



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



Ospidéal Ollscoile Chorcaí  
Cork University Hospital

**POLICY AND GUIDANCE ON**

**PROVISION OF SPECIAL OBSERVATION/CARE**

**OF ADULT PATIENTS**

**IN CORK UNIVERSITY HOSPITAL**

<b>Reference Number:</b> PPG-CUH-CUH-139	<b>Revision No:</b> 01	<b>Review Cycle:</b> 2 years
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## Introduction

An exceptional circumstance sometimes warrants a temporary arrangement to be put in place in the interest of patient care/patient safety. This arrangement is typically 'special observation/care' and it requires resources outside that which the ward complement can accommodate, e.g.

- a. A patient who ideally should be in ITU but there is no available bed,
- b. A patient needing mental health nursing care who due to a medical condition must remain an inpatient in CUH
- c. A confused patient who is at risk of wandering or harming self or others.

Other measures may occasionally be sufficient to manage the risk effectively without recourse to special observation/care e.g.

- a. Transfer of the patient to a more appropriate location within the ward
- b. Transfer of the patient to a more appropriate location within the hospital or to another hospital
- c. Inviting a family member to stay with the patient.

## 1 Policy Statement

Special observation /care of adult patients in CUH will be provided according to the following procedures

## 2 Purpose

The purpose of this policy is to:

- increase clarity about roles, responsibilities and procedures to be followed by CUH staff in relation to special observation/care.
- provide a mechanism to enhance the effectiveness of the CUH organization in the area of special observation/care.
- establish indications for special nursing observation/care, procedures to be followed in procuring staff, and roles and responsibilities of various key staff.
- provide a standardized approach to patients needing special care

## 3 Scope

- This policy applies to all clinical staff within CUH Group.
- This Policy applies to all patients who require special observation.
- It does not include the inpatient psychiatric unit at CUH unless a patient is transferred from this unit for medical treatment within CUH.

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### 3.1 Categories of staff who may provide special observation/care

- RPN
- RGN
- Healthcare Assistant

## 4 Legislation/Related Policies

"Trust in Care" Policy

[http://www.hse.ie/eng/staff/Resources/HR/Trust\\_in\\_Care.pdf](http://www.hse.ie/eng/staff/Resources/HR/Trust_in_Care.pdf) HSE, May 2005.

The Mental Health Act 2001. Available on:

[http://www.mhcirl.ie/Mental\\_Health\\_Act\\_2001/Mental\\_Health\\_Act,\\_2001.html](http://www.mhcirl.ie/Mental_Health_Act_2001/Mental_Health_Act,_2001.html)

## 5 Glossary of Terms and Definitions

### 5.1 Special Observation/Care

Special Observation / Care of an inpatient on a continuous basis by a designated member of staff who remains with the patient at all times. The patient must be in full view at all times, including when visitors are present and when the patient is using bathroom / toilet facilities.

## 6 Roles and Responsibilities

### 6.1 Responsibility for complying with policy

#### All Clinical Staff

It is the responsibility of all clinical staff who are involved in the management of a patient requiring special observation to read, understand and adhere to the policy and procedure.

#### Nurse (RGN/RPN) providing special observation / care

- Reads the policy and procedures including a definition of their roles and responsibilities in advance of their duty period.
- Reports on and off duty to the CNM in charge of the ward.
- Records periods of observation/care in the nursing notes with the time started, the time one special takes over from another and the time finished.
- Records in the nursing care plan the patient's well-being, any special observations, his/her behaviour and any other relevant comments, after each span of special observation/care.
- Will not partake in any activity that will distract his/her ability to supervise and observe the patient effectively.
- Ensures that the patient is in full view of them at all times, including when visitors are present, when the patient is using bathroom / toilet facilities and when asleep.

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Will be aware that the privacy and dignity of the patient must be maintained.

