Extended observation form

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| Patient name |  | | Date of assessment | | |  | | |
| Date of birth |  | | Name of assessor | | |  | | |
| Injectable medication |  | | Dose and route | | |  | | |
| Time  (minutes) | | -5 | 0 | +3 | +8 | | +15 | +30 |
| BAL (mg/L) | |  | ADMINISTER INJECTION |  |  | |  |  |
| SpO2 (%) | |  |  |  | |  |  |
| Pulse rate (bpm) | |  |  |  | |  |  |
| Blood pressure (mmHg) | |  |  |  | |  |  |
| Level of consciousness (1-4)  1 = Normal  2 = Visibly affected but alert  3 = Drowsy but responds to verbal stimuli  4 = No response to verbal stimuli | |  |  |  | |  |  |
| Staff-rated sedation (0-3)  0 = none  1 = mild  2 = moderate  3 = severe | |  |  |  | |  |  |
| How well does the patient feel on their current dose? (1-4)  1 = Not held at all  2 = Only just held  3 = Adequately held  4 = Well held | |  |  |  | |  |  |
| Record concomitant medications, street drugs and other additional information here: | | | | | | | | |