

Vermont Psychiatric Care Hospital Procedure

Levels of Observation

Revised: X

Date: 04/02/15

I. Observation Generally

1. All patients shall be monitored by direct visual observation by an assigned staff person at least every thirty (30) minutes. Observations may be performed within five (5) minutes before, or five (5) minutes after the thirty (30) minute time periods pre-printed on the observation forms.

Staff members must have direct observation of patients without any artificial barrier (e.g. a window, curtain, or viewing by camera) between the staff and the patients except while the patient is dressing, showering and toileting. During these times the assigned staff may monitor the patient through auditory contact.

2. A patient's physician may order a more intensive level of observation as defined herein. Physicians shall consider the trauma history of a patient and the trauma that may result from intensive observation prior to ordering a more intensive level of observation. Assigned nursing staff shall check the patient and monitor the patient as per the physician order. The physician order shall include the reason for the increased level of observation and how closely to observe the patient.
3. The Levels of Observation Policy and Procedure does not apply to observation of patients in seclusion. Patients in seclusion shall be observed as described in the *Emergency Involuntary Procedures Policy and Procedure*.

- II. **Admission: All patients shall be observed 1:1 or every fifteen (15) minutes ("15 minute checks") upon admission.** There must be a physician's order to formally discontinue 1:1 observation or 15-minute checks.

- III. **Fifteen (15) minute checks:** Under an order for 15-minute checks, when the patient is on the unit, the patient shall be observed at least every 15 minutes and a record of patient behavior will be kept by the assigned staff member. The assigned staff member must have visual contact with the patient and not simply assume he or she knows where the patient is on the unit. Observations may be performed within five (5) minutes before, or five (5) minutes after the fifteen (15) minute time periods pre-printed on the observation forms.

- A. The Nursing Supervisor will assign specific staff to do 15-minute checks and will orient the assigned staff member to the patient and the purpose of the level of observation. It is the responsibility of the assigned staff member to report any observed changes in behavior to the Nursing Supervisor.
- B. An RN may initiate 15-minute checks while waiting for the patient to be evaluated by the MD.
- C. A Fifteen (15) Minute Check Flow Sheet must be kept and filed in the Medication/Treatment Section of the chart when completed. These may be thinned from the chart and sent to the old record in Medical Records.

IV. Constant Observation I and II (CO I and CO II) and Close Supervision (CS). The physician's order will specify whether the observation is CO I, CO II or CS as defined below and shall include a rationale for the CO and why a less restrictive alternative is not clinically justified. The physician's order will also indicate whether the CO is 2:1 or 1:1.

Constant Observation I (CO I). Under an order for CO I, the patient shall be constantly observed and generally within an arm's length plus ten (10) inches from the assigned staff at all times when the patient is awake and out of his or her room. When the patient is in his or her room, assigned staff shall observe the patient from the doorway of the patient's room.

Constant Observation II (CO II). Under an order for CO II, the patient is constantly observed and generally within up to eight (8) feet from the assigned staff at all times when the patient is awake and out of his or her room. When the patient is in his or her room, assigned staff shall observe the patient from the doorway of the patient's room.

Close Supervision (CS). Under an order for CS, the patient is constantly observed and generally within up to eight (8) feet from the assigned staff at all times except while the patient is dressing, showering and toileting. During these times the assigned staff shall stay as close as possible to the patient and remain in auditory contact.

An order may specify when CO or CS is to be in effect, and when CO or CS is not to be in effect. If the order does not specify certain time periods, then the observation is to be applied continuously.

Intermittent CO I, CO II and CS. A physician may write an order indicating the specific intermittent situation when the patient shall be observed continuously (e.g. while in room, while out of room). The order shall state the type of constant observation required. During interval periods when constant observation is not required by the order, the patient shall be on 15 minute checks. When intermittent 1:1 observation is ordered, a 1:1 staff must remain assigned to that patient during the intervals when constant observation is not required. During those interval periods, the assigned 1:1 staff shall complete and document the 15 minute checks on the constant observation documentation sheet.

