

# Health Sciences North/Horizon Santé Nord

**LEGEND:** Areas enclosed in double lines and bolded are to be completed by PSW/RPN  
All other areas to be completed by RPN or RN only

DATE: (D/M/Y)													
TIME OF DAY		N	D	E	N	D	E	N	D	E	N	D	E
<b>COGNITIVE PATTERNS (3)</b>	Comatose												
	Semi-comatose												
	Confused												
	Alert												
	Easily distracted												
	Altered perception of awareness												
	Disorganized speech												
	Restless												
	Lethargic												
<b>MOOD PATTERNS (3)</b>	Negative statements												
	Repetitive questions												
	Repetitive verbalizations												
	Persistent anger												
	Self depreciation												
	Unrealistic fears												
	Recurrent statements												
	Repetitive health complaints												
	Anxious complaints non-health												
	Sad, worried												
	Crying, tearfulness												
	Repetitive movements												
	Withdrawn												
	Reduced social interaction												
	Unpleasant in a.m.												
<b>BEHAVIOUR PATTERNS (✓)</b>	Wandering												
	Verbally aggressive												
	Physically aggressive												
	Socially inappropriate/ disruptive												
	Resisted care												
<b>SIGNATURES</b>	<b>PSW/ Care Provider</b>	N											
		D											
		E											
	<b>RPN/ RN</b>	N											
		D											
		E											