Name of Policy: **Observation Levels** **Policy Number**: 3364-120-67 **Approving Officer**: Chief Nursing Officer Service Chief **Responsible Agent**: Chief Nursing Officer Service Chief **Scope**: The University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** April 1, 2023 **Original effective date**: June 1, 2014
Key words:	

	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	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 oight (assess and document at 15-minute intervals). A level of observation wherein the patient remains in staff view. A specific staff member is assigned, and the 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 arms 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. The patient always remains within arm's length of a staff member.

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 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

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) 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.

(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 charge 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 bedtime, 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 may 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 always keep patient within line of sight and document the patients' location and status a minimum of 15 minutes.

(b) When patient' 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:

(i) Patient who requires frequent redirection, prompting, and encouragement to maintain control.
(ii) Patient who requires more than 50% assistance with ADLs or constant supervision to complete ADL's.
(iii) Extreme or unusual nursing care needs that requires at least 2/3 of one nursing staff's time during one shift.
(iv) Symptoms of disorientation, confusion, agitation, delusions, or hallucinations that require interventions of longer duration or higher frequency of observation.
(v) Clinical symptoms that indicate a moderate self-harm or harm to others with significant support needs.
(vi) Elopement risk.
(vii) 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. 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 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 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:

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

(c) One-to-one observation level will be reevaluated by physician every 24 hours and reordered if still required.

(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 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.

Approved by: /s/ Kurt Kless, MSN, MBA, RN, NE-BC Date Chief Nursing Officer /s/ Tanvir Singh, MD Date Service Chief *Review and Revision Completed By:* *Behavioral Health Administration*	**Policies superseded by this policy** • *None* Initial effective date: June 1, 2014 Review/Revision Date: *June 2017* *June 2020* *April 1, 2023* Next review date: *April 1, 2026*