UPSTATE
UNIVERSITY HOSPITAL

Safety Companion
Ligature/Suicide Precautions

Policy CM S13

Use of a Safety Companion for Safety for At-Risk Patients

Revised : 11/18, 6/19, 7/30/19 CK/ML

Objectives

- Define the role of the Safety Companion
- Define levels of Safety Companion
- Differentiate between RN and Safety Companion responsibilities
- Discuss proper documentation for Safety Companion
- Differentiate between Non-suicidal and Suicidal Precautions

What is a Safety Companion?

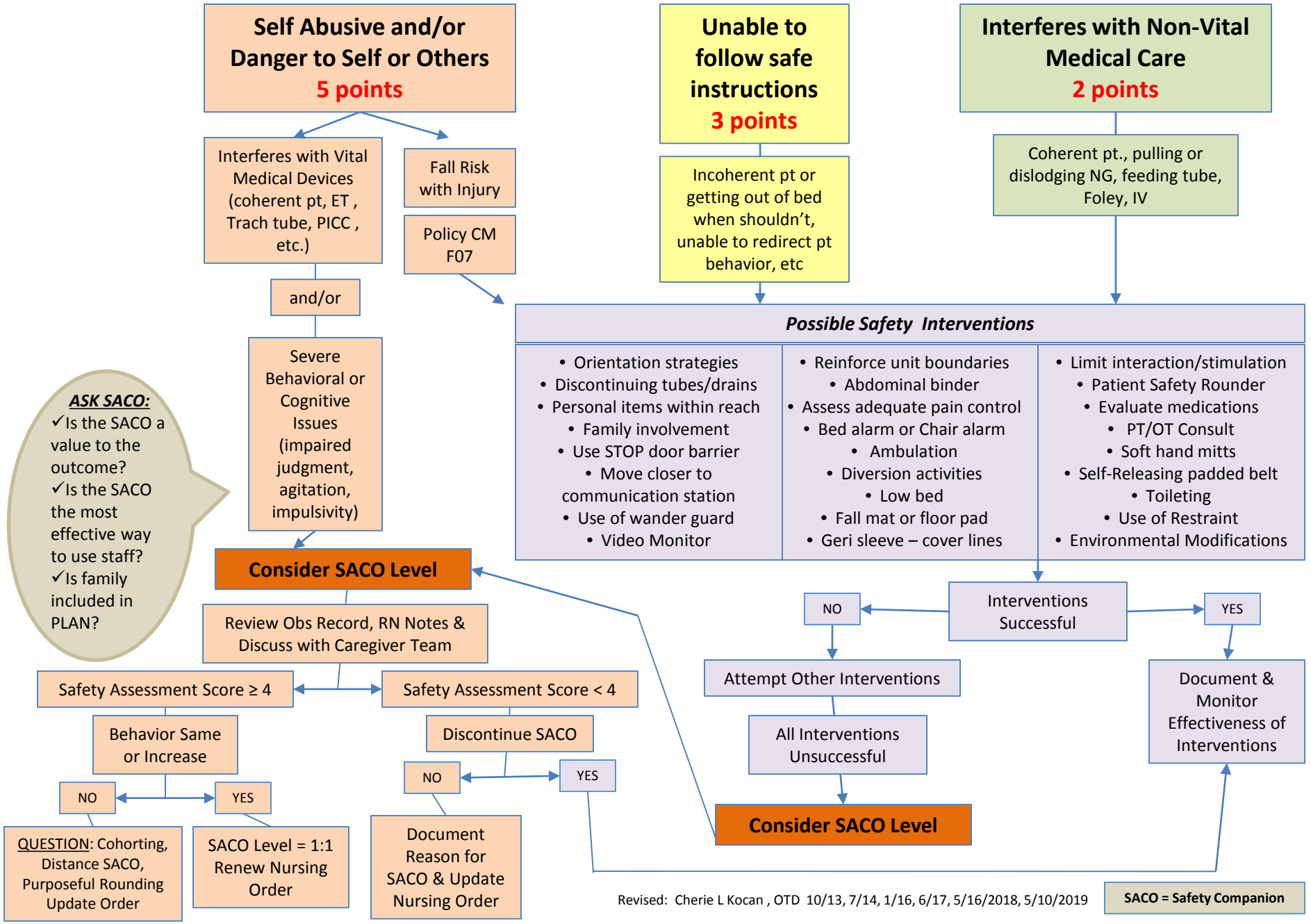
- **Specially trained clinical staff, designated to provide observation of a patient at risk for safety due to:**
  - Suicide ideations or attempts
  - Self-Abusive/Danger to Others
  - Unable to follow safe instructions
  - Interferes w/ non-vital medical care
  - **SACO**=Safety Companion

