

## Special Observer Activity Record Sheet

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

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		
11:30		
12:00		
12:30		
13:00		
13:30		
14:00		
14:30		
15:00		

TIME (hrs.)	PLACE / ACTIVITY	SIGNATURE
15:30		
16:00		
16:30		
17:00		
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18:00		
18:30		
19:00		
19:30		
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07:30		