

Appendix 1

OBSERVATION RECORD

Patient Name		Date of Birth	
Hospital No		Legal Status	
Ward		Primary/Named Nurse	
Consultant Psychiatrist			
Level/Exact intervals of observation		Date implemented	

RATIONALE

Risk behaviour(s)

Risk factors

Within Arms Length Observation}

The observation record should be completed and signed following each period of observation.

Within Eyesight Observation}

The observation record should be signed at the exact intervals observations are carried out and record to be completed following the period of observation

Intermittent Observation}

Date	Time	Risk Behaviour(s)/factors identified during observations	Signature/designation of member of staff carrying out observations	Signature/designation of member of staff carrying out receiving hand -over

