



Observations In The IPU Procedure

Procedure Number
WCDHB-MHS-0030

Version Nos:
7

1. Purpose

This Procedure outlines the clinical indicators for increasing the level of observation, and the process of authorising and cancelling any increase in observation within the West Coast District Health Board (WCDHB) Mental Health Service (MHS) Inpatient Unit (IPU).

2. Application

This Procedure is to be followed by all staff involved in arranging and providing special level care in Manaakitanga IPU.

3. Definitions

For the purposes of this procedure

Special care and observation requires that the nurse is fully attentive to the service user while minimising the extent to which they feel that they are under surveillance. The nurse provides a level of increased engagement through an enhanced level of therapeutic intervention.

There are three types of observations:

General Observations	The minimal acceptable level of observation for all in-patients. The location of all patients should, in general terms, be known to the staff at all times. This includes intermittent observation as part of planned care where there is concern that an individual may be deteriorating.
Special Care Observations	The nurse remains with the client at all times: required when there is direct concern about the risk of self harm, problematic behaviour or harm to others. The individual is kept within sight at all times, by day and by night. It may be necessary to search the person and their property to ensure they have no access to potentially harmful implements.
High Level Observation	The nurse maintains a physical closeness to the client (within arms length): at times of the highest level of risk the person may need to be nursed in extremely close proximity. On rare occasions more than one nurse may be necessary. Issues of privacy, dignity and gender need to be considered in allocating staff.

4. Responsibilities

For the purposes of this Procedure:

The decision to place a client on special level care observation is to be made jointly by the responsible psychiatrist and nursing team; except in an emergency. The decision is based upon an assessment of the client's changing presentation and risk profile. Once commenced, any change to the level of special care observation may only occur after consultation between the nursing team and the responsible psychiatrist.



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The **Clinical Nurse Manager** is responsible for ensuring staffing levels are adequate to enable the increased level of special care observation. When this is instigated after hours, the shift coordinator (IPU) and/or the Duty Nurse Manager will undertake this responsibility.

The **In-Patient Nursing** Team maintains responsibility for the safety of all in-patients on general observations. The handover between shift changes of staff allows for all involved to be made fully aware of observation requirement and levels.

5. Resources Required

This Procedure requires no specific resources.

6. Process

1.00 Risk Management

1.01 Special Care and High Level observations are a short-term intervention to aid in managing and reducing actual/potential high risk situations. Once the factors compounding risk are reduced then the level observation should be reduced accordingly.

2.00 Clinical Management

2.01 An increased level of care and observation is an opportunity for the nurse to interact in a therapeutic way, enhancing engagement through one-to-one interactions.

Nursing includes:

- Demonstrating an unconditional positive regard;
- Initiating conversation and conveying a willingness to listen;
- Self-disclosure and the therapeutic use of silence as MH nursing skills;
- Encouraging participation in planned activities that enhance engagement;
- Providing information about the reasons for observations and the possible duration of the increased level of care observation;
- With the service user's permission - discussing with their family and carers about the aims and purpose of observation.

3.00 Special Level Care and Observations

3.01 No period of observations by a staff member should be for longer than 2 hours; Ideally staff undertaking all types of close observations should be relieved hourly.

3.02 Special Care Observations should be reviewed by the Psychiatrist and Nursing Team at least twice a day, 1-2 hours prior to the completion of the shift and at any point where the nursing assessment indicates a significant change.

3.03 High Level Observations should be reviewed at least 3 times during the day (morning review, shift change over, and prior to night shift) and at any point where the nursing assessment indicates a significant change.



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- 3.04 All interventions and decisions regarding special care level observations are recorded in the clinical notes. These records should include:
- Current mental state
 - Current evaluation of risk
 - Changes to level of observation
 - Clear direction regarding the therapeutic approach
 - Timing of next review
- 3.05 Prior to the end of each observation period, the nurse will document their assessments, interventions and specific observations of the service user in the clinical notes
- 3.06 Both nurses will sign the WCDHB MHS Special Observation Form when starting/ending or temporarily relieving staff.

7. Precautions and Considerations

- ➔ No period of observation by a staff member should be for longer than 2 hours; ideally staff undertaking close observations should be relieved hourly
- ➔ No period The nurse is required to document their observations in the clinical notes.
- ➔ It is mandatory that both nurses shall sign the WCDHB MHS Special Observation in Mental Health Unit Record Form.
- ➔ Special Care and High Level observations are highly intrusive and should only be used at times when the client's overall safety needs indicate this necessity.
- ➔ Special Care and High Level observation should never be a part of routine care.

8. References

There are no references associated with this Procedure.

9. Related Documents

- WCDHB MHS Special Observation in Mental Health Unit Record Form
- WCDHB MHS Procedure: Arranging a Mental Health Special in Hospital Services
- WCDHB MHS Special Observation in Hospital Services Form

Revision History	Version:	7
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