POLICY MANUAL

Subject: Close Observation	Effective Date: 4/1/95
Initiated By: Cinde Stewart Freeman	Approved By: William C. Anderson
QI Coordinator	Medical Director
Review Dates: 6/5/02, 4/10 NC, 8/11 RT,	Revision Dates: 2/97, 6/22/99 JL/CSF, 11/02 CSF,
12/13 RT, 11/14 RT/NC	7/05 JL, 12/06 JH, 07/08 DT,11/08 NC

POLICY

When a patient is assessed as being psychiatrically unstable, the physician may order varying levels of staff observation and monitoring to ensure patient safety. In instances of acute danger, the patient may be transferred to a more acute level of care. Any staff member may initiate close observation; however, once initiated, a physician must discontinue.

PROCEDURE

- Any staff member assessing a patient to be psychiatrically unstable should initiate Close Observation, staying with the patient and attempting to bring the patient to the nursing station. The staff member should report the specific information about the patient's condition to the nurse on duty.
- 2. The nurse on duty will then assess the patient's status and contact the physician to relay the pertinent information.
- 3. A patient placed on Close Observation must remain at the nursing station for a period of at least one hour, with the exception of the youth patient as noted below.
- 4. The physician may then order "Close Observation" at 15 minute, thirty minute, one hour or two hour intervals.
 - a. Fifteen or thirty minute intervals necessitate an adult patient being transferred to the detox or transition unit
 - b. Decisions regarding youth patients being transferred or kept on the Youth unit will be made on a case-by-case basis by the physician, the nurse on duty and the youth counselor /supervisor
 - c. Patients who are on one to two hour interval observation must remain in the nursing station for a period of a least one hour. After that time, they are asked to report to the nursing station at the specified times with the exception of after lights out
 - d. After lights out, staff making rounds in the sleeping quarters is responsible for observing that patient.
- 5. Counseling and nursing staff initiating Close Observation will document a detailed progress note and an incident report surrounding the circumstances that leads to the Close Observation.