

**McLaren Print System Order**

Order No: 90399  
 Order Date: 2024-11-26  
 User: Michelle Darnold  
 Phone:

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

Form  
 Quantity: 100  
 Paragon Dept No: 30241  
 Dept Name: 6 West 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		
<b>RN Hourly Assessment</b>					
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 = Meal/Fluid      P = Physician      Q = Quiet  
 R = Patient Room      S = Sleep      T = Out Of Unit  
 U = Unconscious

- By using this form, I agree to and understand:
  - Direct observations are limited to the location of observation. No direct observation of patients
  - Not responsible for clinic, blood glucose, pulse, respiration, weight, height, vital signs
  - Not responsible to assess with degree words or words
  - Observations will include off-unit activities by patient in waiting
  - No NPO in room, unless documenting
  - No cell phones use in patient's room
  - Recessed bed to provide a patient area
  - No internet or other guest printing in observed area
  - No personal belongings are allowed in patient's room, e.g. bags, books, coats, etc.
  - Observed will be kept clean and safe
  - Not responsible to report changes in the patient's condition to our nearby monitor
  - Not responsible to document any verbal observations if it occurs on the form.

Signature	Initials	Date/Time

