## Stop and Watch Early Warning Tool

Seems different than usual Talks or communicates less Overall needs more help



If you have identified a change while caring for or observing a resident/patient, 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.

P	Pain – new or worsening; Participated less in activities
a n d	Ate less No bowel movement in 3 days; or diarrhea Drank less
WATCH	Weight change; swollen legs or feet 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
	<ul><li>Check here if no change noted while monitoring high risk patient</li></ul>
Patient / Resident	
Your Name	
Reporte	nd to Date and Time (am/pm)
Nurse R	esponse Date and Time (am/pm)
Nurse's Name	

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