

Special Observer daily report sheet

Report Sheet on Special Observations (Health Care Assistants / Agency staff)
(Use in conjunction with nursing care plan 35, 36, 37 and guidelines)

Name of special observer: _____

Name of Agency (if applicable): _____

Time Commenced Duty: _____ Time Duty Ended: _____

Date of Duty: _____ Ward/Unit Name: _____

General Mood: *{i.e. irritable / sad / cheerful; flow of conversation: withdrawn / chatty; appetite; sleep patterns etc}*

Interaction with Others: *{i.e. Special Observer, Visitors, Other Patients, Staff}*

Activities: *{i.e. School, Playroom, Computer, Reading, Watching TV, Board Games}*

Concerns: *{direct quotes from child/adolescent are helpful}*

Any other comments:

Signed & print name:

_____ Date: _____

Counter signature of staff nurse:

_____ Date: _____

NMBI PIN _____