



EARLY WARNING TOOL

Assisted Living

“Stop and Watch”

If you have identified an important change while caring for a resident today, please circle the change and discuss it with the nurse/supervisor before the end of your shift.

Name of Resident _____

Seems different than usual

Talks or communicates less than usual

Overall needs more help than usual

Participated in activities less than usual

Ate less than usual (Not because of dislike of food)

N

Drank less than usual

Weight change

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

Staff _____

Reported to _____

Date ____/____/____ Time _____