**Policy Statement**

Although some children or adolescents are not verbally expressing or behaviorally acting out intent of self-harm, there is a need for intense nursing care to observe and document emotional status.

**Purpose of Policy**

For the protection of patients and staff.

**Procedure**

1. Patients may be placed on close observation by a physician’s written or verbal order.

2. As a result of his/her clinical assessment, the charge nurse or designated RN may place a patient on close observation and request that the physician sign this order during his/her next unit visit.

3. All close observation orders will be written for a specific length of time and reviewed at the end of that time period.

4. Patients on close observation will be monitored on an ongoing basis by the nursing staff. Documentation of behavior will be made in the medical record every shift, day and night. A physician may order every 15 minute documentation if it is deemed necessary. This documentation will be recorded on a special precaution sheet.

5. Patients will be frequently reminded by staff that they are safe and will be cared for in a special way.

6. Patients on close observation will be able to attend out of building activities with clear justification made by the charge nurse. Patients are to be closely monitored when in their room and bathroom. Patients may attend in-building activities as condition warrants.

7. All staff need to be aware of the potential for self-harm and the need for close monitoring.

8. If needed, a patient may be placed on suicide precautions if he/she expresses intent of self-harm or engages in self-destructive behavior. At that time, the policy for Suicide Precautions should be initiated (3364-122-12).

9. Team members will be notified of any patient that is on close observation.
10. In regards to visiting, parents or other visitors must be informed of the reason for close observation and understand the need for monitoring the patient. If the patient’s safety is at risk at the time of the visit, the charge nurse or designee can decide not to allow an off-unit visit.

11. A patient may go on a LOA if the physician orders a LOA. The parents must be informed of the reason for close observation and understand the need for monitoring the patient. This should be documented in the medical record.