

Special Observer Activity Record Sheet

Patient Name:	Date:
	Ward:
<u>Registered Nurse Signature at Handover:</u>NMBI	<u>Healthcare Assistant Signature at Handover:</u>

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

TIME (hrs.)	PLACE / ACTIVITY	SIGNATURE
08:00		
08:30		
09:00		
09:30		
10:00		
10:30		
11:00		
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12:00		
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13:30		
14:00		
14:30		
15:00		

TIME (hrs.)	PLACE / ACTIVITY	SIGNATURE
15:30		
16:00		
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