### **Healthcare Assistant**

- Reads the policy and procedures including a definition of their roles and responsibilities in advance of their duty period.
- Reports on and off duty to the CNM in charge of the ward and to the RGN in charge of the patient.
- Review all relevant patient information, including all aspects of patient care needs, as provided by the CNM.
- Reports to the nurse in charge of the patient after each span of special observation/care about the patient's well-being, his/her behaviour and any other relevant comments.
- Will not partake in any activity that will distract his/her ability to supervise and observe the patient effectively.
- Ensures that the patient is in full view of them at all times, including (unless otherwise directed) when visitors are present, when the patient is asleep or as requested by the CNM in charge of the patient.
- Will be aware that the privacy and dignity of the patient must be maintained.
- Will follow and re-direct the patient who wanders back to the ward area.
- Will report to the RGN in charge of the patient as soon as is practical when the patient is not amenable to re-direction or in event of any additional concerns.

## **6.2 Responsibility for ensuring compliance to policy**

### **Divisional/service managers**

Divisional/service managers maintain overall responsibility for ensuring that all staff are aware of this policy and procedure and that it is implemented appropriately.

### **CNM/Nurse Designate in charge of the ward / clinical area**

- Establishes the need for Special Observation/Care and ensures that the Special Observation Request is clearly documented in the patient's medical record.
- Contacts the Assistant Director of Nursing, Administrative Nurse Manager, Night Superintendent, to request appropriate additional staff resource.
- Ensures the patient is managed with the staff complement if additional staff is not available.
- Fully briefs the staff member allocated for special observation duties with reference to the policy and procedures.
- Briefs nursing/HCA members of staff in relation to all relevant patient information, including all aspects of patient care needs.
- Arranges for the staff member providing special observation/care to have appropriate breaks.

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- Ensures that the ongoing need for special observation is reviewed by the treating team.

#### **Consultant/their nominee\***

- Ensures that the recommendation for special observation/care is written into the medical case notes and communicates this verbally to the duty CNM in charge of the ward.
- Ensures that the ongoing need for special observation/care is (outside of exceptional circumstances and existing procedures) reviewed at least every 24 hours and that this review is recorded in the medical notes.
- Ensures that when a review indicates that the patient no longer has a high nursing care need or that the level of risk has reduced or both, special nursing observation is discontinued.
- Ensures that the decision to discontinue the special observation/care along with any new recommendation regarding observation / care is documented in the patient medical case notes.

*\*'Nominee' in this context implies another doctor under a consultant's direction, above the grade of intern, and preferably registrar grade*

## **7 Procedure**

### **7.1 Potential Indications for Special Observations/Care**

The patient must:

- Need high general nursing observation / care need (i.e. critically ill patients / aspiration)  
**or**
- Need high mental health nursing care need (i.e. severe agitation / aggression)  
**or**
- Be at risk of harm to self – deliberate / accidental (e.g. falls / fire )  
**or**
- Be at risk of harm to others  
**or**
- Be at risk of wandering/leaving the hospital

### **7.2 Establishing the need for Special Observations/Care**

The following criteria should be met:

- The need cannot be met from the existing nursing staff resource on the ward and the nursing checklist has been completed (Appendix 1).
- Basic measures in addition to standard nursing observation/care have been considered to be inadequate (e.g. moving patient to bed closer to nursing station; involving a family member).
- Senior ward Nursing staff have identified an emergency need.
- Senior Medical / Psychiatry staff have identified an emergency need.
- A wanderguard facility is unavailable or inappropriate.

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### 7.3 Documentation and Review

- 7.3.1 The recommendation for special observation/care should be written into the medical case notes by a responsible consultant or his/her nominee and communicated verbally to the duty Nurse (RGN) in charge of the ward. The ongoing need for special observation/care should, outside of exceptional circumstances and existing protocols, be reviewed at least every 24 hours by the consultant or his/her nominee and this review should be recorded in the medical notes.
- 7.3.2 The patient review will be recorded in the nursing care record by the Nurse (RGN) in charge of the patient's care. An evaluation of the patient will be documented in the Nursing Care Plan in accordance with An Bord Altranais requirements for Recording Clinical Practice.
- 7.3.3 When a review of the patient indicates that the patient no longer has a high nursing care need or that the level of risk has reduced or both, special nursing observation may be discontinued. This decision along with any new recommendation regarding observation / care should be documented in the patient medical case notes by the consultant or his/her nominee.