LPN, HCT, SCA, HA/UST, MHTA, MOA (In-pt)

RN Safety Assessment & Evaluation Plan

- If the **RN** determines a patient is at "at risk" (safety concern), they will complete a "Safety Assessment" every 8 hours and PRN to determine a NEED & LEVEL of SACO using the **Safety Companion Decision Tree**
- **The score total will *help to objectively* determine if a nursing order for a SACO is recommended**
- The assessment and level will be documented in the Electronic Medical Record (EMR)
- The SACO Level is also documented on the Observation Record F81973

Safety Companion Decision Tree



Revised: Cherie L Kocan , OTD 10/13, 7/14, 1/16, 6/17, 5/16/2018, 5/10/2019

SACO = Safety Companion

Possible Safety Interventions: Patient Safety Rounder

- **The Clinical Leader/ Charge Nurse/Shift Coordinator**
  - Will determine at the beginning of each shift the need for a Patient Safety Rounder and communicate need with the staffing office.
- **The Patient Safety Rounder will attend unit safety huddles each shift to understand the safety needs of each patient.**
- **The Patient Safety Rounder will round continuously on up to 12 patients attending to their *IMMEDIATE SAFTY* needs.**

Possible Safety Interventions : Patient Safety Rounder (cont.)

- **Have no other assignment other than “Patient Safety Rounder”**
- **Document in EMR – your start and end times as a Patient Safety Rounder and any time that additional help was needed by staff.**
- **Report any concerns immediately to the unit Clinical Leader/Charge Nurse/Shift Coordinator.**

Safety Companion Scoring

Self Abusive/Danger to Self or Others	**5 points**
Unable to follow safe instructions	**3 points**
Interferes with non-vital med. care	**2 points**

Total =_____

If total points ≥ 4: Consider use of a Safety Companion

RN determines the level of SACO needed

1. **1:1**
2. **Cohorting (2:1)**
3. **Distance Safety Companion**
4. **Purposeful Rounding Companion**

1:1

- **HIGH RISK patient requires 1:1 constant visual, arms reach observation for immediate or impulsive behavior that may be harmful to self or others**
  - Assaultive/Aggressive behavior
  - Interferes with Vital medical Devices (ET, Trach or PICC)
  - Actively psychotic experiencing visual, auditory and/or command hallucinations
  - Acute detox with seizures or delirium tremors
  - 3 or 4 point restraint or Twice-As-Tough Cuff Stretcher/Quick Release
  - Fall risk with injury when other interventions are not effective

Cohorting (2:1)

- **Two patients who do NOT require constant visual observation but require a SACO in the room**
  - Remain with both patients in the same room
  - Both patients:
    - may have similar conditions and/or symptoms
    - must be responsive to verbal directions
    - cannot be agitated, suicidal or require a great deal of physical care, etc.
  - SACO must communicate to the RN if one patient needs extended periods of time (toileting, bathing, walking, etc)
    - Another staff member will observe one patient while the SACO addresses the other patient needs.

