Protocall
2013 Healthcare In-Service

1 to 1 OBSERVATION
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Observation is an important skill for all observers, but in the acute phases of mental illness, some patients become a risk to themselves or others. The aim is then to prevent potentially suicidal, violent or vulnerable patients from harming themselves or others. Observation is not simply a custodial activity. It is also an opportunity for the nurse to interact in a therapeutic way with the patient on a one-to-one basis.

WHAT CHALLENGES ARE ASSOCIATED WITH 1:1 OBSERVATION?

Observing a patient who is deeply distressed and potentially suicidal is one of the most difficult and demanding tasks that an observer can undertake. Observation calls for empathy and engagement, combined with readiness to act. Whereas most nursing interventions are intended to help patients achieve their own goals, observation is deliberately designed to frustrate the patients’ aims. Consequently, patients who are being observed may be very angry with staff, or may experience the process as custodial and dehumanizing.

WHO IS RESPONSIBLE FOR DECIDING THAT A PATIENT SHOULD BE OBSERVED?

Where possible decisions about observation should be made jointly by the medical and nursing staff. If an observer becomes aware that a patient is having suicidal thoughts or difficulty with impulse control, he or she should report to the senior nurse in the unit who will decide whether, and at what level, observation needs to be implemented. The patients’ psychiatrist must be informed of any decision as soon as possible. Hospital managers must also be made aware so that adequate numbers and grades of staff can be made available for future shifts.

SIGNS THAT INDICATE THE NEED FOR OBSERVATION

- History of previous suicide attempts, self-harm or attacks on others.
- Hallucinations, particularly voices suggesting harm to self or others.
- Paranoid ideas where the patient believes that other people pose a threat.
- Thoughts and ideas that the patient has about harming themselves or others.
- Specific plans or intentions to harm themselves or others.
- Past problems with drugs or alcohol.
- Mental Health Issues
- Recent loss
- Poor adherence to medication programs

FOUR LEVELS OF OBSERVATION

In order to facilitate communication, care planning and training, the following classification in the level of observation is recommended.

Level I: General observation is the minimum acceptable level of observation for all in-patients. The location of all patients should be known to staff, but not all patients need to be kept within sight. At least once a shift a nurse should sit down and talk with each patient to assess their mental state. This interview should always include an evaluation of the patients mood and behaviors associated with risk and should be recorded in the notes.
FOUR LEVELS OF OBSERVATION (cont’d)

Level II: *Intermittent observation* means that the patient’s location must be checked every 15 to 30 minutes (exact times to be specified in the notes). This level is appropriate when patients are potentially, but not immediately, at risk. Patients with depression, but no immediate plans to harm themselves or others, or patients who have previously been at risk of harm to self or others, but who are in a process of recovery, require intermittent observation.

Level III: *Within eyesight* is required when the patient could, at any time, make an attempt to harm themselves or others. The patient should be kept within sight at all times, by day and by night and any tools or instruments that could be used to harm self or others should be removed. It may be necessary to search the patient and their belongings whilst having due regard for patients legal rights.

Level IV: *Within arms length* Patients at the highest levels of risk or harming themselves or others, may need to be nursed in close proximity. On rare occasions more than one nurse may be necessary. Issues of privacy, dignity and consideration of the gender in allocating staff, and the environmental dangers need to be discussed and incorporated into the care plan.

ARE THERE ANY SIGNS THAT INDICATE THE NEED FOR OBSERVATION?

