**Name of Policy:** Observation Levels  
**Policy Number:** 3364-120-67  
**Department:** Nursing Service  
**Approving Officer:** AVP Patient Care Services/CNO and Medical Director  
**Responsible Agent:** Administrative Director  
**Scope:** The University of Toledo Medical Center

**Effective Date:** 8/1/2019  
**Initial Effective Date:** 6/1/14

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

(A) **Policy Statement**

A. 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.

B. Three levels of staff monitoring are provided:

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

2. Line of Sight (assess and document at 15 minute intervals); and,  
   b) A level of observation wherein the patient remains in staff view at all times. A specific staff member is assigned, and the line of sight observation is maintained by staff in person and not through video monitoring.

3. One to One (staff member constantly with the patient not less than arms length away, and documents at 15-minute intervals).  
   c) Consists of one to one staff observation with a patient never farther away than arm’s length. The patient remains within arm’s length of a staff member at all times.

   d) A Registered Nurse may place a patient on Line of Sight or One to One and increase the level of the observation at any time as clinically necessary. In all cases the least restrictive clinically appropriate intervention will be done. The Registered Nurse may not decrease an Observation Level. The Attending Physician is always contacted to provide the level of observation order. Any discontinuation of monitoring or lessening of the level of monitoring must be by Physician order.

(B) **Purpose of Policy**

It is the policy of Senior 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) After evaluation and assessment, a level of observation may be instituted by the
      Attending Physician or Registered Nurse.
   b) If a Registered Nurse institutes an observation level, the Attending Physician is
      notified as soon as possible but no less than one hour and the appropriate order is
      obtained.
   c) The physician’s order shall include the Observation Level and the reason for the
      monitoring.

3. The Charge Nurse will assign staff to perform the standard observation level on a
   designated set of patients. Patients on Line of Sight or One to One will be assigned
   specific staff. The Charge Nurse will arrange for staff to be relieved for breaks and
   meals.

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.
   Rounds are not to be documented in advance.

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. In addition to recording the whereabouts of patients at ordered intervals, the purpose of
   observations is to provide a system of progressive intensity of patient observation,
   precaution and oversight based on patient acuity, severity and type of symptoms, and
   overall needs.

7. The order of observation level is communicated to all staff.

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

9. **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) Observations may not be completed standing in doorway or at a distance
      particularly for patients who are sleeping. It is expected that staff will enter the
      room, approach the patient and check their identity, respirations, and ensure they are
      not in any distress.
   d) Staff will provide interventions as appropriate and notify Change RN of any change
      in patients’ condition or location.
e) All patients at a minimum are on Standard Observations level.

f) Documentation of 15 minute rounds is to occur at the time of assigned patient rounds and not in advance.

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

h) Significant behavioral observations of patients and environmental problems are reviewed and reported to the Charge Nurse immediately.

i) Once patients are prepared for bed time, the doors are left open at staff discretion so as not to hinder the patient’s privacy.

j) The staff member must enter the room to observe the condition of the patient, chest rising, and respirations to ensure the patient is not in any distress.

k) Flashlights can be used during the night rounds, taking care not to flash the light in the patient's face, but allowing staff to verify the patient is in his/her bed and breathing normally.

l) The Charge RN should review and sign the observation board at a minimum the end of shift to ensure completion as assigned.

10. Line of Sight:
   a) A staff member will keep patient within line of sight at all times and document the patients’ location and status a minimum of 15 minutes.

   b) When patients’ shower, change clothes, or use 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; however, the safety of the patient is the first concern.

   c) Criteria for this level of observation may include:

   1. Patient who required frequent redirection, prompting, and encouragement to maintain control
   2. Patient who requires more than 50% assistance with ADLs or constant supervision to complete ADLs
   3. Extreme or unusual nursing care needs that requires at least 2/3 of one nursing staff’s time during one shift
   4. Symptoms of disorientation, confusion, agitation, delusions, or hallucinations that require interventions of longer duration or higher frequency of observation
   5. Clinical symptoms that indicate a moderate self harm or harm to others with significant support needs
   6. Elopement risk
   7. Moderate to high risk of Falls

   d) The patient may have his/her room searched and the charge nurse is to determine which objects may stay in the room and which objects should be removed from the room. Any object removed from the room that belongs to the patient must be
labeled. The patient is to be told which belongings are being removed from the room and where they are stored. Items can be returned to the patient at the discretion of the charge nurse. Documentation of the search is to occur on the flow sheet.

11. **One on One:**

   a) The patient is assigned a constant one to one staff member at arm’s length from patient. The staff member continuously assesses the patient’s status and documents at least every 15 minutes. Intervention occurs as needed.

   b) When patients’ shower, change clothes, or use the bathroom the staff will remain with the patient. Staff will attempt to maintain the patient’s privacy as much as possible; however, the safety of the patient is the first concern.

   c) Criteria for this level of observation may include:

   1. Patient requires total assistance with ADL and/or is incontinent of bowel/bladder and requires constant staff supervision
   2. Patient is highly volatile, impulsive, and/or suicidal requiring constant observation within arm’s length
   3. Requires maximum staff structure for protection or self or others due to frequent or continuous loss of behavior control
   4. Extreme or unusual nursing care needs that requires the equivalent of one staff’s total time during shift
   5. Severe risk for falls
   6. High Risk of self-harm/suicidal ideations/plan/intent

   d) One-to-One observation level will be reevaluated by Physician every 24 hours and reordered if still required.

   e) 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 according to contraband policy. Any object removed from the room that belongs to the patient must be labeled. The patient is to be told which belongings are being removed from the room and where they are stored. Items can be returned to the patient at the discretion of the charge nurse. Documentation of the search is to occur on the flow sheet and/or progress note.
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<th>Approved by:</th>
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<tbody>
<tr>
<td>/s/ Monecca Smith, MSN, RN</td>
<td>6/2017</td>
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<tr>
<td>AVP Patient Care Services/CNO</td>
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| /s/ Alaina Rais, MD                           |                                        |
| Interim Medical Director                      |                                        |
| Date                                           |                                        |

Written by: Carol A. Schaaf, RN, MPA
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Next Review Date: 8/2022

Policies Superseded by This Policy: New