



PATIENT I.D. DATA:
(Name, DOC#, DOB)

INFIRMARY/EXTENDED OBSERVATION UNIT DRY CELL WATCH ASSESSMENT

FACILITY:

Review chart and MAR for medications, chronic illness, recent illness or injury. Concerns? No Yes

What did you swallow? _____ When? _____ How much? _____

Comments: _____

SYMBOL KEY: + Present - Absent Ø Not Asked/Evaluated Use numbers where appropriate

| Assessment/ Observations | | Date (m/d/yy) | | | | | | | | | | | | |
|-----------------------------|----------------------------|---------------|--|--|--|--|--|--|--|--|--|--|--|--|
| | | Time (24-hr) | | | | | | | | | | | | |
| Vital Signs | Blood Pressure | | | | | | | | | | | | | |
| | Pulse | | | | | | | | | | | | | |
| | Regular Rhythm | | | | | | | | | | | | | |
| | Respiratory Rate | | | | | | | | | | | | | |
| | O ₂ Sat | | | | | | | | | | | | | |
| | Temperature | | | | | | | | | | | | | |
| Observations | Pupils dilated | | | | | | | | | | | | | |
| | Pupils constricted | | | | | | | | | | | | | |
| | Nystagmus | | | | | | | | | | | | | |
| | Diaphoresis | | | | | | | | | | | | | |
| | Vomiting | | | | | | | | | | | | | |
| | Diarrhea | | | | | | | | | | | | | |
| | Urinary/fecal incontinence | | | | | | | | | | | | | |
| | Dry flushed skin | | | | | | | | | | | | | |
| | Dry mucus membranes | | | | | | | | | | | | | |
| | Skin picking behavior | | | | | | | | | | | | | |
| Spasmodic jerky movement | | | | | | | | | | | | | | |

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DRY CELL WATCH ASSESSMENT**

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(Name, DOC#, DOB)

| | | Date (m/d/yy) | | | | | | | | | | | |
|---|---|---------------|--|--|--|--|--|--|--|--|--|--|--|
| | | Time (24-hr) | | | | | | | | | | | |
| Observations | Tremor | | | | | | | | | | | | |
| | Rigidity | | | | | | | | | | | | |
| | Pacing | | | | | | | | | | | | |
| | Hyperalertness | | | | | | | | | | | | |
| | Agitation | | | | | | | | | | | | |
| | Normal speech | | | | | | | | | | | | |
| | Mumbling speech | | | | | | | | | | | | |
| | Excessive sleepiness (somnolence) | | | | | | | | | | | | |
| | Confusion or slurring of words | | | | | | | | | | | | |
| | Delusions, hallucinations, psychosis | | | | | | | | | | | | |
| | Report of headache | | | | | | | | | | | | |
| | Report of GI distress | | | | | | | | | | | | |
| | Report of auditory disturbance | | | | | | | | | | | | |
| | Report of visual disturbance | | | | | | | | | | | | |
| Report of tactile disturbances (pain, itching) | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | |
| Nurse Initials | | | | | | | | | | | | | |

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