

McLaren Print System Order

Order No: 87417
 Order Date: 2024-08-01
 User: Lori Dean
 Phone: 517-975-3321

Ship Location: MGL- 6 East Attn: Lori Dean
 2900 Collins Rd
 Lansing, MI 48910

Brochures
 Quantity: 100
 Paragon Dept No: 30291
 Dept Name: 6 East
 Company Number:

Order Total Price: 4.48

Item Number: MGL-100 (670-44)
 Item Description: DIRECT OBSERVATION LOG FOR SITTERS
 Revision Date: 07/2024
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Poster:
 Misc Info: 8.5x11 DS Black



Date: _____

Time	Legend Observations	Initials	Time	Legend Observations	Initials
0700			0700		
0715			0715		
0730			0730		
0745			0745		
0800			0800		
0815			0815		
0830			0830		
0845			0845		
0900			0900		
0915			0915		
0930			0930		
0945			0945		
1000			1000		
1015			1015		
1030			1030		
1045			1045		
1100			1100		
1115			1115		
1130			1130		
1145			1145		
1200			1200		
1215			1215		
1230			1230		
1245			1245		
RN Hourly Assessment					
0700			0700		
0800			0800		
0900			0900		
1000			1000		
1100			1100		
1200			1200		

Spec Info:

- Legend Observations
- A = Awake
 - MI = Medication
 - R = Patient Room
 - S = Sleep
 - U = Unconscious
 - C = Cooperative
 - Q = Quiet
 - T = Out Of Unit

By using this form, I agree to and understand:

- I cannot observe or perform any medical observations. No direct observation or patient care.
- I am responsible for charting, blood glucose, pulse, respiration, weight, height, and vital signs.
- I am responsible to ensure that required work is completed.
- If I observe an unsafe condition, I will report it to my supervisor.
- No HIPAA or other privacy information.
- No cell phones are to be used in patient care.
- No alcohol or other drugs (including in alcohol) are to be used.
- No personal belongings are allowed in patient's rooms, e.g. bags, books, coats, etc.
- All rooms will be kept clean and safe.
- I am responsible to report changes in the patient's condition to my nurse manager.
- I am responsible to document my report directly on my 0700 form on this form.

Signature	Initials	Date/Time

