



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 <sub>2</sub> 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													

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

**INFIRMARY/EXTENDED OBSERVATION UNIT  
DRY CELL WATCH ASSESSMENT**

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		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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