PHF Q 15 minute Unit Rounds: *Night Shift*

DATES: _____ to _____

RM	NAME	1900	1915	1930	1945	2000	2015	2030	2045	2100	2115	2130	2145	2200	2215	2230	2245	2300	2315	2330	2345	2400	OO15	OO30	OO45
1L																									
1R																									
2L																									
2R																									
3L																									
3R																									
4S																									
5																									
6L																									
6R																									
7L																									
7R																									
8L																									
8R																									
9																									
10S																									
11L																									
11R																									
	Staff Initals																								
	Male / Female Latrines																								

Initials	Signature/Tit

LOCATION CODE:

A.	Patient Room	I.	R.T. Room
B.	Bathroom	J.	Comfort Room
C.	Hallway	K.	Patio
D.	Dayroom	L.	Veranda
E.	Hearing Room	M.	Off Unit
F.	Dining Room	N.	1:1
G.	Physician's Office	O.	Court
H.	Telephone Room	P.	Other:_____

BEHAVIOR CODE:

1.	Standing Still	8.	Watching T.V.	16.	Disrobing	24.	Using Shower
2.	Walking	9.	Talking On Phone	17.	Combative	25.	Lying in Bed
3.	Pacing	10.	Isolating	18.	Quiet	28.	Physical Activity
4.	Sitting	11.	Interacting Socially	19.	Crying	29.	Other :_____
5.	Sleeping w/ obvious respiratory sounds & movements	12.	Interacting With Staff	20.	Reading		
		13.	Engaged in RT Activities	21.	Using Toilet		
6.	Seclusion/Restraint	14.	Yelling	22.	Visiting		
7.	Eating	15.	Screaming	23.	Posturing		

PHF Q 15 minute Unit Rounds: *Night Shift*

DATES: _____ to _____

	NAME	O100	O115	O130	O145	O200	O215	O230	O245	O300	O315	O330	O345	O400	O415	O430	O445	O500	O515	O530	O545	O600	O615	O630	O645
1L																									
1R																									
2L																									
2R																									
3L																									
3R																									
4S																									
5																									
6L																									
6R																									
7L																									
7R																									
8L																									
8R																									
9																									
10S																									
11L																									
11R																									
	Staff Initals																								
	Male / Femail Latrines																								

Initials	Signature/Tit

LOCATION CODE:

A.	Patient Room	I.	R.T. Room
B.	Bathroom	J.	Comfort Room
C.	Hallway	K.	Patio
D.	Dayroom	L.	Veranda
E.	Hearing Room	M.	Off Unit
F.	Dining Room	N.	1:1
G.	Physician's Office	O.	Court
H.	Telephone Room	P.	Other:_____

BEHAVIOR CODE:

1.	Standing Still	8.	Watching T.V.	16.	Disrobing	24.	Using Shower
2.	Walking	9.	Talking On Phone	17.	Combative	25.	Lying in Bed
3.	Pacing	10.	Isolating	18.	Quiet	28.	Physical Activity
4.	Sitting	11.	Interacting Socially	19.	Crying	29.	Other :_____
5.	Sleeping w/ obvious respiratory sounds & movements	12.	Interacting With Staff	20.	Reading		_____
		13.	Engaged in RT Activities	21.	Using Toilet		
6.	Seclusion/Restraint	14.	Yelling	22.	Visiting		
7.	Eating	15.	Screaming	23.	Posturing		

PHF Q 15 minute Unit Rounds: *Night Shift*

le

PHF Q 15 minute Unit Rounds: *Night Shift*

le