SUBJECT: CLOSE OBSERVATION OF PATIENTS

I. POLICY:

It is the policy of Jamaica Hospital Medical Center to provide an injury free environment for patients who are actively destructive or in need of a high degree of protection. This includes patients with the diagnosis of attempted suicide as well as those who are potentially suicidal. These patients must remain under close observation until evaluated by psychiatry.

A. **Routine Observation requires q30 minute observation and documentation** on the DocFlowsheet of the Electronic Medical Record (EMR); a psychiatrist’s order is not required; and the patient must be reevaluated within 24-hours to continue/discontinue or change the level of observation by the interdisciplinary team. Psych ED patients and newly admitted patients in the Extended Observation Unit (EOB) and the inpatient Psychiatric Units are placed on Routine Observation, unless risk assessment of patient indicates a different level of observation.

B. **Close Observation requires q 15 minute observation and documentation manually** on a flow sheet and scanned at the end of the shift into the patient’s EMR. The group of patients is to be designated by the physician's order as “Close Observation” and may include the following:

   1. Assaultive patients
   2. Elopement risks
   3. Confused or disorganized patients
   4. Fire setters
   5. Potentially but not actively suicidal patients
   6. Sexually inappropriate patients
   7. Safety precautions (e.g., seizures, high fall risk)

C. Close Observation requires both RN and physician to complete a risk assessment of the patient, a physician’s order and a reason for the level of observation

II. RESPONSIBILITIES:

A. The physician is responsible for evaluating the patient in person; writes an order for constant observation and documents reason in the EMR; and provides the staff with guidance in identifying ways to help patient regain control of behaviors.

B. After needs assessment, the Clinical Nurse Manager and/or designee can place a patient on close observation until the physician evaluates the patient in person and orders for close observation.
C. The staff member assigned to do close observation will regularly observe and document patient location and behavior every 30 minutes for Routine Observation and q15 minutes for Close Observation. Any observed changes are reported to the charge nurse and notifies the psychiatrist as needed. The nurse along with the support staff ensures proper removal and safekeeping of patient’s belongings from the patient area.

D. The CNM and/or designee assign another person to relieve the staff member doing close observation for meals and breaks. The assignment is documented in the Staff Assignment Sheet.

E. The person assigned for close observation should instruct patient that the hands should be over, not covered under the linen and within sight of the observer. The observer is required to conduct search of the patient and immediate environment for objects that can potentially cause harm to patient and others, and including the presence of contrabands.

F. The person assigned for close observation is also responsible for documenting in the patient’s medical record. The documentation is reviewed by the RN who writes a meaningful note at the end of the shift.

III. PROCEDURE:

A. A physician’s order is required in order to place and maintain a patient on close observation. The physician has to indicate the reason for close observation. For routine observation, an order is not required but the patient must be reevaluated within 24 hours.

B. The nurse may place a patient on close observation if necessary, informs the physician immediately and obtain the physician’s order as soon as possible. The physician is required to perform an assessment of the patient in person.

C. The nursing personnel must see and talk to the patient at least every 30 minutes for routine observation or q15 minutes for Close Observation.

D. Whenever the nursing personnel assigned to do close observation goes on a break, the charge nurse will provide a reliever. Hand off communication will take place between the two. The name of the reliever is documented in the assignment sheet by the charge nurse.

E. If indicated, the interdisciplinary treatment plan is to be completed on patients placed on close observation. The plan may include but not limited to the following:
   1. Identification of the problem.
   2. The approach to be followed by all staff.
   3. The goal(s) which the staff are trying to achieve.
   F. A physician order is required to change the close observation status to a lower level or a higher level of observation and/or to discontinue an observation.

G. Observation and care provided will be documented in the patient’s medical record.