Name of Policy: **Observation Levels** **Policy Number**: 3364-120-67 **Approving Officer**: Chief Executive Officer, Chief Nursing Officer, Service Chief **Responsible Agent**: Chief Nursing Officer Service Chief **Scope**: The University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** **Original effective date**: June 1, 2014

Key words: Observation levels, safety, physician orders, prescribed protocols, monitoring

	New policy proposal	X	Minor/technical revision of existing policy
	Major revision of existing policy		Reaffirmation of existing policy

(A) Policy statement

(1) The use of levels of observation that provide each patient with optimal level of safety in the least restrictive manner. All patients will be routinely observed in compliance with physician orders and prescribed protocols.

(2) Three levels of staff monitoring are provided:

(a) Standard observation (assess and document at 15-minute intervals). Minimal level of observation for all patients.

(b) Line of sight (assess and document at 15-minute intervals). A level of observation wherein the patient remains in staff view. Line-of-sight observation is maintained by staff in person and not through video monitoring.

(c) One-to-one (staff member constantly with the patient not less than arm's length away, and documents at 15-minute intervals). Consists of one-to-one staff observation with a patient never farther away than arm's length.

A registered nurse may increase **(but not decrease)** the level of the observation at any time as clinically necessary. In all cases the least restrictive clinically appropriate intervention will be done. The physician is always contacted to

provide the level of observation order. Any discontinuation or decrease of the level of monitoring must be by physician order.

(B) Purpose

It is the policy of inpatient behavioral health that staff monitoring is instituted to maintain the safety of each patient and provided by a system of progressive intensity of patient observation and oversight.

(C) Procedure

(1) Three levels of patient observation are used. The levels are designed to provide increasing intensity of observation, precaution, and oversight commensurate with physician and staff assessment on the patients' conditions, symptoms and behaviors, and safety needs.

(2) The appropriate observation level is implemented.

(a) The physician's order shall include the observation level and the reason for the monitoring.

(3) Patients on one-to-one will be assigned specific staff, and order of observation level is communicated to all staff.

(4) Assigned staff will complete the patient observations as rounds are made and document on the rounds form. Staff will observe the patient location, note the patient's behavior.

(5) During waking hours, observations should include "checking in" with the patient verbally to ensure their safety and well-being and identify needs for further assessment or intervention.

(6) Staff must hand-off responsibility for maintaining observation of assigned patients for any break or potential interruption in completing assigned rounds.

(7) Standard observation.

(a) The staff member will observe and check in with the patient at least every 15 minutes and document the patient's location and status at each interval.

(b) Assigned staff will make direct visual contact with patients and confirm they are in no danger or distress.

(c) It is expected that staff will enter the patient room and ensure they are not in any distress.

(d) Staff will provide interventions as appropriate and notify charge RN of any change in patients' condition or location.

(e) While making patient rounds, the staff member observes the environment for unsafe conditions.

(8) Line-of-sight.

(a) A staff member will always keep patient within line of sight and document the patients' location and status at minimum of every 15 minutes.

(b) When patient showers, changes clothes, or uses the bathroom, the staff will remain outside the door with door slightly opened and visually check the patient. Staff will attempt to maintain the patient's privacy as much as possible.

(c) Criteria for this level of observation may include:

(i) Patient who requires frequent redirection, prompting, and encouragement to maintain appropriate behaviors.
(ii) Symptoms of disorientation, confusion, agitation, delusions, or hallucinations that require interventions of longer duration or higher frequency of observation.
(iii) Clinical symptoms that indicate a moderate self-harm or harm to others with significant support needs.
(iv) Elopement risk.
(v) Moderate to high risk of falls.

(d) The patient may have his/her room searched and the charge nurse will determine which objects may stay in the room and which objects should be removed from the room.

(9) One-on-one.

(a) The patient is assigned a constant one-to-one staff member within close proximity. The staff member continuously assesses the patient's status and documents at least every 15 minutes. Intervention occurs as needed.

(b) When patient showers, changes clothes, or uses the bathroom the staff will remain with the patient. Staff will attempt to maintain the patient's privacy as much as possible.

(c) Criteria for this level of observation may include:

(i) Patient is highly volatile, impulsive, and/or suicidal requiring constant observation within arm's length.
(ii) Requires maximum staff structure for protection or self or others due to frequent or continuous loss of behavior control.
(iii) Severe risk for falls.
(iv) High Risk of self-harm/suicidal ideations/plan/intent.

(c) One-to-one observation level will be reevaluated by physician every 24 hours.

(d) Under one-to-one observation level, the patient may have his/her room searched for potentially harmful objects. The charge nurse is to determine which objects may stay in the room and which objects should be removed from the room.

Approved by:	**Policies superseded by this policy**
	• *None*
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Date	Review/Revision Date: June 2017 June 2020 April 1, 2023
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Date Tanvir Singh, MD Service Chief Date *Review/Revision Completed by:* *Psychiatry – Inpatient Administration*	Next review date: