

**Tufts Medical Center
Emergency Department Patient Observer Checklist**

Patient Name: _____

Date/Time: _____

Patient Observer Name (Please Print) _____

Risk /Security Level (Circle Appropriate):

1. Risk to Self 2. Risk to Others 3. Risk to Self/Others

Security Level: Room is Locked: Yes / No

	Activity/Restrictions	Yes	No	Comment
1.	Your patient may wear his/her own clothing			
2.	Your patient may have his/her own belongings			
3.	Your patients belongings have been checked by security			
4.	Your patients belongings must be locked up			
5.	Your patient must be escorted when they leave their room			
	Patient may not leave the room			
6.	Your patient must be escorted into the bathroom			
7.	Your patient may move around in the room			
8.	Your patient may eat food/drink/that were brought in to the hospital by visitors			
9.	The Patient is Restrained			Type:

Notice to Patient Observers:

You have been asked to sit with / monitor this patient in order to reduce their risk of injury to themselves or others. Please notify the charge nurse immediately if you observe any of the following behaviors:

- 1) Attempts to leave the Emergency Dept (call Security and ED Staff to the Room immediately)
- 2) Signs that the patient may be injuring themselves, such as cutting themselves, striking their head or limbs against something, taking pills/substances that were not dispensed by hospital staff
- 3) Any attempt to cause harm to other patients or staff
- 4) The patient has fallen
- 5) The patient is complaining of difficulty breathing, severe pain, or distress

	Patient Observer Name	Nurse Signature	Security Signature
Date/Time			
Date/Time			
Date/Time			
Date/Time			
Date/Time			

EDPtObsChecklist.doc1/2009 agp.

Instructions for Completing Patient Observer Checklist

To All:

This form was created as part of a one-month pilot study (which will take place in the ED), whose goal it is to improve team communication and patient safety for those populations deemed a risk to themselves or others.

To RNs:

This form is to be completed and signed by each patient observer (formerly sitter) assigned to monitor a patient. Once the form is completed, it is to be reviewed and signed by the security guard assigned to the ED

It is then to be kept in the back of the white binder, which is kept at the charge RN desk. Please enter the date, time, name, presenting c/o and MR# in the Roster at the front of the binder.

To Sitters:

You have agreed to monitor a patient who has been deemed to be either a risk to themselves or others.

Patients who have been deemed as being of risk to themselves or others include patients who are suicidal, have a tendency to cut, burn or otherwise injure themselves, may have a history of or risk of falling if they get out of bed or walk unassisted, or those with a risk of removing essential equipment (such as monitoring devices, IV lines, tubes, dressings or drains).

Patients who have been deemed as being of risk to others include, but are not limited to patients who are disoriented, agitated, combative or violent. These patients may attempt to punch, pinch, slap, bite, spit or kick staff, visitors or others people present in the ED.

The nurse caring for the patient will review key points regarding the patients basic care, and certain restrictions that have been prescribed to ensure patient, staff and visitor safety.

Security:

Signature verifies that you have been notified by the Registered Nurse that this patient has been identified as being a risk to themselves or others sufficient to necessitate assignment of a patient observer.

Source: Tufts Medical Center, Boston, MA