## McLaren Bay Region Behavioral Health Unit

| Name:Classification: |  |     |         |
|----------------------|--|-----|---------|
|                      |  |     |         |
| 1.                   | Observation  | Met | Not Met |
| 1.                   | Demonstrates ability to obtain patient assignment and document your 1:1 assignment in the Daily Assignment book.   |     |         |
| 2.                   | Identifies patient using two patient identifiers.  |     |         |
| 3.                   | Demonstrates ability to obtain Patient Observation<br>Documentation Form and attach patient label to the form.   |     |         |
| 4.                   | Demonstrates ability to remain within arm's length of the patient at all times.  |     |         |
| 5.                   | Demonstrates ability to document patient's location and behavior on the Patient's Observation Documentation Form.  |     |         |
| 6.                   | Demonstrates ability to ensure observations occur and are documented at the current observation time (not earlier or later than due).  |     |         |
| 7.                   | Demonstrates ability to encourage patient to attend and participate in milieu activities.  |     |         |
| 8.                   | Demonstrates ability to communicate any negative changes in affect, behavior, cognition, and compliance with the milieu activities and treatment plan, to the nurse assigned to the patient. |     |         |
| 9.                   | Demonstrates ability to maintain 1:1 responsibilities even when family is present.   |     |         |
| 10.                  | Demonstrates ability to notify RN about patient's behavior and when RN reassessment is needed.   |     |         |
| 11.                  | Demonstrates ability to observe and document that silverware counts are completed after patient on 1:1 completes their meal.   |     |         |
| 12.                  | Demonstrates ability to be responsible for passing observation forms on to another staff member before going to lunch or break.  |     |         |
| 13.                  | Demonstrates ability to return observation forms to the patient's medical record upon discharge.   |     |         |

Validator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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