- History of previous suicide attempts, self-harm or attacks on others.
- Hallucinations, particularly voices suggesting harm to self or others.
- Paranoid ideas where the patient believes that other people pose a threat.
- Thoughts and ideas that the patient has about harming themselves or others.
- Specific plans or intentions to harm themselves or others.
- Past problems with drugs or alcohol.
- Mental Health Issues
- Recent loss
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1 to 1 OBSERVER TIP SHEET

⇒ The observer will report to charge nurse or staffing office on arrival to the Unit
⇒ Gets report from RN and the previous observer (if there was one). Why is patient on observation? Falls? Suicide? Other?
⇒ What has patients’ behavior been like? What restrictions are in place?
⇒ Document patient’s behavior/activity every fifteen (15) minutes.
⇒ Offer toileting, range of motion, fluids/nutrition ever one to two (1-2) hours for restrained patients.
⇒ When assisting patient to the bathroom NEVER close or lock the door. Door should remain open under all circumstances.
⇒ Maintain confidentiality. HIPAA!!!
⇒ While on duty, an observer MAY NOT leave the patient unattended under any circumstances. If a break is needed contact the Charge Nurse on the unit so proper coverage can be obtained during your absence.
⇒ Observers MUST stay with patient until relief arrives (if applicable).
⇒ Keep within arms length of patient at all times unless directed by the RN to provide distant supervision.
⇒ The observer will accompany the patient for any clinical test procedures off the unit.
⇒ If the patient’s visitors request that the sitter leave the room temporarily, the sitter must first obtain RN approval.
⇒ If family/friends/visitors have any questions regarding the status of the patient...Direct any questions or updates to the nursing supervisor.
⇒ Stay alert. NO SLEEPING!

Tips for staying awake:
  • Make sure you have had an adequate amount of sleep prior to your shift
  • Try to avoid medications that may cause drowsiness
  • Eat a healthy snack and try to get some fresh air during your break
⇒ Ring the call bell if you need help or yell for help in an emergency. DO NOT LEAVE THE PATIENT TO GET HELP!
⇒ An observer on some occasions may be required to monitor two (2) patients in the same room.
⇒ The sitter MAY NOT make or receive personal phone calls while on duty. This includes the use of cellular phones or electronic devices.
⇒ Report and changes or concerns to Charge Nurse.
⇒ Avoid distractions at all times. Unless otherwise directed, reading listening to iPods, radios, watching personal DVD players, and cell phone/blue tooth use are not permitted.
⇒ You are here to provide safety and care for the patient and are expected to observe and care for the patient at ALL times.
SUICIDE SPECIFIC REMINDERS

⇒ All cords must be kept out of reach of patient. i.e. call light, TV controller, light cord pull cords, bathroom emergency cords, IV tubing, etc.
⇒ Check patients room/bathroom for safety precautions. Look for items that may be used to harm self or others such as razors, knife and medications.
⇒ “Sweep Room” (room check) since you are the fresh eyes coming in.
⇒ Sign suicidal (room chart) after you do the **HANDS OFF** with previous observer.
**1 to 1 OBSERVATION POST TEST**

1) A person doing a one to one observation can leave the patient for personal bathroom needs if it just takes a minute.
   
   True ______ False ______

2) The observer can be outside the room as long the patient is in direct view.
   
   True ______ False ______

3) Past problems with drugs and alcohol is a sign that may indicate need for observation.
   
   True ______ False ______

4) The observer should document the patient whereabouts, activities and care on the monitoring tool.
   
   True ______ False ______

**Case Scenario:** You are assigned to a one to one for a 26 year old female admitted with a diagnosis of drug overdose. The patient is awake, alert and very talkative. The following questions refer to this case (5-6).

5) The patient has a visitor who hands them a pill. You should:
   
   A. Continue to observe the patient closely since medication is expensive
   B. Inform RN of your observation
   C. You should not be concerned since the patient has a right to refuse medications; the patient does not need to swallow the pill
   D. All of the above

6) The patient is sleeping well during the night and you would:
   
   A. Keep the light on the lowest setting to allow you to read
   B. Listen to your iPod since the patient is sleeping
   C. Stay within arms length of the patient
   D. None of the above.

7) What are the four levels of observation?

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8) If a patient tells you he/she plans to leave as soon as his/her family brings him clothes you would:
   
   A. Explain this is not permitted
   B. Keep this information confidential and not repeat or share it with anyone
   C. Request that the nurse apply restraints to prevent the patient from leaving the hospital.
   D. Inform the RN of the patient’s intention