

Stop and Watch

Early Warning Tool

If you have identified an important change while caring for or visiting a resident, please **circle** the change and notify a nurse or supervisor.

- S** Seems different than usual
T Talks or communicates less
O Overall needs more help
P Pain – new or worsening; Moans or grimaces (*for residents with severe dementia*), participated less in activities
- a** Ate less
n No bowel movement in 3 days; or diarrhea
d Drank less
- W** Weight change
A Agitated or nervous more than usual
T Tired, weak, confused, or drowsy
C Change in skin color or condition
H Help with walking, transferring, toileting more than usual

Check here if no change noted while monitoring high risk resident

Name of Resident

Your Name

Observation Reported to:

Date and Time (am/pm)

Nurse/Supervisor Response

Date and Time (am/pm)

Nurse/Supervisor Name

This form is also intended for other residential health care facilities including those listed by the National Center for Assisted Living (www.ahcancal.org/ncal/).