### 7.4 Which Staff member is appropriate?

This depends on the indication for special observation/care

- *High general nursing observation / care is needed (i.e. critically ill patients)*

An RGN is required. In circumstances where an RGN is unavailable, the senior nurse on duty will re-allocate an RGN to special the patient from within the existing ward staff complement. The senior nurse may then request a HCA be made available to assist with duties, as appropriate, in relation to patients on the ward until an RGN is sourced. The needs of the remaining patients must not be compromised by this re-allocation. If, in the opinion of the CNM, the needs of the patients are potentially compromised by such a reallocation then a risk assessment should be completed and the appropriate management notified.

- *High mental health nursing care is needed (i.e. severe agitation/distress/aggression)*

An RPN is required. Where an RPN is unavailable the appropriate clinician/management should be notified. An RGN may then be allocated. In circumstances where an RGN is also unavailable, the senior nurse on duty will re-allocate an RGN to special the patient from within the existing ward staff complement. The senior nurse may then request a HCA be made available to assist with duties, as appropriate, in relation to patients on the ward until an RGN is sourced. The needs of the remaining patients must not be compromised by this re-allocation. If, in the opinion of the CNM, the needs of the patients are potentially compromised by such a reallocation then a risk assessment should be completed and the appropriate management notified.

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- Risk of harm to self – deliberate*

An RPN is generally most appropriate although an RGN may be appropriate in some circumstances (e.g patient who is not severely agitated and has a high medical need following recent self-harm). In circumstances where an RPN or RGN is unavailable, the senior nurse on duty will re-allocate an RGN to special the patient from within the existing ward staff complement. The senior nurse may then request a HCA be made available to assist with duties, as appropriate, in relation to patients on the ward until an RGN is sourced. The needs of the remaining patients must not be compromised by this re-allocation. If, in the opinion of the CNM, the needs of the patients are potentially compromised by such a reallocation then a risk assessment should be completed and the appropriate management notified.
- Risk of harm to self - accidental (e.g. falls/fire/aspiration)*

An RGN is most appropriate and a HCA may also be appropriate in some circumstances. Where an RGN is unavailable, the senior nurse on duty will re-allocate an RGN to special the patient from within the existing ward staff complement. The senior nurse may then request a HCA be made available to assist with duties, as appropriate, in relation to patients on the ward until an RGN is sourced. The needs of the remaining patients must not be compromised by this re-allocation. If, in the opinion of the CNM, the needs of the patients are potentially compromised by such a reallocation then a risk assessment should be completed and the appropriate management notified.
- Risk of the patient wandering/leaving the hospital*

Such cases are considered on a case-by-case basis. Depending on the health & safety needs of both patients and staff on the ward/unit, a healthcare assistant and/or a security officer, supported by ward nursing staff may be sufficient. In some circumstances, the senior nurse may then request a HCA be made available to assist with duties, as appropriate, in relation to patients on the ward.
- Risk of harm to others*

This will usually be an acute and short-term risk. Security staff will be requested for support with de-escalation. This will usually be in addition to an additional nursing staff member (RPN or RGN) for support with de-escalation.

## **7.5 Procedure to resource staff to provide special observation/care**

- The Assistant Director of Nursing (between 8.00am to 5.00pm Monday to Friday), Administrative Nurse Manager (between 5.00pm to 8.00pm Monday to Friday and 8.00am to 8.00pm Saturday, Sunday and Bank Holidays) and Night Superintendent between 8.00pm and 8.00am) must give approval before an appropriate staff member who will provide special observation/care is sourced
- The appropriate discipline of staff required will be determined according to the patient's needs



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- If an RPN has been recommended and an RPN is not available, the doctor must be informed that an RPN is not available and that an RGN will be provided.
- Where possible a staff member will be redeployed from another area of the hospital. Otherwise the "special" will be sourced through the Nursing Bank or the appropriate line manager. Nurses are only sourced through an external agency when all other options have failed.

