walls*
- Not following safety instructions*
- Singing
- Talking to Visitors
- Talking to Staff
- Danger to Staff*
- Interfering with Medical Care
- Laughing
- Refusal of care
- Danger to other
- Impaired judgment
- Disorientation
- Confusion
- Agitation
- Impulsivity
- Wandering

LOCATION

- Patient Room
- Hallway
- Bathroom
- Dialysis
- Emergency Room
- Radiology
- Other: (specify) _____
- Other: (specify) _____
- Other: (specify) _____

**BEHAVIOR/CLOSE OBSERVATION
FLOWSHEET**