Intermittent constant observation may also be ordered for discrete periods of time (such as during yard group or during activities in the group room). These constant observations shall be recorded on an individual constant observation sheet by the assigned 1:1 staff. At the conclusion of these discrete periods of 1:1 observation, the patient shall be on 15 minute checks and the assigned 1:1 staff shall complete and document the checks on the constant observation documentation sheet.

Orders for Constant Observation. Under an order for CO I or CO II, the patient is constantly observed either by one assigned staff (1:1) or two assigned staff (2:1) as follows:

1. The assigned nursing staff shall keep the patient within constant visual observation, as directed by the physician's order. CO means that if the patient is showering, using the toilet or getting dressed or undressed, they must be observed. The staff doing the CO must be able to see an unobstructed (other than by the patient's own body positioning) view of the patient's body length, not just a part of their body. If the patient has an opposite gender staff assigned to him or her, the staff member should arrange to have a same gender staff observe the patient while dressing and go into the bathroom with the patient.
2. The assigned staff may observe the patient from the doorway of the patient's room when the patient is in his or her room but must maintain constant visual observation.
3. **When the patient is asleep in his or her room:**
 - a) If the door is closed, the staff member doing observation must open the door in order to observe the patient.
 - b) The assigned staff must be able to count the patient's respirations.
 - c) A physician may order that the assigned staff must be able to see the patient's hands when the patient is in bed and/or asleep.

Orders for Close Supervision. Under an order for **close supervision (CS)** the patient shall be constantly observed by at least one assigned staff as follows:

The assigned staff shall keep the patient within constant visual observation at all times, **except when the patient is dressing, showering and toileting.** During these times, the assigned staff shall stay as close as possible to the patient and remain in auditory contact. At all other times, the assigned staff must be able to see an unobstructed (other than by the patient's own body positioning) view of the patient's body length, not just a part of the body.

The assigned staff may observe the patient from the doorway of the patient's room when the patient is in his or her room but must maintain constant visual observation.

When the patient is asleep in his or her room:

The staff member doing observation must open the door in order to observe the patient carefully.

The assigned staff must be able to count the patient's respirations.

A physician may order that the assigned staff must be able to see the patient's hands when the patient is in bed and/or asleep.

During unit emergencies: A physician's order for CS may include allowance for assigned staff to respond to unit emergencies.

- A. When a patient exhibits a change in behavior that may indicate an increased risk of harm to self or others, a RN may assess the patient's status and place him or her on CO I or CO II or CS. The RN shall notify the patient's physician of the patient's change in status. The physician shall see and assess the patient within one hour and determine whether the level of observation should be continued or otherwise modified.
- B. If the physician does not continue the order for CO or CS and the Nursing Supervisor disagrees with the physician's discontinuation order, the Nursing

Supervisor shall contact the Director of Nursing and the Medical Director to review the situation.

- C. The Nursing Supervisor shall assign specific staff to do CO or CS, and shall orient the assigned staff to the patient and the purpose of the level of observation. It is the responsibility of the assigned staff to review the Constant Observation Assignment Sheet and report to the Nursing Supervisor on changes in the patient's condition. The Constant Observation Assignment sheet must be kept and filed in the Medication/ Treatment section of the patient's chart when completed. These may be thinned from the chart from time to time and sent to the older record in Medical Records.
- D. The staff assignment for CO and CS shall not exceed four (4) consecutive hours per patient, at which time another staff member shall be assigned to take over. When the assignment changes, the new assigned staff shall immediately review the Constant Observation Assignment Sheet.
- E. CO and CS can be discontinued only with a physician's order, except when a patient is released from seclusion or restraint. Patients released from seclusion or restraint who were on an order for CO I, CO II, or CS prior to the seclusion or restraint shall remain on that level of observation until discontinued by a physician. Prior to any order to discontinue CO or CS, the physician must conduct and document a risk assessment.
- F. When a physician orders that a patient be placed on CO or CS as a result of assaultive or self injurious behavior, staff shall conduct a patient search and a thorough room search to ensure that the patient does not possess any restricted items. *See Restricted Items and Search Policy and Procedure.*
- G. No patient may be discharged from VPCH while on an order for CO I, CO II or CS unless the attending physician has conducted and documented a risk/benefit analysis in the progress note.

Approved by	Signature	Date
Frank Reed, Commissioner of DMH		11/29/16