

YOUR HOSPITAL

Sitter Care Module

- Keep with flowsheet until patient discharged, complete all lines
- Document Progress Note for any variances
- Place completed form in Medical Record, front of Progress Notes.

| Outcomes A = Accomplished V = Variance (requires progress note) | A | V | N/A | Date Initials |
|--|---|---|-----|------------------|
| 1. Patient has not harmed self/others. | | | | |
| Processes | | | | |
| 1. Assessment. | | | | |
| a) Write order for "Psych consult per Policy." | | | | |
| b) Implement CIWA flowsheet if at risk of alcohol withdrawal | | | | |
| • Start Ativan Protocol based on protocol eligibility | | | | |
| 2. Interventions. | | | | |
| a) Relocate patient closer to Nurses' station. | | | | |
| b) Schedule prn medications ATC. | | | | |
| c) Activate bed alarm. | | | | |
| d) Institute toileting schedule (offer q2hrs, assist q4hrs). | | | | |
| e) Reduce/eliminate environmental hazards. | | | | |
| f) Reduce stimulation, i.e. TV off | | | | |
| g) Provide dim lighting | | | | |
| 3. Teaching. | | | | |
| a) Teach/reinforce pt./family safety measures. | | | | |
| b) Inform pt./family plan of care. | | | | |
| c) Inform pt./family of psych consult per policy. | | | | |
| d) Family/S.O. willing to help w/ alternatives; list: | | | | |
| 4. Restrictive Interventions (alternatives fail and/or are inappropriate). | | | | |
| a) Implement "Patient Restriction Care Module." | | | | |
| 5. Sitter (if restraint worsens behavior or is inappropriate). | | | | |
| a) Use HH employee first choice (includes overtime). | | | | |
| b) Use Agency employee if unable to obtain HH employee. | | | | |
| c) Introduce self to sitter. | | | | |
| d) Provide report to sitter. | | | | |
| e) Review "Continuous Observation Activities List" with sitter. | | | | |
| f) Instruct sitter to review "Basic Skills" and "Responsibilities". | | | | |
| g) Instruct sitter to use "Observation and Care" flowsheet. | | | | |
| h) Assign breaks for sitter. | | | | |
| i) Reduce/eliminate restraint device. | | | | |
| j) Document behavioral reason for continuous observation. | | | | |
| k) Collaborate with psych to discontinue sitter. | | | | |
| 6. Notify Psych Liaison Nurse if any variances (x52633). | | | | |

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| Name (please print) : | Initials: | Title: |
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