

Stop and Watch

If you have identified an important change whilst visiting a resident today, please circle the change and give this form to a staff member caring for the resident and discuss this change with them.

Name of Resident: _____

S T O P A N D W A T C H	S	Seems different to usual
	T	Talks or communicates less
	O	Overall needs more help
	P	Pain - new or worsening. Participates less in activities
	A	Ate less
	N	No bowel movement in 3 days; or diarrhoea
	D	Drank less
	W	Weight change
	A	Agitated or more nervous than usual
	T	Tired, weak, confused, drowsy
C	Change in skin colour or condition	
H	Help with walking, transferring or toileting more than usual	

Name of Visitor: _____

Name of person reported to: _____

Date: _____ Date: _____