This is an official Northern Trust policy and should not be edited in any way

**Observation and Therapeutic Engagement of Mental Health Inpatients in Holywell Hospital and Ross Thomson Unit**

<table>
<thead>
<tr>
<th>Reference Number:</th>
<th>NHSCT/12/607</th>
</tr>
</thead>
</table>

**Target audience:**

This policy is directed to all staff within the Mental Health Directorate.

**Sources of advice in relation to this document:**

- Mrs Denise Martin, Nursing Services Manager
- Mrs Mary Margaret McGuigan, Ward Manager
- Mrs Rosie Mooney, Clinical Nurse Support
- Oscar Donnelly, Director of Mental Health & Disability Services
- Dr Gerard Lynch, Clinical Director

**Replaces (if appropriate):**

NHSCT Observation of Mental Health Inpatients in Holywell Hospital, Ward 8 Whiteabbey and Ross Thomson Unit (NHSCT/10/239)

**Type of Document:**

Directorate Specific

**Approved by:**

Oscar Donnelly, Director Mental Health & Disability Services – 17 February 2012
Dr Gerard Lynch, Clinical Director – 28 February 2012

**Date Issued by Policy Unit:**

26 September 2012

**NHSCT Mission Statement**

To provide for all the quality of services we would expect for our families and ourselves
Mental Health and Disability Services

Operational Policy

Use of Observation and Therapeutic Engagement of Mental Health Inpatients in Holywell Hospital and Ross Thomson Unit

Reviewed January 2012
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Northern Health and Social Care Trust
Operational Policy for the Use of Observation and Therapeutic Engagement of Mental Health Inpatients in Holywell Hospital and Ross Thomson Unit

1. Introduction

The Public Health Agency issued regional guidelines on the use of observations and therapeutic engagement in Adult Psychiatric facilities in Northern Ireland (October 2011).

Special observation is a therapeutic nursing intervention with the aim of reducing the factors which contribute to an individual patients risk to themselves and/or others and promoting recovery. There is limited evidence on the efficacy of special observation in the published literature. The use of special observation is often seen as custodial in nature and as a method of containment rather than engagement with the patient. There is a need for special observation to focus on engaging the patient therapeutically, instilling hope in the patient and enabling them to address their difficulties constructively. Although special observation is generally seen as a nursing intervention, the decision to place patients on special observation is a multidisciplinary decision.

Target Audience

This policy is directed to all staff within the Mental Health Directorate.

2. Aim

The aims of this Policy are:

- To establish evidence-based approaches to special observations based on the published literature.
- To improve the therapeutic nature of special observation.
- To define levels of observation.
- To clarify the process for increasing, reviewing and decreasing the level of observation.
- To ensure a clearly-defined and recorded decision-making process.
- To ensure regional consistency in the use of special observation.

This policy should be read in conjunction with:

- Regional Guideline on the Use of Observation and Therapeutic Engagement in Adult Psychiatric In-patient Facilities in Northern Ireland.
- The Mental Health Order 1986 (NI).
- Policy for Managing Patients Without Leave (AWOL).
• Policy for Conducting a Search of Patients/Residents and/or their Belongings.
• Policy on Admission and Discharge to Mental Health Beds in Holywell Hospital and Ross Thomson Unit (Section 4 – Procedure for the admission of children or young persons under 18 to adult psychiatric wards at Holywell Hospital).
• The Use of Restrictive Physical Interventions.

3. Definition of Levels of Observation

Two levels of intervention are referred to in this policy:

• General Observation
• Continuous Observation
  a. within eyesight
  b. within arms length

**General Observation**

General Observation is the minimal acceptable level of observation for all inpatients. This level of observation is suitable for patients assessed as presenting a low to medium risk of suicide, deliberate self harm or harm to others.

The location of all patients should be known to staff, but not all need to be kept within sight. The exact location of each patient on general observations within the acute admission wards Northern Health and Social Care Trust (NHSCT) should be recorded every 30 minutes.

