DMHSA INPATIENT UNIT FLOW SHEET

Unit	DATE:																					
	SHIFT:	A	P	N	A	P	N	A	P	N	A	P	N	A	P	N	A	P	N	A	P	N
bservation	SUICIDE (arm's length)																					
	C.O. (line of sight)																					
	1:1																					
	Escape																					
Meals	Fluid Intake																					
100%	Breakfast																					
75%	Lunch																					
50%	Dinner																					
None	Special Dinner																					
	Weight (1x week)																					
Grooming	Shower																					
Hygeine	Oral Hygeine																					
	Shave																					
A: with	Hair combed																					
assistance	Shampoo																					
	Clothing																					
Elimination	Bowel movement																					
	Urination																					
	Menses																					
Therapeutic	Escort																					
	Unaccompanied																					
asses	Day pass																					
	Night pass																					
	Weekend pass																					
Privileges	Visitors																					
	Phone																					
	Smoking																					
Therapies	Unit meeting																					
	Individual Therapy																					
	Family Therapy																					
	Work Therapy																					
	Off-Unit/Field trip																					
	Pastoral Counsling																					
	Partial Program																					
	Group Exercise																					
	Social Interaction																					
Sleep Pattern	Time Slept																					
	# of Hours																					
CLIENT NAME:																						
DOB:																						
CHART:																						
STAFF SIGNATURE and TITLE =>																						