

McLaren Print System Order

Order No: 91277
 Order Date: 2025-01-07
 User: Bob Jackson
 Phone: 517-975-3322

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

Form
 Quantity: 500
 Paragon Dept No: 30246
 Dept Name: 7E Ortho
 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



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
 - M = Meal/Fluid
 - R = Patient Room
 - B = Bathroom
 - P = Physician
 - 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 the supervisor.
- No HIPAA or other privacy information.
- No cell phone use or personal e-mail.
- No alcohol or other drugs (including in alcohol) are allowed.
- No personal belongings are allowed in patient's rooms, e.g. bags, books, coats, etc.
- The nurse 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 notes on this form.

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