At least once per shift a registered mental health nurse should set aside dedicated time to assess the mental state of the patient and engage positively with them. This assessment should be documented in the patient’s notes.

**Continuous Observation**

Continuous Observation involves one to one nursing observation. It should be considered when the patient could, at any time, attempt to significantly harm themselves or others. It should be considered when a patient is assessed as presenting a high risk of suicide, deliberate self harm or harm to others. It may also be needed for patients who need constant assistance to maintain their safety.

There are two categories of Continuous Observation. The patient can be observed either within eyesight or within arms length depending on clinical need.

a. **within eyesight** – observation requires that the patient is kept within eyesight and accessible at all times, by day and by night.
b. **within arms length** – observation should be considered for patients at the highest risk of harming themselves or others, and it involves supervising the individual in close proximity. On specified occasions, more than one member of staff may be necessary, particularly if the patient presents a risk of violence.

Positive engagement with the patient is an essential aspect of Continuous Observation.

Patients who are on Continuous Observation for risk of suicide or self harm should be supervised at all times without exception. It should be continued when visitors are present and when the patient is attending therapies / activities. Consideration could be made to change continuous observation from “within arms length” to “within eyesight” when visitors are present. This should be agreed and recorded as part of the Observation Prescription Form (Appendix 3).

As a general principle Continuous Observation should continue throughout the night when the patient is sleeping.

Continuous Observation requires additional expertise from the nurse to work with patients who are mostly acutely distressed and who are presenting the highest level of risk. Wherever possible, a nurse should not undertake Continuous Observation for longer than one hour.

The observation nurse should not replace the role of the primary/named nurse, who is responsible for daily assessment of mental state and implementation of a holistic nursing care plan. The observation nurse will support the primary/named nurse in assessment of risk and mental state and in engaging therapeutically with the patient.

**Delegation to Non Registered Staff**

In view of the high level of expertise required, continuous observation should be carried out by registered mental health nurses where ever possible. This ensures that patients are positively engaged and trained staff can utilise the time therapeutically.

However, in certain circumstances it may be appropriate to delegate continuous observations to non registered staff. In these instances the senior nurse who makes the decision to delegate continuous observations is accountable for ensuring that the non registered member of staff is competent to undertake the role (Appendix 4). Individual staff member undertaking continuous observation must be satisfied that they have the appropriate knowledge, skills and experience to safely perform this task, including appropriate training in Management of Actual Potential Aggression (MAPA). All non registered staff undertaking continuous observation must be aware of the patient’s level of observations and the rationale for this by reading and understanding the care plan in the Integrated Care Pathway (ICP).
4. General Observation Procedure

This level of observation will apply to all patients in hospital unless they are assessed as requiring continuous observation.

Patients on general observation will be asked to remain ward based, unless it has been agreed as part of a risk assessment that they can have time off the ward.

It will be agreed whether time off the ward must be supervised or unsupervised by other staff from the multidisciplinary team or a visitor. The length of time off the ward will also be agreed.

Nursing staff will explain to the patient that they are required to inform staff when they are leaving the ward and where they will be. They will also be asked to adhere to the length of time agreed and remain within the grounds of the hospital.

A record of the patient’s whereabouts will be recorded at 30 minute intervals in the acute admission wards.

The agreed arrangement will be recorded in the patient’s nursing notes and the general observation checklist (Appendix 1), and written information will be provided to the patient (Appendix 2).

5. Procedure for Increasing the Level of Observation

In most circumstances a decision to increase the level of observation will be taken by the multidisciplinary team. However, in matters of urgency any member of the multidisciplinary team may commence a higher level of observation if increased risk is suspected. This could be done by the named nurse, the nurse in charge, the duty doctor or the patient’s responsible medical officer or their nominated deputy.

Wherever possible, patients should participate in decisions about the appropriate level of observation. Nurses should explain to the patient the reason for observation, how it will be provided and by whom. The patient should be given written information (Appendix 6) and should be asked to sign their Observation Prescription Form (Appendix 3).

