DEPARTMENT OF CORRECTIONS

Continuing Observation Order
Mental Health
MCF –

Plan Type:
☐ Initial ☐ Modified ☐ Continued ☐ Removed

Name:	OID#:	Unit:

Initially placed on continuing observation status at _____ hours on _____:

Current conditions (as of date indicated on signature line below):

- ☐ Placement in an observable cell/room.
- ☐ Continuing observation (in person or electronically) by staff.
- ☐ Directly observed administration for all medications.
- ☐ Physical (not by video camera) observation every 30 minutes.
- ☐ Log behavior every 15 minutes.
- ☐ No clothing or underwear, no regular sheets, no blankets – issue tear-resistant gown & blanket.
- ☐ No objects that can be used for self-harm including sharp objects, glass, metal, eye glasses, belt, shoelaces, or plastic bags.
- ☐ No out-of-cell exercise allowed.
- ☐ Standard Meal with rubber tray and paper utensil.
- ☐ No showers allowed.
- ☐ No pencils or pens allowed.
- ☐ Other:

Placed on continuing observation status for the following reason:

Additional Instructions or Modifications:

☐ Order noted in COMS > Health Profile > Comments.

Distribution:
Mental Health Record (original)
Living Unit Desk
Living Unit Supervisor
Watch Commander
Mental Health Director
Other _____

_____ _____ ___ ___
authorized signature print name date time

_____
Licensed consultant (if necessary) (insert name and credentials)

Removed from observation. _____ _____ _____
Mental health provider (insert name and credentials) date time

_____
Licensed consultant (if necessary) (insert name and credentials)

☐ Revert to keep-on-person medications.
☐ Continue directly-observed-therapy medications (if checked, complete & distribute a DOT Order).
☐ COS notation removed from COMS > Health Profile > Comments.

Distribution: same as above