

Bed Watch Request Form

This request form should only be used after an Enhanced Observation Risk Assessment has been undertaken. This can be found in the Enhanced Observation Policy – see Appendix A

Surname	
First Names	
Hospital ID	Sex
NHS	
DoB	
<i>Affix patient label here</i>	

Request received	Date:	Time :
Location	Ward:	Bedspace
Name of Nurse that completed Enhanced Observation Risk Assessment		
Position		
Bed Watch needed from	Date:	Time :
Anticipated End Date (to be reviewed by DSN every 48 hours)	Date:	

Does the Enhanced Observation Risk Assessment meet the Bed Watch criteria?	<input type="checkbox"/> violent/aggressive/volatile/unpredictable <input type="checkbox"/> substantial risk of absconding, to undertaken deliberate self harm/harm others
No – alternatives more appropriate: Detail why Bed Watch not appropriate Explain to Nurse in Charge of Ward why Bed Watch not appropriate	Yes - authorised: Contact Security to book Crown Bed Watch Up-date Salus with Bed Watch attribute

Authorised by (name)	
Position	Duty Senior Nurse (Bp0355)

Datix number;

This Bed Watch form should be attached to the Enhanced Observation Risk Assessment and filed in the Enhanced Observation folder held in the Major Incident Control Centre for audit and governance purposes.