Observation Levels: Acute Mental Health

Site Applicability

VGH, UBCH

Practice Level

- RN, RPN
- OT, PW, SW
- MD

Goal

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

Policy Statements

The level of observation for patients in Acute Mental Health is decided by the interdisciplinary health care team and is fully disclosed to the person in care and their family and supports. 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. In the context of evidence based practice, 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. Those management decisions shall be reflected in the care plan.

Protocol

Physician Responsibilities

- Write a medical order when person in care is placed on close or constant observation. Inform the person in care of the rationale for increased observation.
- Review observation level at least every 24 hours for constant observation
- Review observation level during Rounds for close observation
- Write a medical order to change observation level from constant to close or close to standard
- Write a medical order when the person in care is given grounds privileges or Therapeutic leave[D-00-12-30325]

Nurse Responsibilities

- Use clinical judgment and collaboration with nursing team to change observation level from standard to close
- Inform physician and person in care when observation level has changed from standard to close
- Document in Nurses notes, Close Observation Record (VA-13) and Patient's care plan

CONSTANT Patients who demonstrate an imminent risk of self harm, harm to others or elopement, 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 inaccessible 3. Provide hospital pyjamas and housecoat • **CAUTION - ties, belts, pins** 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 person in care even when visitors present. Provide information to family and supports regarding the level of observation. 7. Document person in care's condition, response to constant care and maintenance of constant care minimum of every 2 hours
CLOSE Patients who demonstrate a potential and significant clinical risk of self harm, harm to others or elopement; or require a period of close observation for assessment and diagnostic purposes Designated staff members observes the patient a minimum of every 15 minutes or more frequently as determined by the team	
	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 (assess need for 2 staff to accompany)

	5. Document patient condition minimum of every 4 hours
STANDARD 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 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

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 given grounds privileges or Therapeutic leave[D-00-12-30325]

Nurses: document

- when observation level changes from standard 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 constant, q4h for close, and once a shift for standard observation

Related Documents

CPDs:

- Therapeutic leave[D-00-12-30325]
- Code Yellow - Missing Patient/Resident
- Suicidal Patient: Assessment and Management of [D-00-07-30282]

VCH Policy: Emergency Response: Code White

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

Revised By

PROGRAM/UNIT: Vancouver Acute Mental Health

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Alternate Search Terms

observation

suicide

elopement

O-010