Cohorting (2:1) ED ONLY

- **Two patients who do not require *constant visual* observation but require a safety companion.**
  - SACO is within 10 to 15 feet from both patients (approximately the length of 1 stretcher) so they are able to respond to immediate patient needs
  - Remains with both patients in a designated area

Distance Safety Companion

- **Direct observation of the patient at all times within 20 feet of patient (approximately length of 2 stretchers)**
  - For patients that might have had 1:1 SC Level and now trying to decrease SACO Level to promote more freedom
  - Direct observation but does not have to be constant
  - Provides the patient with a little sense of privacy/independence

Safety Companion Purposeful Rounding

- **Frequent (more than hourly) rounding on Purposeful Rounding patients ONLY as determined by the needs of the patient and RN**
  - Clinical Leader/Charge Nurse/Shift Coordinator determines the minimal rounding time for each patient.
  - The SACO will be assigned NO more than three (3) patients and will have NO other unit assignments other than “Purposeful Rounding”..
  - Inquire about the **5P’s** (**P**ain, **P**ositioning, **P**ersonal Needs, **P**ossessions & **P**.O.)
  - At the same time: **R**espond to Questions, **R**eassure that they are there to help and will return frequently (the **2R’s**)

Once the RN determines a SACO is needed

- **RN**
  - Notifies the Clinical Leader/Charge Nurse/Shift Coordinator
  - Together they review alternatives attempted
- **Clinical Leader/Charge Nurse/Shift Coordinator**
  - Notifies the Nursing Unit Manager and, Nursing Unit Director or Administrative Supervisor of the order.
- **Upon agreement**
  - Write *nursing order* for SACO
  - SACO Nursing Order expires in 8 hours

RN Responsibility

- **Continue to assess need for SACO every 8 hours and w/ changes**
  - D/C as soon as no longer indicated
  - Use lower level of SACO when possible (“weaning”)
- **Family may serve as alternative to a SACO**
  - Determined by the RN and family members
  - Patient/family/care givers education on expectations
  - Only intervals of time
- **Nursing supervisors and/or Nurse Managers are encouraged to rotate SACO assignments on the same unit every 4 hours.**

RN Responsibility (cont.)

- **Gives verbal report to SACO <u>within 30 minutes of assignment</u>**
  - Be specific about behaviors, interventions
  - Check in on SACO periodically
- **Ensures SACO is relieved for Meals & Breaks**
  - Unit Clinical Leader/Charge Nurse/Shift Coordinator schedules coverage minimally every 4 hours

SACO Responsibility

- **SACO receives report and reviews Electronic Medical Record WORKLIST w/RN** within 30 minutes of beginning assignment.
  - Communicates observations to RN every shift and with any change in patient condition, behavior, affect, interactions or visitors or any concerns that may affect SACO need or level.
- **Communication off-going SACO ↔ on-coming SACO:**
  - Gives/receives verbal report using Observation Record **(F81973)**

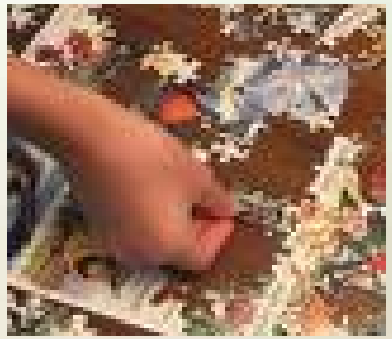
SACO Responsibility (cont.)

