

# Central State Hospital

## OBSERVATION FLOW SHEET

## PATIENT IDENTIFICATION

**DATE:** \_\_\_\_\_ **Circle level of Observation:** **General** = Document q 30 min.; **Constant** = Document q 15 min.; **Intensive** = Document q 15 min  
**Circle Reason for Special Level of Observation:** †Elopement †Hold Order †Sexual Precautions †Suicidal Precautions †Falls †Withdrawal  
 †Seizure †Assaultive/Combative/Violent Behavior †Other (Specify) \_\_\_\_\_  
 †Serious Medical Condition: Identify: \_\_\_\_\_

TIME	CODES	STAFF INIT.	TIME	CODES	STAFF INIT.	TIME	CODES	STAFF INIT.	TIME	CODES	STAFF INIT.
<b>12M-6A</b>			<b>6A-12N</b>			<b>12N-6P</b>			<b>6P-12M</b>		
12:00			6:00			12:00			6:00		
12:15			6:15			12:15			6:15		
12:30			6:30			12:30			6:30		
12:45			6:45			12:45			6:45		
1:00			7:00			1:00			7:00		
1:15			7:15			1:15			7:15		
1:30			7:30			1:30			7:30		
1:45			7:45			1:45			7:45		
2:00			8:00			2:00			8:00		
2:15			8:15			2:15			8:15		
2:30			8:30			2:30			8:30		
2:45			8:45			2:45			8:45		
3:00			9:00			3:00			9:00		
3:15			9:15			3:15			9:15		
3:30			9:30			3:30			9:30		
3:45			9:45			3:45			9:45		
4:00			10:00			4:00			10:00		
4:15			10:15			4:15			10:15		
4:30			10:30			4:30			10:30		
4:45			10:45			4:45			10:45		
5:00			11:00			5:00			11:00		
5:15			11:15			5:15			11:15		
5:30			11:30			5:30			11:30		
5:45			11:45			5:45			11:45		

**CODE EXPLANATION (Must include the client's location/activity and behavior/general status) List all that apply:**

Location/Activity

- |                    |                         |                         |
|--------------------|-------------------------|-------------------------|
| 1. Sitting         | 18. Dayroom             | 35. Outside Activities  |
| 2. Standing        | 19. Hallway             | 36. Snacks              |
| 3. Resting         | 20. Bathroom            | 37. Eating              |
| 4. Sleeping        | 21. Laundry             | 38. Walking             |
| 5. Talking         | 22. Fresh Air           | 39. With HST            |
| 6. Reading         | 23. Lobby               | 40. Bathing             |
| 7. Writing         | 24. Meal on Unit        | 41. School/Work Therapy |
| 8. Watching TV     | 25. Meal off Unit       |                         |
| 9. On Phone        | 26. Gym                 |                         |
| 10. With Physician | 27. Quiet Time          |                         |
| 11. With Therapist | 28. Seclusion           |                         |
| 12. With Nurse     | 29. Restraints          |                         |
| 13. With AT        | 30. Appointment         |                         |
| 14. Team           | 31. Visitors            |                         |
| 15. Group          | 32. Tx Mall             |                         |
| 16. Meds           | 33. Off Unit with Staff |                         |
| 17. Personal Room  | 34. On Unit Activities  |                         |

Behavior/General Status

- |                            |                              |
|----------------------------|------------------------------|
| A. Confused                | R. Paranoid                  |
| B. Cooperative             | S. Threatening               |
| C. Uncooperative           | T. Ventilating Feelings      |
| D. Calm                    | U. Participating with Others |
| E. Agitated                | V. Pacing                    |
| F. Interacting with Others |                              |
| G. Hearing Voices          |                              |
| H. Intrusive               |                              |
| I. Seeing Things           |                              |
| J. Isolating self          |                              |
| K. Crying                  |                              |
| L. Demanding               |                              |
| M. Restless                |                              |
| N. Withdrawn               |                              |
| O. Self Harm Ideations     |                              |
| P. Angry                   |                              |
| Q. Anxious                 |                              |

If consumer is off unit while on Constant or Intensive Obs., FLOW SHEET must accompany the consumer.

**Initials**

**Full Signature and Title**

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