Psychiatric Tool-Kit

Caring for the Psychiatric Patient Outside of a Psychiatric Department

The North Carolina Organization of Nurse Leaders (NCONL) is concerned about the diminishing number of available psychiatric beds in North Carolina and the growing number of psychiatric patients that are remaining in emergency departments and acute care beds while awaiting placement in a psychiatric bed/facility if indeed that placement becomes a reality. As nursing leaders we are concerned for the safety of the psychiatric patient as well as other patients and the staff who take care of them.

As such, NCONL makes available to its membership a set of sample guidelines, strategies and forms that may be copied/used by hospitals that need assistance in establishing guidelines for the care of the psychiatric patient outside of a psychiatric bed/department/facility.

These documents are meant as samples only. These resources are offered as guidelines only and should not be used as policy without confirming them as best practice for the environment in which they are being adopted. These resources should not, and cannot be used against the North Carolina Organization of Nurse Leaders, its employees, officers, or representatives. These documents are not meant to serve as legal advice. They are sample documents only.

Sample Document

The documents are divided into five categories: Staff Education, Patient Assessment, Environmental Safety, Consultation, and Patient/Family Education.

Staff Education

- RN Orientation and Training Related to the Psychiatric Patient
- Nursing Assistant Orientation Training Related to the Psychiatric Patient
- Ancillary Staff Education
- Nurse's Role & Responsibilities When Caring for a Patient With Mental Health Issues

Assessment

- Nursing Care Interventions Psychiatric Care in an Acute Care Setting
- Violence Risk Screening
- Security Risk Assessment Tool
- Suicide Precautions/Risk Level System
- Suicide Prevention Bundle ED
- Suicide Prevention Bundle Critical Care
- Suicide Precautions: Risk Assessment and Intervention
- Suicide Precautions/Risk Level System
- Forced Medications and Treatment
- Mental Health Care Coordination Communication Tool

Environmental Safety

- Physical Search
- Contraband
- Patient Belongings/Valuables
- Search and Seizure of Contraband
- Security Risk Assessment Tool

- Violence Risk Screen
- Suicide Precautions
- Suicide Precautions Search List
- Suicide Precautions Sitter Form
- Sitter Observation and Documentation Form
- Psychiatric Crisis Response Team
- Violent Response Team
- Violent Response Team QA Form
- Violence Response Team Face to Face Evaluation

Patient and Family Education

• Restraint Education

Consultation / Resources

- Psychiatric Resource Liaison Nurse
- Resources

Care Nurse's Roles & Responsibilities

When Caring for a Patient with Mental Health Issues

Essential Functions Include:

- Admission history, physical, social and psychological assessment
- Obtain copy of Mental Health Advance Directive if patient has one
- Initiate and maintain safety precautions; perform environmental assessment
- Search patient with Security present; **secure** patient belongs in lockers on unit (or in designated place)
- Keep door open at all times
- With each assessment: **Observe for and identify behaviors** that may indicate underlying concerns (presence of suicidal/homicidal ideations, withdrawn mood or affect, presence of observed agitation, severe anxiety, aggression)
- **Nursing care** responsibilities may include bathing, feeding patient, changing bed linens, taking and recording vital signs
- Do not allow patient to leave the immediate premise
- **Do not discuss personal information with patient** (ie. type of car you drive, area you live in, how many children you have, etc.)
- Plan of care should address psychosocial/emotional care needs
- Work together with sitter to ensure linen taken to linen shoot/dirty utility room
- Pass meal trays; If patient does not have a sitter, provide assistance with meals by setting up trays, opening food containers, cutting meat, and handing plastic fork and spoon to the patient, ensuring no knives allowed
- Work with your team members to ensure **staff meal** coverage for the patient. Additional breaks are allowed as staffing permits.
- **Utilize resources** (nursing supervisor, security, social worker, other staff)
- Hourly rounding and prn
- Ensure patient receiving prescribed meds and **observe patient** taking meds.
- Assess for warning signs/ escalating behaviors
- Maintain professional attitude, minimize noise, avoid demeaning language, respect patient's personal space, always stay calm, and avoid sudden movements, arguing and confrontation
- **Keep yourself safe:** stay away from corners of room and don't wear large earrings, stethoscopes or jewelry around neck

Documentation Requirements:

- Ongoing Assessment- Fall Risk/Safety Strategies Q12 hours or with change in caregiver
 - o Sitter at bedside/ Suicide protocol
- Ad Hoc/Event Notification Q12 hours or with change in caregiver
 - o Environment assessed for safety and modified as needed
 - Any other activities related to the care of the patient with mental health issues
- Ongoing Assessment: Communication Rounding: Hourly and prn.

Employee Signature: Date:

Ancillary Staff Education

EVS:

- EVS carts not to be left unattended in the hallway. May take them into rooms when using to clean rooms.
- No plastic liners to trash cans in patient rooms. EVS will wipe out cans as needed on a regular basis. Trash cans are to be kept in the patient room not in the hallway.

Food Services:

- No aluminum cans in patient rooms. Plastic bottles or cups only.
- Paper Service on all trays, No knives.
- Meals passed then carts should immediately be returned to the designated area
- Dietary Liaison will check with charge nurse & nurses daily to see who may not be appropriate to visit for menu collection.

Security:

• Security to make walking rounds throughout the day/night.

Maintenance:

• Do not leave equipment out of sight and reach while on unit.