Facility: _____________________________

Reason for observation: ________________________________________________________________

Complaints: □ None voiced □ Yes If “Yes” state: ____________________________________________

Medications given: □ N/A □ Yes (list) ____________________________________________________

VS: (clinically indicated)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O2 sats. _____ FSBS ______

Inmate: □ Alert □ Lethargic □ Confused □ Disoriented □ Incoherent

Oriented to: □ Person □ Place □ Time □ Situation

Inmate: □ Sitting □ Lying □ Standing □ Walking □ Exercising □ Sleeping □ Other: ____________

Comment: ____________________________________________________________________________

Inmate: □ Quiet □ Yelling or screaming □ Crying □ Cursing □ Laughing □ Mumbling incoherently
□ Other: ____________________________________________________________________________

Comment: ____________________________________________________________________________

Inmate taking meals: □ Served and eaten □ Served and not eaten If “Not eaten” state reason: __________

Inmate taking fluids: □ Yes □ No If “No” state reason: __________________________________________

Progress Note: _________________________________________________________________________

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF INMATE IS BEING SEEN FOR "DETOX" AND DISPLAYS ANY OF THE FOLLOW SIGNS AND SYMPTOMS: Health care provider is to be called if not on site or it after clinic hours.

□ Change in Mental Status □ Significant increases and/or decreases in BP/Heart Rate □ Insomnia
□ Abdominal Pain □ Temperature > 100.4 F □ Increased Anxiety
□ Upper/lower GI bleed □ Changes in responsiveness in pupils □ Hallucinations

Disposition: (Check all that apply)

□ Continue to monitor
□ Schedule for sick call visit
□ Refer to Qualified Mental Health Professional
□ Follow-up PRN
□ Instructed inmate to notify medical for any concerns that warrant further evaluation. Inmate verbalizes understanding.

RN/LPN Signature/Credentials: _____________________________ Date: _________ Time: __________

Inmate Name: _____________________________ DOC#: _____________________________

(Last, First)