

PATIENT OBSERVATION FLOWSHEET						
DATE:						
TIME:						
Suicide Precaution Level	<input type="checkbox"/> Level 1 (visual every 15 mins) <input type="checkbox"/> Level 2 (visual every 30 mins)	<input type="checkbox"/> Level 1 (visual every 15 mins) <input type="checkbox"/> Level 2 (visual every 30 mins)	<input type="checkbox"/> Level 1 (visual every 15 mins) <input type="checkbox"/> Level 2 (visual every 30 mins)	<input type="checkbox"/> Level 1 (visual every 15 mins) <input type="checkbox"/> Level 2 (visual every 30 mins)	<input type="checkbox"/> Level 1 (visual every 15 mins) <input type="checkbox"/> Level 2 (visual every 30 mins)	<input type="checkbox"/> Level 1 (visual every 15 mins) <input type="checkbox"/> Level 2 (visual every 30 mins)
Patient Visually Observed As:	<input type="checkbox"/> calm <input type="checkbox"/> non-anxious <input type="checkbox"/> Other: _____	<input type="checkbox"/> calm <input type="checkbox"/> non-anxious <input type="checkbox"/> Other: _____	<input type="checkbox"/> calm <input type="checkbox"/> non-anxious <input type="checkbox"/> Other: _____	<input type="checkbox"/> calm <input type="checkbox"/> non-anxious <input type="checkbox"/> Other: _____	<input type="checkbox"/> calm <input type="checkbox"/> non-anxious <input type="checkbox"/> Other: _____	<input type="checkbox"/> calm <input type="checkbox"/> non-anxious <input type="checkbox"/> Other: _____
Is 1:1 Observer Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Does the patient Require Further Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Staff Initial						
PATIENT OBSERVATION FLOWSHEET						
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Suicide Precaution Level	<input type="checkbox"/> Level 1 (visual every 15 mins) <input type="checkbox"/> Level 2 (visual every 30 mins)	<input type="checkbox"/> Level 1 (visual every 15 mins) <input type="checkbox"/> Level 2 (visual every 30 mins)	<input type="checkbox"/> Level 1 (visual every 15 mins) <input type="checkbox"/> Level 2 (visual every 30 mins)	<input type="checkbox"/> Level 1 (visual every 15 mins) <input type="checkbox"/> Level 2 (visual every 30 mins)	<input type="checkbox"/> Level 1 (visual every 15 mins) <input type="checkbox"/> Level 2 (visual every 30 mins)	<input type="checkbox"/> Level 1 (visual every 15 mins) <input type="checkbox"/> Level 2 (visual every 30 mins)
Patient Visually Observed As:	<input type="checkbox"/> calm <input type="checkbox"/> non-anxious <input type="checkbox"/> Other: _____	<input type="checkbox"/> calm <input type="checkbox"/> non-anxious <input type="checkbox"/> Other: _____	<input type="checkbox"/> calm <input type="checkbox"/> non-anxious <input type="checkbox"/> Other: _____	<input type="checkbox"/> calm <input type="checkbox"/> non-anxious <input type="checkbox"/> Other: _____	<input type="checkbox"/> calm <input type="checkbox"/> non-anxious <input type="checkbox"/> Other: _____	<input type="checkbox"/> calm <input type="checkbox"/> non-anxious <input type="checkbox"/> Other: _____
Is 1:1 Observer Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Does the patient Require Further Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Staff Initial						

PATIENT OBSERVATION FLOWSHEET

PATIENT ID LABEL

Guam Memorial Hospital Authority
 Approved: NM:2/2018 HIMC:3/2018
 Form #: iMed 16-091