Supplementary Material A: Video Monitoring Register

Ward ______________________ Date ____________________

Patient Label	Bed No	Reason for Monitoring (Tick All That Apply)	Record of Times Nurse Attended Patient after Being Alerted by Monitor	Did You Take PVM on Patient Rounds
		€ Assessed as HFR using FRAT € Confused/not orientated € Impulsive € Other:…………………………	No: of times attended patient O/N: ________ Reason: € Toileting € Pain € Hunger/Thirst € Other :_________________	Yes/No
		€ Assessed as HFR using FRAT € Confused/not orientated € Impulsive € Other:…………………………	No: of times attended patient O/N: ________ Reason: € Toileting € Pain € Hunger/Thirst € Other :_________________	Yes/No
		€ Assessed as HFR using FRAT € Confused/not orientated € Impulsive € Other:…………………………	No: of times attended patient O/N: ________ Reason: € Toileting € Pain € Hunger/Thirst € Other :_________________	Yes/No
		€ Assessed as HFR using FRAT € Confused/not orientated € Impulsive € Other:…………………………	No: of times attended patient O/N: ________ Reason: € Toileting € Pain € Hunger/Thirst € Other :_________________	Yes/No
		€ Assessed as HFR using FRAT € Confused/not orientated € Impulsive € Other:…………………………	No: of times attended patient O/N: ________ Reason: € Toileting € Pain € Hunger/Thirst € Other :_________________	Yes/No