I. POLICY:

A. To ensure the safety of patients and staff, risk assessment is performed and documented in the patient’s electronic medical record (EMR) during triage and on admission of patients to determine the level of observation and care to be provided by staff commensurate with the assessed risk.

B. All personnel involved in the process should have undergone training and deemed competent to perform the tasks of risk assessment, documentation, observation and property/contraband search, and transport of patient.

C. Risk assessment must be done for all patients at the time of Triage and on admission and documented in the EMR. Based on the risk assessment and on face to face evaluation by a psychiatrist and upon notification of the psychiatrist by a nurse, the patient is placed on the appropriate level of observation and care as follows:

1. Routine Observation: q30 minute observation and documentation for Psych. ED patients, new admissions in the Extended Observation (EOB) Unit and Psychiatric Inpatient Units.

2. Close Observation: q15 minute observation and documentation for new admissions in the Psychiatric Inpatient Units and the Extended Observation Unit. Patients anywhere within the hospital may also be placed on close observation based on risk assessment and evaluation of the patient in person by a psychiatrist.

3. Constant Observation: A more strict observation that requires the observer to be no more than an arm’s length distance from the patient, and the patient must always be in direct visualization by the observer.

4. Safety Watch: for medical inpatients requiring close observation related to their medical condition. The ratio of observer to patients being observed should be no more than 4 patients.

5. Patients Under Police Custody: Observation and care of patients is the responsibility of the assigned nursing personnel.

II. PURPOSE:

Patients who are admitted at JHMC maybe a danger to either themselves or others related to or due to their illness. Different levels of observation based on risk assessment of patient at the time of their presentation in the Emergency Department or inpatient on admission provides the staff with the guideline to administer the level of care individualized to the patient.
III. EQUIPMENT/TOOLS:

A. Physician's Risk Assessment  
B. Nurse's Suicide Risk Assessment DocFlowsheet  
C. Psych Admission Assessment DocFlowsheet  
D. Constant Observation Flowsheet  
E. Close Observation Flowsheet  
F. Safety Watch Flowsheet  
G. Handoff Communication Form  
H. Environmental Rounds Form

IV. PROCEDURE:

A. Risk assessment is done on all patients during Triage in the ED and on admission in the psychiatric inpatient units and all other nursing units.  
B. All patients who are admitted in the Psychiatric Emergency Department are automatically placed on Routine Observation which requires q thirty (30 minutes) observation and documentation. The patient will be kept on routine observation for 24 hours unless ongoing risk assessment indicates a need to change the level of observation. The nurse notifies the psychiatrist of the change, a face to face evaluation of the patient is done by the psychiatrist who places an order in the EMR for the new level of observation and indicates the reason for the order.  
C. Patients placed on observation other than routine observation requires a face to face evaluation by a psychiatrist, an order must be placed by a psychiatrist, and a reason for the observation must be indicated by same.  
D. To ensure safety of patients, visitors and staff, all patients must be searched thoroughly for any objects that can cause injury including contrabands by a trained security officer and nursing personnel.  
E. The patient should wear hospital gown, a paper gown may be necessary to be worn by a patient, and a paper drape for the bed instead of linen cloth should be used based on risk assessment.  
F. Patient is transported to the admitting unit by a nursing personnel and a security officer. The patient’s property and valuable are collected and recorded as per hospital policy for safekeeping. During patient transport, one of the two transporting personnel has to carry the bag of patient’s property and must go through the metal detector device.  
G. Patients, who are being transferred from the Medical ED or from any nursing units within the hospital to the Psych ED and/or direct to the Psych inpatient units, must be transported by a Psychiatric nursing personnel and security officer.  
H. Upon arrival in the Psych. Department, the patient is thoroughly searched for any objects that can harm the patient and others including contrabands as above. Collect and record all property for safekeeping as per hospital policy.