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 ____________________________

S eems different than usual
T alks or communicates less than usual
O verall needs more help than usual
P articipated in activities less than usual
A te less than usual (Not because of dislike of food)
N D rank less than usual
W eight change
A gitated or nervous more than usual
T ired, weak, confused, or drowsy
C hange in skin color or condition
H elp with walking, transferring, toileting more than usual

Staff ___________________________________________________________________
Reported to ___________________________________________________________________
Date _____/ _____/ _________ Time _______________