EARLY WARNING TOOL
“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 charge nurse before the end of your shift.

Name of Resident ________________________________

S - Seem different than usual
T - Talks or communicates less than usual
O - Overall needs more help than usual
P - Participated in activities less than usual
A - Ate less than usual (Not because of dislike of food)
N - Drink less than usual
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

Staff_________________________________________________

Reported to ___________________________________________

Date _____ / _____ / ________  Time ___________________