The decision on the level of observation must be documented in the medical and nursing notes section of the ICP and on the Observation Prescription Form.

6. Procedure for Reviewing the Level of Observation

All observation levels should be under continuous review and aim to provide the least restrictive care needed to maintain safety. The observations of a
A patient subject to continuous observation should be reviewed by both a Medical Officer and (consultant psychiatrist or nominated deputy) and Senior Nurse (named nurse or nurse in charge) on at least a daily basis.

At weekends and bank holidays, observation levels should be reviewed by a senior nurse and the duty doctor with the duty consultant contacted by telephone if necessary.

All patients, level of observation must be reviewed formally at least once weekly by the multidisciplinary team.

7. Procedure for Reducing the Level of Observation

Any reduction in a patient’s level of observation must be a multidisciplinary decision and must always be based on a thorough clinical risk assessment. The level of observation can only be reduced following a joint assessment by a senior nurse (named nurse/nurse in charge) and the patient’s consultant psychiatrist or their nominated deputy.

When the treating medical team is unavailable, for example at weekends, the level of observation can be reduced by nursing staff in conjunction with the duty doctor, with the consultant-on-call contacted by telephone if necessary.

When observation levels are changed, the rationale for the decision must always be documented in the patient’s notes. The Observation Prescription form must be signed by the senior nurse or medical officer. It should clearly describe what has changed in terms of risk to warrant a change in observation.

If there is disagreement between individuals within the multidisciplinary team about any decision to increase or to reduce a patient’s level of observation, this must be brought to the attention of the individuals, line managers. Staff should always choose the safest option for both patient and staff.

8. Procedure for Planning Changes in Observation

The patient’s treating consultant psychiatrist may wish to specify certain conditions under which other staff may wish to consider changing the patient’s level of observation. These conditions must be clearly documented in the patient’s medical notes and on the Observation Prescription Form. These conditions may help to inform decisions when the treating consultant is unavailable, for example at weekends, evenings and bank holidays.
9. Documentation of Observations

Medical/nursing notes in the ICP

Any decisions with regard to a patient’s level of observation must be recorded in their medical and nursing notes. This must clearly state the level of observation, the rationale for the observation level and when this will be reviewed.

The patient’s primary/named nurse should record a summary of the observations as part of their assessment in the nursing notes at least once per shift.

Continuous Observation Prescription Form

If a patient is commenced on continuous observation a Continuous Observation Prescription Form and Continuous Observation Checklist (Appendix 4) must be completed and included in the patient’s notes. This form should detail how observations will be implemented and reviewed, risk factors related to the observation level, known trigger factors which would increase risk, and rationale for reducing observation level. The Continuous Observation Prescription Form should also record any special circumstances or conditions example when the patient is in the bathroom or has visitors.

When Continuous Observation is stopped the Continuous Observation Prescription Form must be updated and signed by the staff members making the decision. The rationale for this decision must be documented in the patient’s notes and on the Continuous Observation Prescription Form, which must be discontinued.

Continuous Observation Care Plan

The pre written care plan (Appendix 5) details the purpose of continuous observation focusing on therapeutic input and personal responsibility. The patient should be asked to sign it to demonstrate their engagement in the process. The patient should also receive a copy of this care plan. All staff on the ward must be made aware regarding the patients level of observation and the rationale for this by reading and understanding the care plan in the nursing notes and during shift to shift handovers.

Continuous Observation Recording Sheet

For any patient on continuous observation, every hour the observing nurse should document a summary of the care given during that hour, emphasising the therapeutic input and highlighting any issues relevant to risk. This should be written on a continuous Observation Recording Sheet (Appendix 7) which must be filed in the patient’s notes. Non registered staff can complete this document but each of their entries must be countersigned by a registered nurse. This information will be used by the patient’s primary/named nurse in their summary report in the in the ICP progress notes recorded every shift.
Monitoring and Auditing

A record of Continuous Observation (Appendix 8) should be completed by the nurse in charge for every patient commenced on Continuous Observation. These records should be forwarded to the ward clerk and then forwarded to the Nursing Services Manager to enable data to be collated and monitored.

