A appears Awake S appears Sleeping G Gym IR Isolation Room V Viewed on unit			CY VR W R	Visiting Room Work Recreation area				ı	I O P TV TL	Ou Pa Te	Inside appointment Outside appointment Pass Temporary Visit Temporary Leave (PSRB						A	Medical Discharge Acute Care AWOL Leave of Absence CENSUS:								
			7A/				11A 30	12P/		2P/		4P/	5P/	6P/	7P/	8P/			11P/ 30		1A/	2A/	3A/	4A/	5A/	6A/
Pat	tient Name	FOM	/30	/30	/30	/30	/30	/30	/30	/30	/30	/30	30	30	/30	30	/30	/30	/30	/30	/30	/30	/30	/30	/30	/30
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WEDNE	ESDAY:																									
	TEST ALARM SYSTEM																									
ALARM STRIPS: CHECK FOR TAMPERING																										
KEYPAD:					1/		1/		1/	1/	1/	1/	1/	1/	1/	1/	1/		1/	1/	1/	1/]/	
	READS "SYSTEM ACTIVE" Environmental scan for any							/						/		/										/
new safety risks* Cross Shift																										
Staff In																										
	tials and Sign	ature	:	V	V	V	V	<u> </u>	V	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<i>V</i>	<u>/</u>	<u> </u>	<u> </u>	V	V	V	<u> </u>	V	V	<u> </u>	V	<u> </u>
Init Signature					Init	t	Signature					Ini		Signatur			re			Init	Signature					
																			-							
					*Pl	ease	notify	Nur	sing S	Super	visor	of an	v env	ironn	nenta	l safe	tv cor	ncern	s.							

Unit: _____ Date: ___

CONNECTICUT VALLEY HOSPITAL

ROUTINE OBSERVATION FORM

CVH-63

New 5/18 **KEY**: