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 = Normal2 = Visibly affected but alert3 = Drowsy but responds to verbal stimuli 4 = No response to verbal stimuli |  |  |  |  |  |
| Staff-rated sedation (0-3)0 = none1 = mild2 = moderate3 = severe |  |  |  |  |  |
| How well does the patient feel on their current dose? (1-4)1 = Not held at all2 = Only just held3 = Adequately held4 = Well held |  |  |  |  |  |
| Record concomitant medications, street drugs and other additional information here: |