On completion this will allow for routine monitoring and auditing of the number of patients being cared for under Continuous Observation and the number of staff required for it.

References


Equality, Human Rights and DDA

This policy is purely clinical/technical in nature and will have no bearing in terms of its likely impact on equality of opportunity or good relations for people within the equality and good relations categories.

Alternative Formats

This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.

Sources of advice in relation to this document

The Policy Author, responsible Assistant Director or Director as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.
## General Observation Checklist

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Vol/Det</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant:</td>
<td>Ward:</td>
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</tbody>
</table>

Please note all new admissions must be ward based until it has been agreed as part of a risk assessment that they can have time off the ward. All updates should be recorded in the medical and nursing notes.

### Please respond to all statements below

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Updates</th>
<th>Updates</th>
<th>Updates</th>
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<tr>
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</tr>
</tbody>
</table>

- **Verbal and written information given (Appendix 2)**

<table>
<thead>
<tr>
<th>Supervised time of the ward</th>
<th>Relative/Carer</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Date/Sign</td>
<td>Time</td>
</tr>
</tbody>
</table>

- **May leave hospital grounds**

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<thead>
<tr>
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<th>Time</th>
<th>Date/Sign</th>
<th>Time</th>
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<td>Time</td>
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</table>

- **If yes length of time agreed**

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<tr>
<th>Time</th>
<th>Date/Sign</th>
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<th>Time</th>
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</table>

I understand and agree with this decision:

Patient signature……………………………
Appendix 2

Information for Patients on General Observation

All patients at all times during an admission to hospital are observed by staff in a supportive way. This helps staff to get to know you and gives opportunities for you to build confidence. Encouraging communication and listening are part of the observation process.

During your admission to hospital, doctors and nurses will consult with you in what level of observation is needed to make sure you are safely cared for. Observation will be carried out by nurses who will know about you. We need to ask for your co-operation in carrying out observation.

General Observation

When you come into hospital you will normally be on General Observation.

During these times you will be asked to:-

- Remain on the ward unless time off has been agreed by the medical and nursing staff.
- Arrange with nursing staff with regard to whether it is appropriate for you to spend time off the ward.
- Inform staff when you are taking arranged time off the ward.
- Use the signing out/in book when leaving and returning to the ward.
- Remain within the grounds of the Hospital unless otherwise agreed.

Please feel free to share this information with your relatives.
Continuous Observation Prescription Form

Hospital number: ______________________

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Consultant:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please respond to all Statements below</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Patient to be within eyesight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient to be at arm’s length</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation when using the bathroom</td>
<td>Eyesight</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arm’s length</td>
<td></td>
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</tbody>
</table>

Summary of risk factors relating to observation plan:

Rationale for observation level:

Known risk triggers / changes in behaviour which would increase risk:

What would be the rationale for reducing observation levels (eg visitors, asleep)?

Cessation of Continuous Observation

Rationale for decision:

Medical Staff: Print Name: ______________________ Signature: ______________________
Nursing Staff: Print Name: ______________________ Signature: ______________________
Date: ________________ Time: ________________
## Continuous Observation Checklist

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
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<th>Consultant:</th>
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### Reasons for commencement of Continuous Observation:
- Risk of self harm: [ ]
- Risk of harm to others: [ ]
- Vulnerability: [ ]
- Any other reasons: [ ]
  (absconding must be qualified by one of the above risks)

### Consultant informed of commencement of Continuous Observation
- Documented in: Nursing Notes [ ] Medical Notes [ ] Care Plan [ ]
- Explanation given to Patient [ ] and Carer [ ]
- I agree/disagree with this decision…………………………………………….(patient’s signature)

