

## **POL060 VISUAL OBSERVATIONS POLICY**

***EXPECTED OUTCOME  
THE LEVEL OF VISUAL OBSERVATION WILL BE CONGRUENT WITH PATIENT NEEDS  
AND THE LEVEL OF IDENTIFIED RISK.***

### **POLICY**

Patient observations are determined by clinical presentation, assessment and risk behaviour.

Patient observations will be set at the time of admission, and will be assessed on an ongoing basis in accordance with the level of risk.

All patients are to be placed on 15 minute visual observations on admission until reviewed and ceased by the admitting psychiatrists.

The category and frequency of observations are to be instigated by the treating psychiatrist. However, nursing staff may increase the frequency of observations if deemed clinically appropriate.

Visual observations can only be decreased in frequency or ceased by the treating psychiatrist.

If a patient's clinical condition requires constant observation, this must be authorized by the Director of Clinical Services.

In determining the level of observation there is an obligation to provide the least restrictive environment, which must be balanced against the requirement of patient safety and safety to others.

When allocated to visual observations, nursing staff will only have the responsibility of visual observations and no other patients during the period of allocated observation.

If a nursing staff member is assigned to undertake continuous observations, they must be relieved within a two (2) hour period.

Risk assessments, visual observations and instructions, and any changes to this, are to be documented in the medical record and observation sheet.

Significant changes to a patient's clinical condition must be communicated to the treating psychiatrist and all relevant staff.

Where a person on visual observations is not sighted at the stipulated time, the Nurse-in-Charge must be informed immediately and a search instigated.

If a patient is not sighted within 30 minutes or if there is concern for the patient, the Nurse-in-Charge is to inform the treating psychiatrist, Inpatient Services Manager (or after hours RN on call) and Director of Clinical Services. The Nurse-in-Charge is also to complete an Incident and Accident Report form.

Original: 07/2002	Last Reviewed: 11/2013	Version No. 4	For Review 11/2017
Authorised By:	_____ Chief Executive Officer		Date : <u>11/11/2013</u>
00000127-004			



## REFERENCES/LINKS

Toowong Private Hospital will function in accordance with all relevant Legislation, Regulations, Industry Standards and Codes of Practice. TPH utilise the external Private Hospitals Association of Queensland (PHAQ) Matrix.

Access to related policies, forms, or other documents may be found by undergoing a Radix DM search by ID, Title, Library Group, document content or saving criteria.

Original: 07/2002	Last Reviewed: 11/2013	Version No. 4	For Review 11/2017
Authorised By:	_____ Chief Executive Officer		Date : <u>11/11/2013</u>
00000127-004			