



## Nursing Service Guidelines Kobacker Inpatient Behavioral Health

**Title:** CARE OF THE SEXUALLY ACTING OUT PATIENT

**Responsibility:** Any trained personnel working at Kobacker Center

**Equipment:** None Needed

<u>Procedure</u>	<u>Point of Emphasis</u>
1. Assess patient upon admission for sexual acting out behavior i.e., excessive nudity, excessive masturbation, preoccupation with talk of a sexual nature, inappropriate touching of others, history of sexual perpetration.	Assessment assists in identifying therapeutic needs for the patient. Assists in formulating individualized teaching plan/nursing care plan (ITP/NCP) to address specific issues related to sexual acting out. The link between abuse and sexualized behaviors is well documented.
2. Assign patient a room without another patient when possible. a. Always encourage patient to change clothes in bathroom or with bedroom door closed. b. Separate male patient rooms from female patient rooms as feasible.	Decreases potential for sexual acting out with others. Place patient in a room with adequate visibility from day area.
3. If the patient has a roommate, the door to the room must be opened when both patients are in the room. a. When the patient is in any other area with peers, the patient must be in view of staff at all times.	Maintains safe and trustworthy environment for patients. Room assignments should take into consideration the history of both patients, ages and overall compatibility.
4. When the patient needs assistance in his/her room or when patient is taken off the unit, two staff should be present, if possible.	Provides a witness and protection for staff and patient.
5. Review rule with the patient about appropriate behaviors on the unit emphasizing appropriate attire, refraining from touching of others, appropriate language and behavior.	Provision of limits helps to clarify unit expectations and acceptable behaviors.
6. Inform caregiver of any noted involvement in any sexual acting out behavior during hospitalization. The patient, if he/she chooses should be given the opportunity to discuss any past abuse. This should be done in private with a witness.	Ensures caregiver is aware of patient's risk for further acting out. Promotes family involvement.  Forming a trusting relationship may allow the patient a feeling of safety and security.
7. Educate the patient on appropriate expression of feelings, as well as positive ways to gain acceptance.	Utilize group materials and individual assignments to assist the patient in expression of feelings in an appropriate way.
8. Frequently check patients to assure that they are safe and in their assigned rooms especially during shift change, late evening or midnight shift.	Frequent checks minimizes risk of patients going into other patients' rooms and lets patients know that limits are going to be enforced.
9. Pay attention to the unit milieu, addressing inappropriate behaviors as they occur. Pay close attention to patients who engage in whispering and note passing.	Many times by paying attention to changes in the milieu, staff can be better prepared to respond to a patient than waiting for a crisis to occur.

<u>Procedure</u>	<u>Point of Emphasis</u>
<p>10. If there is an occurrence involving another patient/staff, the following should be done:</p> <ul style="list-style-type: none"><li>❖ Gather the facts</li><li>❖ Notify the Nursing Administrator and/or Nursing Director</li><li>❖ Notify the Attending physician</li><li>❖ Notify Campus Police to gather statements from all involved parties</li><li>❖ Notify Risk Management</li><li>❖ Notify the parents/guardians of the involved patients</li><li>❖ Determine if this was consensual or not and inform the ED prior to sending the patient</li><li>❖ Send the patient to ED for treatment as necessary</li><li>❖ Complete an Occurrence Report</li><li>❖ Notify ODMH if this occurrence meets the criteria for major unusual incident.</li></ul>	<p>Potentially reduces risk to the hospital.</p> <p>Assuring that the report is thorough will meet the NPSG on communication when transferring the patient to another caregiver. It also aid the ED in making treatment decisions once the patient arrives in ED.</p>
<p>11. Process with the patients involved and assure them of safety and acceptance.</p>	

Documentation: Document in patient's medical record.

1. Past and current sexualized behavior as reported by information sources.
2. Sexualized behavior as observed by staff, reported by peers.
3. Any teaching regarding age appropriate sexual behavior and response to such information.
4. The presence of two staff during invasive and/or isolated contact with the patient.
5. That close observation for sexual acting out is maintained each shift.

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Revised:

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References:

Venable, V. M., & Guada, J. (2014). Culturally competent practice with African American juvenile sex offenders. *Journal of Child Sexual Abuse*, 23(3), 229-246.

Waisbrod, N., & Reicher, B. (2014). What happened to Eric? The derailment of sexual development. *Journal of Child Sexual Abuse*, 23(1), 94-113.