CVH-688
New 5/18

CONNECTICUT VALLEY HOSPITAL
ELECTRONIC EQUIPMENT MONITORING FORM

Unit: _____ **Date**: _____

KEY: **1** Ear Buds **2** CD Player **3** _____ **4** _____ **5** _____ **6** _____ **7** _____

Patient Name	Eqi	12 A	1 A	2 A	3 A	4 A	5 A	6 A	7 A	8 A	9 A	10 A	11 A	12 P	1 P	2 P	3 P	4 P	5 P	6 P	7 P	8 P	9 P	10 P	11 P

Staff Initials and Signature:

Init	Signature

Init	Signature

Init	Signature

Init	Signature

Init	Signature

Init	Signature

- Place patients name and equipment on the list when equipment in use
- Submit form to the nurse supervisor