

POLICY MANUAL

Subject: Close Observation

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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

1. 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 Charge Nurse.
2. The Charge Nurse 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.
6. Additional staff is called in by the Charge Nurse as needed to maintain patient safety.
7. These guidelines remain in place until discontinued by a physician's order or until transfer occurs. A progress note describing the patient's status at the time of discontinuance of the Close Observation or transfer is made by the counseling and/or nursing staff. At least one follow up observation by Nursing Staff should be noted within the first 24 hours after the order to discontinue the Close Observation.
8. Should a patient express an IMMEDIATE threat or plan to harm self or others, that patient is placed on a one to one observation in the medical/detox area:
 - a. The physician is notified and in most cases, transfer arrangements will follow.
 - b. This procedure continues until transfer occurs or the physician discontinues the orders.
 - c. **Documentation should occur at least every 15 minutes while these guidelines are in effect**
9. If the patient is not transferred, all significant information regarding close observation is documented in the daily Special Situations email.