Observation Levels for Patients in Acute Mental Health- Richmond

Site Applicability*

Richmond Hospital: PEU; 2 West

Practice Level*

MD, OT, RN, RPN, SW, PCA

Goal

The goal is to maintain the best care, welfare, safety and security of patients, staff and others.

Policy Statement

The level of observation for patients in Acute Mental Health is decided by the interdisciplinary health care team. The team decides the level of observation, after considering the following types of risk: suicide/self harm risk, aggression/harm to others risk, elopement risk, medical instability risk, self-neglect/vulnerability risk. The level of observation may also be determined by the need for ongoing assessment. The team uses clinical judgment and individual assessment to determine what constitutes imminent, potential or lower risk for each patient. The team evaluates the most effective use of resources to manage patients safely e.g. medication and altering the physical environment.

Protocol

Physician Responsibilities

Write a medical order indicating the level of observation (Constant Care/ 1:1/Close/Routine) Requested. This order will result in the level of observation throughout the day. If the physician would like a different level of observation at different times of the day, an order specifying this request must be written.

- Review observation level at least every 24 hours for 1:1 Observation.
- Write a medical order to change observation level.
- Write a medical order when patient is given therapeutic leave (See Patient Pass – Therapeutic Leaves IGUI 180).

Nurse Responsibilities

- Use clinical judgment and collaboration with nursing team to change observation level from routine to close.
- Inform physician when observation level has changed from routine to close.as a nursing order in response to safety concern. The nurse will document this in the nurses notes using the heading " Nursing level of observation"
- Document in Nurses notes, Close Observation Record and Patient's care plan.
- Nurses caring for patients on close observation must know the location and activities of the patients at all times.
- The Nurse caring for the patient reviews each patient's requirements for continued close observation every 24 hours, in consultation with the physician.

- The night shift Nurse performs the last close observation round within the last 5 minutes of the shift.
- The day shift Charge Nurse interrupts report to do close observation checks at 15 minute intervals.

1:1 OBSERVATION

Patients who demonstrate an imminent risk of self harm, harm to others, elopement, a potential for fall, or shows any degree of confusion, where other interventions are not adequate

Designated staff member remains with the patient within a maximum of 3 meters distance and in view of the patient at all times for all activities.

1. Assess for need every 24 hours
2. Remove street clothes and make clothing inaccessible when clinically required
3. Provide hospital pyjamas
4. Remove all potentially dangerous objects from the patient's immediate environment
5. Restrict to unit except for diagnostic purposes (assess need for 2 staff to accompany)
6. Remain with the patient even when visitors present.
7. Document patients condition, response to constant care and maintenance of constant care minimum of every 1 hour
8. The nurse records the following every hour in the Health Care Record:
    - Patient's verbal and non-verbal behaviour
    - Nursing and medical interventions
    - Pertinent observations related to nursing/medical diagnosis
9. The patient may receive visitors at the Nurse's direction
10. A patient receiving 1:1 nursing will not attend the ward programs unless otherwise indicated.
11. Patients may move freely about the unit at the Nurse's discretion, while maintaining 1:1 nursing
12. The primary Nurse and/or the Nurse caring for the patient, the Nurse in charge, and the Physician review the necessity for continued 1:1 nursing every 24 hours and adjust the care as appropriate
13. All patients placed in 4 point restraints are placed on 1:1 observation, utilizing the guidelines of restraint (see IGUI 195B)

CLOSE OBSERVATION

Patients who demonstrate a potential and significant clinical risk of self harm, harm to others or elopement or are in seclusion; or require a period of close observation for assessment and diagnostic purposes.

All patients are placed on close observation in hospital pyjamas upon their admission to hospital unless otherwise ordered by the physician. Patients may have passes as ordered by the attending psychiatrist while on Close Observation.

Designated staff members observes the patient a minimum of every 15 minutes or more frequently at the discretion of the nurse.

1. Stagger observations within 15 minutes
2. Make street clothes inaccessible when indicated
3. Assess for involvement in Program Activities daily
4. Restrict to unit except for diagnostic purposes
5. Complete the Close Observation Record Q15minutesand document in the health record that close observation was maintained at the end of each shift.
6. Maintain a list of all patients under close observation at the nursing station.
7. Contact the Staff Support Co-ordinator if the workload is considered unsafe.

ROUTINE OBSERVATION
Patients who demonstrate a lower risk of self harm, harm to others or elopement.

Designated staff member observes the patient every 30 min-1 hour as determined by the team.
Patients who are stabilized and waiting for discharge may be observed at a minimum of every 2 hours.

1. Determine the frequency of observations within the range
2. Provide street clothes where appropriate
3. Assess need to be accompanied when leaving the unit
4. Document patient condition minimum of once a shift
5. The physician, with input from the nurse, grants passes for temporary leaves from the hospital when a patient demonstrates responsibility for his/her own safety on the unit.

Documentation*

The team discussion and rationale for the decision to increase or decrease a patient's observation level should be clearly documented

Physician: document

- when patient is placed on close or constant observation
- when observation level changes; include rationale
- when patient is placed on Routine Observation or therapeutic leave (See Patient Pass – Therapeutic Leaves IGUI 180)

Nurses: document

- when observation level changes from Routine to Close; include rationale
- that the physician has been informed of change in observation level
- patient's condition and response to care a minimum of q2h for 1:1 Observation, q4h for Close Observation , and once a shift for Routine Observation

Related Documents

CPDs:

- A-063: Therapeutic Leaves - Mental Health
- A-061: Absences, Missing Patients
- S-320: Suicidal Patient: Assessment and Management of

Form: Close Observation Record (VA-13)

References*

Mental Health and Addictions, Acute Psychiatry-Levels of Observation, March 9, 2009. Fraser Health Authority

Nursing Care Standards 6345- Close and Constant Care, January 2007. Providence Health Care

Provincial Suicide Clinical Framework June 2010 Quality, Safety & Performance Improvement BC Mental Health & Addiction Services

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