



Overnight Checklist

Date: _____

Scanning rounds to be made each half-hour. Check visually and note occurrences as appropriate.

SHIFT	RCW NAME	STUDENT NAME	COMMENTS/NURSE CONTACT/EMERGENCY PROBLEMS
9:00 - 9:30 P.M.			
9:30 -10:00 P.M.			
10:00 -10:30 P.M.			
10:30 -11:00 P.M.			
11:00 - 11:30 P.M.			
11:30 P.M. - 12:00 AM.			
12:00 -12:30 A.M.			
12:30 - 1:00 A.M.			
1:00 - 1:30 A.M.			
1:30 - 2:00 A.M.			
2:00 - 2:30 A.M.			
2:30 - 3:00 A.M.			
3:00 - 3:30 A.M.			
3:30 - 4:00 A.M.			
4:00 - 4:30 A.M.			
4:30 - 5:00 A.M.			
5:00 - 5:30 A.M.			
5:30 - 6:00 A.M.			