

## McLaren Print System Order

Order No: 90398  
 Order Date: 2024-11-26  
 User: Michelle Darnold  
 Phone:

Ship Location: 6 East  
 2900 Collins Rd  
 Lansing, MI 48910

Form  
 Quantity: 100  
 Paragon Dept No: 30291  
 Dept Name: 6 East Pt Care Services  
 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: Original Poster Size

Legend Observations  
 A = Awake      B = Bathroom      C = Cooperative  
 M = Mouth Closed      P = Physician      Q = Quiet  
 R = Patient Room      S = Sleep      T = Out Of Unit  
 U = Unconscious

- By using this form, I agree to and understand:
- I must observe and report to my Director observations. No direct observation is possible.
  - I am responsible for charting, blood glucose, pulse, respiration, weight, height, and intake.
  - I am responsible to ensure that required work is recorded.
  - If I observe an unsafe condition, I must report it to my supervisor.
  - No NPO in room, unless documenting.
  - No cell phones use in patient's room.
  - No smoking or alcohol in patient's room.
  - No internet or other games playing in patient's room.
  - No personal belongings are allowed in patient's room, e.g. bags, books, coats, etc.
  - The room 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 on this form.

| Signature | Initials | Date/Time |
|-----------|----------|-----------|
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