

Stop and Watch Early Warning Tool

If you have identified a change while caring for or observing a resident, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

S

Seems different than usual

T

Talks or communicates less

O

Overall needs more help

P

Pain – new or worsening; 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

Name of Resident:

Your Name:

Reported to:

Date and Time (am/pm)

Nurse Response:

Date and Time (am/pm)

Nurse's Name: