

**McLaren Print System Order**

Order No: 91188  
 Order Date: 2025-01-03  
 Order Request Date:  
 User: Rebecca Perkins  
 Phone: 517-975-7104

Ship Location: McLaren Greater Lansing  
 2900 Collins Rd  
 Lansing, MI 48910

Brochures  
 Quantity: 500  
 Paragon Dept No: 30286  
 Dept Name: 8 East  
 Company Number:

Order Total Price: 22.40

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



**DIRECT OBSERVER LOG**

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 Busy Assessment</b>					
0700			0700		
0800			0800		
0900			0900		
1000			1000		
1100			1100		
1200			1200		

**Legend Observations**  
 A = Awake      B = Bathroom      C = Cooperative  
 M = Meal/Fluid      P = Physician      O = Out  
 R = Patient Room      S = Sleep      T = Turn Off Chair  
 U = Unresponsive

Signature	Initials	Date/Time

- We require the form to appear as follows:
- Form should have patient's unit/bed in observation. No other items on chart.
  - Form is available for visit. Must please patient/relatives, single visits and family.
  - Form is available to review with regular rounds in evening.
  - Observations will be made off unless the patient is working.
  - No forms in room unless documentation.
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  - No personal belongings or allowed in patient's room, (e.g. Toys, books, coats, etc.)
  - The chart will be kept clean and tidy.
  - Form is available to review always in the patient's unit/room or in family room.
  - Form is available to document any visit/bedside care if it occurs on the form.

**Spec Info: Original Poster Size**

