

Basic Skills for Continuous Observation

Refer to Continuous Observation Policy and Acute Suicidal Precautions Procedure

1. Remember safety first! Patients require continuous observation to help with:
 - intentional or unintentional harm to self
 - unpredictable behaviors that place patient at risk of injury
 - rapid changes in the patient's ability to think clearly and understand what is happening

Know which behaviors require immediate attention and how to call for help.

2. The role of the observer is to promote a safe, caring environment. Your ability to be calm helps the patient.
3. If you know the patient in any capacity, you may not observe the patient. Inform the patient's nurse.
4. If you are not a PCA/PSA, then you are not expected to initiate any patient care or do it independently (such as bed baths, bed pans). You may assist with this care.
5. Never leave the patient alone. Never leave the unit with the patient unless directed or permitted to do so by the nurse.
6. Do not discuss the patient with anyone except the patient's caregivers. Send visitors or family to the nurse for information. Do not socialize with other staff when you are supposed to be watching the patient. Do not gossip about the patient.
7. Maintain a clean and safe environment. Refer to "Acute Suicidal Precautions Procedure" for environmental safety. Assist the patient in maintaining safety, comfort and dignity, i.e., keep patient's body covered with bedsheets at all time, give firm, kind instructions to prevent struggling against restraints.
8. Some patients you will be watching may be confused and may need reminders of where they are or what time of day it is. Tell the patient what day it is and where they are.
9. When observing a patient, do not sit on his/her bed. Do not touch the patient of the same sex unless providing nursing care. Do not touch the patient of the opposite sex unless providing nursing care and a nurse is present or has given documented approval.
10. Do not talk about the patient near that patient or other patients. Tell the patient what you will be doing before you do it.
11. Let patients learn at their own pace. Avoid giving advice to the patient. Do not argue with the patient. Tell the patient to discuss problems or feelings with his/her doctor or nurse. Use general statements such as "It must be difficult for you."
12. Avoid being caught in the middle. Some patients may try to get you to do special

- things for them or to take sides against caregivers. Do not become a "pal" with the patient, try to "cheer up" the patient, burden the patient with tales of your personal life, or have the patient become your friend. It is not helpful to share lots of personal information with patients; do not give or ask for personal information (phone number, address, marital status). Let the patient know you are uncomfortable if questioning becomes too personal.
13. Your activities must be focused on the patient. Do not read unless it is to read to the patient. Do not use headphones while observing a patient. Use the phone only to call for resources. Check with the nurse to find out what activities you could do with the patient, such as watching TV, writing or drawing, or playing cards or games.
 14. Remain alert at all times. If you feel sleepy, tell the nurse immediately. If an 8-hour assignment with a particular patient is intolerable, discuss with nurse and supervisor and ask for rotation arrangement with another observer.
 15. Human contact is a therapeutic tool. The reason for continuous observation is that a person is in pain at some level and needs help. This is not baby-sitting, but a way to effectively manage critical patient situations.

Behavior That Requires Immediate Attention

Changes in Behavior or Responses:

Change in respirations

Level of restlessness (i.e. suddenly quiet if had been very restless)

Level of alertness (i.e. alert → lethargic)

Actions that Indicate Impending Harm:

Tying sheets

Biting restraint devices

Pulling at tubes/lines

Anger, Threats:

Verbal threats

Yelling

Outright refusal to comply with requests

- Do not move in alone on a potentially assaultive patient; always request assistance; however, if harm to the patient is imminent due to confusion, refrain patient from harmful behavior and call immediately for help.
- Restraint device application and removal is an M.D./R.N. decision; consult with patient's nurse first.

Continuous Observation Responsibilities

R.N.	OBSERVER
<ul style="list-style-type: none"> Review the needs for 1:1 for the patient every 24°. You are ultimately responsible for the patient and the observer. 	<ul style="list-style-type: none"> Observe the patient constantly; physically close, but not invading personal space. Do not block yourself from exit.
<ul style="list-style-type: none"> Introduce observer to patient, orient to room and rationale for 1:1. Discuss special patient needs, complete/update “Continuous Observation Activities List.” 	<ul style="list-style-type: none"> Introduce self to patient and explain how long you will be with the patient. Identify how you will meet special patient needs.
<ul style="list-style-type: none"> Review the patient’s plan of care and inform the observer/patient of activities for the day; inform the observer of any necessary precautions. 	<ul style="list-style-type: none"> Know the patient’s schedule and plan for the day; know what precautions are necessary in caring for the patient.
<ul style="list-style-type: none"> Delegate patient care activities. If the observer is not a PCA/PSA, he/she cannot perform direct patient care independently, but can assist. 	<ul style="list-style-type: none"> Assist with patient care, comfort needs, hygiene as directed by the R.N.
<ul style="list-style-type: none"> Check that observer has adequate break and meal coverage; arrange coverage if necessary and inform observer of approximate times. 	<ul style="list-style-type: none"> Do not leave the patient unattended; wait for breaks/meal relief.
<ul style="list-style-type: none"> Show the observer how to call for help. 	<ul style="list-style-type: none"> Use the call light when needed or yell for assistance if urgent and no response; if necessary, pull call light out from wall.
<ul style="list-style-type: none"> Review signs and symptoms of behaviors that require immediate attention. 	<ul style="list-style-type: none"> Know which behaviors require immediate attention; prevent/stop harmful behaviors, such as pulling out lines/tubes, hurting self, etc.
<ul style="list-style-type: none"> Maintain a safe environment: <ul style="list-style-type: none"> -no sharp objects in room -keep door to room open -no dangling earrings, neckties, or reachable sharp objects (pens, scissors) -no toxins, cleaning solutions Review “Acute Suicidal Precautions Procedure,” Nursing Supplemental Manual 	<ul style="list-style-type: none"> Maintain safe environment: <ul style="list-style-type: none"> -no dangling earrings, neckties, or reachable sharp objects (pens, scissors) -check meal tray before and after for utensils -refer visitors to R.N. for any items brought in for patient; be alert to interactions between patient and visitors -request assistance in removing dangerous objects from room Keep patient within view at all times. If a caregiver asks observer to leave during an exam, procedure, etc., the observer will wait outside the door and return to the room as soon as the caregiver leaves.
<ul style="list-style-type: none"> Check in with the observer at regular intervals to note patient changes and share information. 	<ul style="list-style-type: none"> Inform R.N. of behavior and changes.
<ul style="list-style-type: none"> Assess the need for interventions, such as medication <u>before</u> behavior escalates, or restraint device; evaluate patient response to interventions and continued need for continuous observation. 	<ul style="list-style-type: none"> Give R.N. feedback on patient response to interventions; report to relief/next shift observer <u>any</u> restrictions (i.e. food/fluid, etc.), difficult behaviors, what helped, last elimination, agreements with patient.
<ul style="list-style-type: none"> Document on appropriate clinical documentation. 	<ul style="list-style-type: none"> Document on appropriate clinical documentation.

Appendix 1 of 3: Continuous Observation Activities List

Appendix 2 of 3: Basic Skills for Continuous Observation

Appendix 3 of 3: Continuous Observation Responsibilities