

Observer:		Sheet: _/_	Date: / /20	Start:__:__	End:__:__
Bed number					
Pt initials					
<b>People</b>	SpR/Fellow	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan
	SHO/FY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan
	Nursing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan
	Other:_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan
	Patient	<input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan	<input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan	<input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan	<input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> plan
<b>Charts</b>	Medical notes	<input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> written	<input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> written	<input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> written	<input type="checkbox"/> present <input type="checkbox"/> input <input type="checkbox"/> written
	Obs chart	<input type="checkbox"/> present <input type="checkbox"/> review	<input type="checkbox"/> present <input type="checkbox"/> review	<input type="checkbox"/> present <input type="checkbox"/> review	<input type="checkbox"/> present <input type="checkbox"/> review
	Drug chart	<input type="checkbox"/> present <input type="checkbox"/> review	<input type="checkbox"/> present <input type="checkbox"/> review	<input type="checkbox"/> present <input type="checkbox"/> review	<input type="checkbox"/> present <input type="checkbox"/> review
<b>Drug R/v</b>	Analgesia r/v	Y / N	Y / N	Y / N	Y / N
	VTE considered?	Y / N	Y / N	Y / N	Y / N
	Abx considered?	Y / N	Y / N	Y / N	Y / N

<b>Examination</b>	Neuro	<input type="checkbox"/> GCS <input type="checkbox"/> LOC <input type="checkbox"/> motor <input type="checkbox"/> sensation <input type="checkbox"/> reflexes <input type="checkbox"/> CN <input type="checkbox"/> eyes <input type="checkbox"/> Cerebellum	<input type="checkbox"/> GCS <input type="checkbox"/> LOC <input type="checkbox"/> motor <input type="checkbox"/> sensation <input type="checkbox"/> reflexes <input type="checkbox"/> CN <input type="checkbox"/> eyes <input type="checkbox"/> Cerebellum	<input type="checkbox"/> GCS <input type="checkbox"/> LOC <input type="checkbox"/> motor <input type="checkbox"/> sensation <input type="checkbox"/> reflexes <input type="checkbox"/> CN <input type="checkbox"/> eyes <input type="checkbox"/> Cerebellum	<input type="checkbox"/> GCS <input type="checkbox"/> LOC <input type="checkbox"/> motor <input type="checkbox"/> sensation <input type="checkbox"/> reflexes <input type="checkbox"/> CN <input type="checkbox"/> eyes <input type="checkbox"/> Cerebellum
	Wound				
	Other system				
<b>Plan</b>	Lab tests	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt
	Radiology	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt
	Referrals	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt
	D/c planning	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt
	Drains	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt
	Tubes/lines	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt
	Catheters	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt
	Mobilisation	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt	<input type="checkbox"/> Request <input type="checkbox"/> Rpt
<b>Glitches</b>	Concurrent	<input type="checkbox"/> Conversations <input type="checkbox"/> Tasks	<input type="checkbox"/> Conversations <input type="checkbox"/> Tasks	<input type="checkbox"/> Conversations <input type="checkbox"/> Tasks	<input type="checkbox"/> Conversations <input type="checkbox"/> Tasks
	Other	<input type="checkbox"/> Ext. distraction <input type="checkbox"/> Multi-tasking	<input type="checkbox"/> Ext. distraction <input type="checkbox"/> Multi-tasking	<input type="checkbox"/> Ext. distraction <input type="checkbox"/> Multi-tasking	<input type="checkbox"/> Ext. distraction <input type="checkbox"/> Multi-tasking

	Searching for	<input type="checkbox"/> Notes <input type="checkbox"/> Staff	<input type="checkbox"/> Notes <input type="checkbox"/> Staff	<input type="checkbox"/> Notes <input type="checkbox"/> Staff	<input type="checkbox"/> Notes <input type="checkbox"/> Staff
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