

# UT-Harris County Psychiatric Center

## PRECAUTIONS CHECKLIST

(To be completed by HAIII or R.N.)

## SPECIAL OBSERVATION FORM

(To be completed by R.N. a minimum of every 2° hrs.)

**SECTION I**

Date/Time Initiated: \_\_\_\_\_

Date/Time Discontinued: \_\_\_\_\_

**Check appropriate precaution: (Q 2° Hour for Observation)**

Medical Symptomatology, *Specify* \_\_\_\_\_ (e.g. Seizure, etc.)  Alcohol Withdrawal  Other \_\_\_\_\_

**Check appropriate precaution: (Q 15 minutes observation for precautions)**

Other \_\_\_\_\_  Sexually Acting Out  Elopement  Destructive  Direct Observation  Combative  Fall Risk  Suicide

**SECTION II Code Explanation:**

- |  |  |  |   |
|--|--|--|---|
| <ul style="list-style-type: none"> <li>1. Pressured Speech</li> <li>2. Irritability</li> <li>3. Hyperactivity</li> <li>4. Insomnia</li> <li>5. Grandiosity</li> <li>6. Elated Mood</li> <li>7. Crying Spells</li> <li>8. Sad Affect</li> <li>9. Poor Hygiene (specify)</li> <li>10. Poor Appetite (specify)</li> <li>11. Suspiciousness</li> </ul> | <ul style="list-style-type: none"> <li>12. Paranoid</li> <li>13. Diaphoresis</li> <li>14. Increased Pulse</li> <li>15. Anxiety</li> <li>16. Ringing Hands</li> <li>17. Pacing</li> <li>18. Threatening</li> <li>19. Disrobing</li> <li>20. Screaming</li> <li>21. Shouting</li> <li>22. Wandering</li> </ul> | <ul style="list-style-type: none"> <li>23. Confusion</li> <li>24. Withdrawn Behavior</li> <li>25. Flat Affect</li> <li>26. Blood Pressure (describe)</li> <li>27. Verbally Abusive</li> <li>28. Sexually Acting Out (specify)</li> <li>29. Hallucinations (specify)</li> <li>30. Delusions (specify)</li> <li>31. Homicidal (specify)</li> <li>32. Positive for Suicidal Ideations (specify)</li> <li>33. Physical Aggression</li> </ul> | <ul style="list-style-type: none"> <li>34. Sleeping (evidence of inspiration/expiration)</li> <li>35. Singing</li> <li>36. Lying Down</li> <li>37. Sitting</li> <li>38. Quiet</li> <li>39. Self Talk</li> <li>40. Laughing to self</li> <li>41. Argumentative</li> <li>42. Does not Maintain Appropriate Boundaries</li> <li>43. Inappropriately Dressed</li> </ul> |
|--|--|--|---|

	Code/Initials	Code/Initials	Code/Initials	
44. Yelling	7:00 _____			
45. Mumbling	7:15 _____	3:15 _____		11:15 _____
46. Combative	7:30 _____	3:30 _____		11:30 _____
47. Gesturing	7:45 _____	3:45 _____		11:45 _____
48. Eyes Closed	8:00 _____	4:00 _____		12:00 _____
49. Self-Mutilating	8:15 _____	4:15 _____		12:15 _____
50. Other _____	8:30 _____	4:30 _____		12:30 _____
<b>Locations:</b>	8:45 _____	4:45 _____		12:45 _____
51. Bathroom	9:00 _____	5:00 _____		1:00 _____
52. Meals	9:15 _____	5:15 _____		1:15 _____
53. Rounds/Conf. Rm.	9:30 _____	5:30 _____		1:30 _____
54. Groups/Day Area	9:45 _____	5:45 _____		1:45 _____
55. On Phone	10:00 _____	6:00 _____		2:00 _____
56. Out on Appointment	10:15 _____	6:15 _____		2:15 _____
57. Laundry Room	10:30 _____	6:30 _____		2:30 _____
58. Day Area	10:45 _____	6:45 _____		2:45 _____
59. Grounds Privileges	11:00 _____	7:00 _____		3:00 _____
60. In Seclusion with Door Open	11:15 _____	7:15 _____		3:15 _____
61. Outing	11:30 _____	7:30 _____		3:30 _____
62. Room	11:45 _____	7:45 _____		3:45 _____
63. Shower	12:00 _____	8:00 _____		4:00 _____
64. OT/AT Group	12:15 _____	8:15 _____		4:15 _____
65. Other _____	12:30 _____	8:30 _____		4:30 _____
	12:45 _____	8:45 _____		4:45 _____
	1:00 _____	9:00 _____		5:00 _____
	1:15 _____	9:15 _____		5:15 _____
	1:30 _____	9:30 _____		5:30 _____
	1:45 _____	9:45 _____		5:45 _____
	2:00 _____	10:00 _____		6:00 _____
	2:15 _____	10:15 _____		6:15 _____
	2:30 _____	10:30 _____		6:30 _____
	2:45 _____	10:45 _____		6:45 _____
	3:00 _____	11:00 _____		

**Room Searches Q Shift**  
**Red armband intact**  
**Document items removed & initial**

Initials

7-3 \_\_\_\_\_

3-11 \_\_\_\_\_

11-7 \_\_\_\_\_

Init.	Signature	Init.	Signature	Init.	Signature

## **Instructions for Precautions and Special Observation Checklists**

Stamp the patient's addressograph in the upper right-hand corner of the form.

### **Section I**

Nursing staff fills in the date and time the precaution and/or special observation begins and ends.

Check the box next to the precaution and/or special observation being implemented. If "other", write in the precaution and/or observation in the blank.

### **Section II**

Review the "Code Explanation" section and place the appropriate number(s) in the corresponding time slots along with initials.

Document actual time of room check as well as initials.

List any items removed from the patient's room and enter on the checklist.

Use the table for recording your initials and signature for identification purposes.