INFIRMARY/EXTENDED OBSERVATION UNIT DRY CELL WATCH ASSESSMENT

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

What did you swallow? ___________________________________________ When? ________________________ How much? ______________________

Comments: ____________________________________________________

<table>
<thead>
<tr>
<th>SYMBOCL KEY: + Present – Absent ☐ Not Asked/Evaluated Use numbers where appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment/ Observations</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Vital Signs</strong></td>
</tr>
<tr>
<td>Blood Pressure</td>
</tr>
<tr>
<td>Pulse</td>
</tr>
<tr>
<td>Regular Rhythm</td>
</tr>
<tr>
<td>Respiratory Rate</td>
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<tr>
<td>O2 Sat</td>
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<tr>
<td>Temperature</td>
</tr>
<tr>
<td>Pupils dilated</td>
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<tr>
<td>Pupils constricted</td>
</tr>
<tr>
<td>Nystagmus</td>
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<tr>
<td>Diaphoresis</td>
</tr>
<tr>
<td>Vomiting</td>
</tr>
<tr>
<td>Diarrhea</td>
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<tr>
<td>Urinary/fecal incontinence</td>
</tr>
<tr>
<td>Dry flushed skin</td>
</tr>
<tr>
<td>Dry mucus membranes</td>
</tr>
<tr>
<td>Skin picking behavior</td>
</tr>
<tr>
<td>Spasmodic jerky movement</td>
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</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Date (m/d/yy)</th>
<th>Time (24-hr)</th>
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<table>
<thead>
<tr>
<th>Observations</th>
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</thead>
<tbody>
<tr>
<td>Tremor</td>
</tr>
<tr>
<td>Rigidity</td>
</tr>
<tr>
<td>Pacing</td>
</tr>
<tr>
<td>Hyperalertness</td>
</tr>
<tr>
<td>Agitation</td>
</tr>
<tr>
<td>Normal speech</td>
</tr>
<tr>
<td>Mumbling speech</td>
</tr>
<tr>
<td>Excessive sleepiness (somnolence)</td>
</tr>
<tr>
<td>Confusion or slurring of words</td>
</tr>
<tr>
<td>Delusions, hallucinations, psychosis</td>
</tr>
<tr>
<td>Report of headache</td>
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<tr>
<td>Report of GI distress</td>
</tr>
<tr>
<td>Report of auditory disturbance</td>
</tr>
<tr>
<td>Report of visual disturbance</td>
</tr>
<tr>
<td>Report of tactile disturbances (pain, itching)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
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<table>
<thead>
<tr>
<th>Nurse Initials</th>
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</thead>
</table>