

PSMMC 1:1 Monitoring with Continuous Visual Observation: Guidelines to Provide a Safe Environment

<p>Triggers for Continuous Observation:</p> <p>1. Positive Suicide Risk Assessment</p> <p>2. Exhibiting Behavior that is a Danger to Self or Others</p> <p>3. Placed on Psychiatric Hold for Suicide Risk by County Mental Health Crisis Responders</p>	<ol style="list-style-type: none"> 1. Never leave the patient alone Remain with the patient at all times until relieved by another care giver. 2. Maintain Visual Observation at all times, including sleeping, toileting and bathing, if not in a ligature-resistant physical environment. If patient appears to be sleeping must see face to verify breathing (risk for patient head and hands to be completely under blanket) 3. Verify that room clearance protocols have been completed – See Room Clearance Checklist 4. Reassess the environment every 12 hours for potentially hazardous items. 5. Verify that patient personal belongings that could be a means for harm have been removed for safekeeping with assistance of Security Officer – including items that are ligature or suffocation risks, objects that could be used for cutting or stabbing, matches or lighters, and medications. 6. Assess objects brought into room by authorized visitors for safety. Call Security for assistance with screening 7. Provide safe dietary trays as needed with plastic utensils and plastic dishware. 8. Maintain safe personal space from patient and ready access to an exit. 9. Notify patient’s nurse or Unit Coordinator if patient verbalizes thoughts of harm to self or others 10. Clinical staff who are observers will document patient’s behavior and relevant safety information hourly. (If restraints present follow restraint policy for documentation). 11. The continuous observer will accompany the patient when transported from one area of the hospital to another. 12. Give a verbal hand-off report each break or shift – to include patient condition, behavioral changes, history of aggressive or assaultive behavior, and any expression of thoughts of harm to self or others by the patient.
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Communication

Convey an attitude of respect and compassion. Do not offer advice or council spiritually or emotionally. Allow patient to talk but do not offer opinions or judgment. Do not promise that conversations concerning harm of self or others will be held in confidence.

I agree that I have read and understand these guidelines and the Suicide Precautions policies for Inpatient and Emergency Department.

Caregiver Signature: _____ Date: _____

*This form is not part of the medical record