### Please respond to all statements below

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<tr>
<th></th>
<th>Yes</th>
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<tr>
<td>Patient to be within eyes view</td>
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<tr>
<td>Patient to be at arms length</td>
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<tr>
<td>Nurse to remain with visitors</td>
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</table>

### Observation when using toilet/bath/shower
- Visual
- Hearing

### Nursing Assistant or Health Care Assistant can observe the patient

### Nurse to remain during intervention with other professionals

### Any other advice to staff concerning observation eg. location of bed, searching

### Initiated by:
- Nurse ___________________________ Doctor ___________________________
- Date/Time __________________________ Date/Time __________________________

### Review dates and signatures:

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### Discontinuation Date _______________

### Number of actual Days/Hours [ ]
Continuous Observations
Care Plan

Identified Need
Increased risk of:

Identified Goal:
To promote a risk free environment which seeks to re-establish self-care and independence.

Planned Interventions, Nursing/Self

1. Place on continuous observations, complete Continuous Observation Prescription Form and provide information leaflet.
2. Introduce self to patient.
3. Proactively initiate and encourage communication in order to build up rapport with the patient.
4. Encourage meaningful interaction with __________________________ attempting to promote open and honest discussion re prescription of Continuous Observations as outlined in the Observation Prescription Form.
5. Explore precipitating factors leading up to this situation and encourage ventilation of fears and anxieties.
6. Together with __________________________ attempt to identify any stressors or triggers.
7. Discuss the above factors and try to find ways of lessening or avoiding their reoccurrence.
8. Recognise and negotiate the right to time for privacy, relaxation and rest.
9. Review the level of observations on a daily basis with members of the multidisciplinary team, emphasising the promotion of responsibility, independence and therapeutic risk taking.
10. Consider appropriate use of medication and administer same as prescribed.
11. Encourage engagement in ward based activities where appropriate, involving Occupational therapy and other key personnel.
12. Inform and involve relatives and carers in decisions regarding observations when practicable.
13. Ensure that all staff are aware of prescription of continuous observations when practicable.
14. Specific interventions to address this patient’s particular difficulties.

Patient Signature: __________________________
If not signed, reason why: __________________________
Primary Nurse Signature: __________________________
Review date: __________________________
Information for Patients on Continuous Observation

Continuous Observation is indicated at a time when you are in need of extra support – for example when you are at risk.

Whilst on Continuous Observation a member of staff will be assigned at all times. You will be involved in making these decisions which staff will review with you every 24 hours.

We hope you appreciate the need to work with staff to make these observations part of an effective treatment plan. The staff want to make sure that your privacy and your personal dignity is protected when carrying out these observations.

Any lack of privacy is for a limited period, and in the interests of your safety. Please ask your nurse or other members of the multidisciplinary team about any difficulties or queries.

Please feel free to share this information with your relatives.
## Continuous Recording Sheet - Template

<table>
<thead>
<tr>
<th>Time</th>
<th>Sign and Date</th>
<th>Allocated Nurse</th>
<th>Authorising Allocation</th>
<th>Comments / Activities Engaged In</th>
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# Continuous Recording Sheet - Template

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<th>Consultant:</th>
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<th>Sign and Date</th>
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<th>Authorising Allocation</th>
<th>Comments / Activities Engaged In</th>
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Appendix 8

Record of Continuous Observation

1. The nurse in charge must complete this record for every patient commenced on continuous observation.

2. This form must be completed even if no additional staff were required.

3. When the Continuous Observation ceases, this form must be signed and forwarded to the ward clerk who will arrange for the details to be recorded.

Patient Details

Patient’s Name: __________________       Ward: __________________
Patient’s Date of Birth: ______________     Consultant: _______________

Staffing

PLEASE TICK ONE BOX ONLY

☐ Number of staff currently on ward
☐ Number of patients on Continuous Observation
☐ Number of additional staff required on ward

Date commenced: / /       Time commenced: / /
Date finished: / /       Time finished: / /

Duration of Continuous Observation level (Number of days):

Signed: ________________       Designation of Nurse: ________________