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.

Seems different than usual
Talks or communicates less
Overall needs more help
Pain – new or worsening; Moans or grimaces (for residents with severe dementia), participated less in activities
Ate less
No bowel movement in 3 days; or diarrhea
Drank less

Weight change
Agitated or nervous more than usual
Tired, weak, confused, or drowsy
Change in skin color or condition
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/).