Department of Corrections
WASHINGTON STATE

PATIENT I.D. DATA:
(Name, DOC#, DOB)

CLOSE OBSERVATION 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 ∅ 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_2 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													

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PATIENT I.D. DATA:
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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													

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.