#### **7.6 Working Procedure for Staff providing Special Observation/Care**

- All staff that may potentially be allocated to special observation/care duties, including agency staff, must be provided with the policy and procedures in advance.
- The staff allocated for such duties will have read this policy document in advance and agencies also have a responsibility in this regard.
- The staff member must report on and off duty to the CNM in charge of the ward.
- Staff allocated for special observation duties must be fully briefed by the CNM in charge of the ward / clinical area with reference to the policy and procedures.
- Periods of observation/care are recorded in the nursing notes with the time started, the time one special takes over from another and the time finished. After each span of special observation/care, the allocated nurse makes a written record in the nursing care plan of the patient's well-being, any special observations, his/her behaviour and any other relevant comments.
- The staff member allocated to special observation/care will not partake in any activity that will distract his/her ability to supervise and observe the patient effectively.
- The patient must be in full view of the staff member at all times, including when visitors are present, when the patient is using bathroom / toilet facilities and when asleep. Even though the patient is being observed within eyesight, the privacy and dignity of the patient must be maintained.
- The CNM in charge of the ward must arrange for the staff member providing special observation/care to have appropriate breaks. This relief is to allow a short break from the intensity of one-to-one special observation and the staff member will usually remain on the ward for this break. Appropriate meal breaks are organized.
- The relief staff member must be fully informed of the responsibilities of special observation/care by the CNM in charge of the ward.

#### **7.7 Patients transferred from a psychiatric inpatient unit to CUH**

It should be noted that not all patients transferred from a psychiatric inpatient unit require special observation/care.

In advance of transfer, the following should *where possible* be ensured:

- The patient has had a psychiatric/risk assessment by the local psychiatrist on-call. The outcome of this assessment has included inter alia clear recommendations about:

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- Supervision arrangements and contingency planning during transport to CUH.
- The need for special (1:1) observation/care during the inpatient stay at CUH.
- The level of urgency of the need for further psychiatric assessment in CUH.
- A written copy / summary of the psychiatric assessment must be included with the medical or surgical transfer letter that accompanies the patient to CUH.
- Patients transferred from SLMHU to CUH deemed in advance not to require a special nurse will, as a matter of routine, be reviewed within four hours by the Psychiatrist on call or by the Liaison Psychiatrist along with a nurse from SLMHU. The purpose of this review is to ensure that the transfer has not been followed by a deterioration in mental state and that a nurse special remains unnecessary.
- After admission to CUH, if the patient's mental condition deteriorates (relative to that anticipated) then a further psychiatric/risk assessment needs to take place by the psychiatric team on call and recommendations revised as necessary.

#### 7.7.1 Sourcing/ providing the special nurse

- In line with existing practice for Psychiatric inpatients who are transferred to CUH, if the psychiatric assessment before transfer determines the need for special nursing care following transfer, **the Mental Health Nursing Management** will be responsible for providing the RPN special nurse.
- If a psychiatric inpatient who is 'involuntary' (i.e. detained under the Mental Health Act) is transferred to CUH, then it is the responsibility of **the Mental Health Nursing Management** to provide the RPN special nurse.
- If a psychiatric inpatient who is 'voluntary' (i.e. not detained under the Mental Health Act) is transferred to CUH from a psychiatric inpatient unit and subsequently is deemed to require a special nurse that was not deemed necessary in advance, then it is the responsibility of **both the Mental Health Nursing Management and CUH Nursing Management** to provide the special nurse (as the patient remains a patient of the mental health services).
- If a patient in CUH has a psychiatric history or no psychiatric history and is deemed during their admission to CUH to have a need for special observation/care during their inpatient stay, then it is the responsibility of **the CUH Nursing Management** to provide this.

#### 7.8 Information for patients and carers

Patients and next of kin will be informed of the requirement and rationale for special nursing observation/care.

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## 8 Implementation Plan

The policy and supporting evidence will be available to all wards through Q-Pulse in CUH.

## 9 Revision and Audit

### Revision

The policy and procedure will be updated on a two yearly basis.

### Audit

- A review of individual cases will be carried out as they occur by the speciality involved.
- Incidents will be monitored by the Risk Management Department.
- Once implemented this policy should be audited within 4 months to ensure any difficulties are identified and addressed at an early stage.

## 10 References/Bibliography

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## 11 Appendices

None