**Special Observer Activity Record Sheet**

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| **Patient Name:** | **Date:****Ward:**  |
| Registered Nurse Signature at Handover:…………………………………………NMBI ………………………………… | Healthcare Assistant Signature at Handover:…………………………………………… |

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| Please complete throughout the day if………………….. identifies any particular distractions to be helpful or unhelpful. |
| Distraction the…………………………………………………………………..finds helpful | Distraction that ……………………………………………... does not find helpful |
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| **TIME (hrs.)** | **PLACE / ACTIVITY** | **SIGNATURE** |
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