Title: CARE OF THE PATIENT ON CLOSE OBSERVATION

To provide a safe and supportive environment for the patient and others.
To assist the patient in developing positive ways to express self more effectively.
To treat the patient as a worthwhile human being and to increase feelings of self-worth.

Responsibility: RN, MHT, trained psychiatric aides, nursing assistants, or any other trained personnel with Kobacker.

Procedure

1. Assess the patient for related safety needs, i.e., any threatening or harmful behaviors, the patient's thought process, or verbalization of intent to harm self or runaway from the hospital.

2. Obtain a written, verbal or phone order from the physician for a specific length of time.

3. Provide the physician with evidence supporting the need for close observation.

4. Monitor patient closely and always provide 1:1 supervision when outside of the building if necessary. Assess patient's ability to attend any activities.

5. Provide 1:1 staffing if necessary whenever out on a therapeutic recreation or nursing activity outside the hospital building.

6. A patient may not visit off the unit unless supervised 1.1 by staff, or if a physician writes a specific order allowing unsupervised visitation off the unit. If patient's safety is at risk at the time of the visit, the RN can decide not to allow an off-unit visit. Visiting off the unit needs to be in-building only, unless order is written specifying otherwise.

7. Monitor patient closely and assess frequently the possible need to be placed on runaway or suicide precautions.

8. Document in the patient's medical record, patient's behavior(s) supporting the need for close observation.

9. Notify the patient's teacher and any other team members who are involved in direct care of the patient of patient's current status.

10. Explain to the patient that he/she is on close observation so as to reassure his/her safety and educate patient on

Point of Emphasis

1. Provide a safe environment and provide 1:1 supervision when off the unit if necessary until a physician can evaluate patient.

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

3. The staff providing 1:1 supervision may be any trained Kobacker personnel who is aware of patient's behaviors.

4. Patient’s family members may not act as observers.

5. Document every shift or prn. A physician may order every 15 minute documentation if deemed necessary. Update the patient’s individualized treatment plan.

6. The RN should continuously update team members if status changes to suicide/runaway or is discontinued.
Procedure

more appropriate ways to express self.

11. Continuously reassure patient that he/she is not being punished, but being cared for in a special way.

12. Reassess the patient's behavior every shift and notify the physician of any change in his/her behavior. This ensures the patient's optimal safety.

Point of Emphasis

Documentation:

Documentation of a patient being on close observation should entail why the patient was initially placed on close observation. This may include specific statements by the patient and/or obvious behaviors. Patient may also show the need to be on close observation just by having a significant change in his/her mood or be admitted with an active history of fire setting. Close observation may also involve certain conditions such as seizures, extreme hyperactivity or any medical problems.

Reviewed by:  Tammy Cerrone, BSN, RN, Nursing Director Kobacker & Nancy Gauger, MSN, RN, Staff Development Coordinator.

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References:
Hospital policy 3364-122-28
Reducing Inpatient Suicide Risk: Using Human Factors Analysis to Improve Observation Practices by Jeffrey S. Janofsky, MD.