- Be alert & aware of all patient activity and avoid any distraction
- No eating or drinking at the bedside
- Do not bring personal items or activities in the patient's room (backpack, purse, coats, etc.) (personal reading and/or studying, cell phone use {calls or texts} or use of other electronic devices)
- No Sleeping or "resting your eyes"
- Use Vocera conference feature to join unit
- Follow SACO LEVEL that is assigned as a Nursing Order via nurse

SACO Activities w/ Patient

- **Engage patient in activities according to plan of care in collaboration w/ RN**

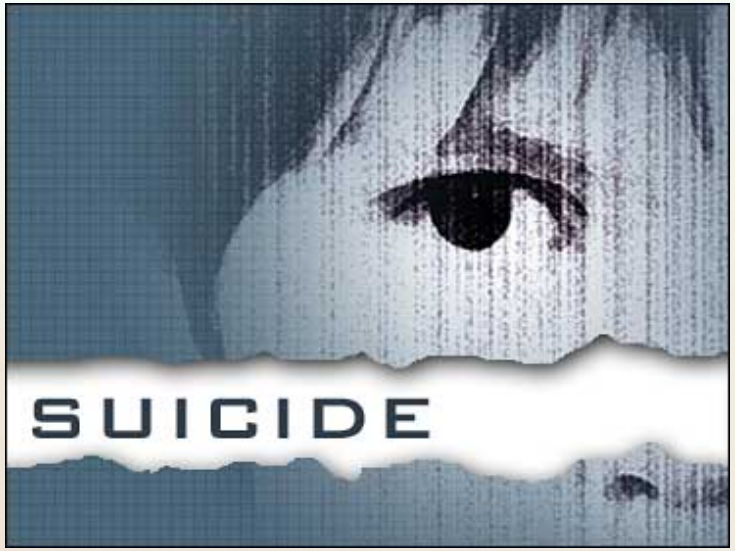
- **Activity Cart**
  - Community: Administrative Hallway – 1st Floor
  - Downtown: 1328B hallway



- **Provide competent physical/therapeutic care and ADL's consistent with job title/role**
- **Offer diversion activities with direction of RN**
- **Walk patient around unit if stable – "Get up & Go Program"**
- **Redirecting patient**

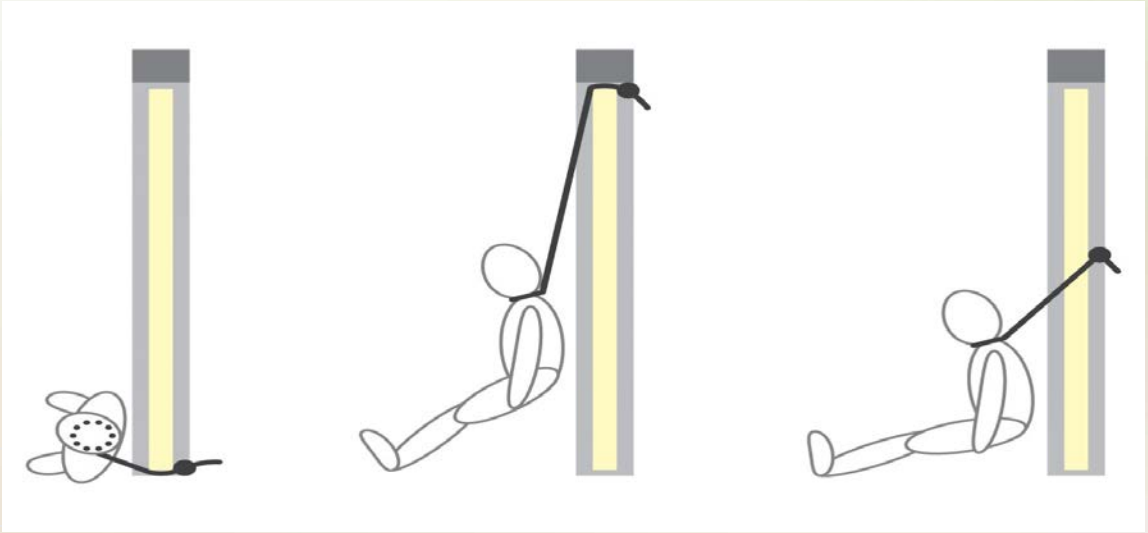
Ligature & Suicidal Risk

Policy CM S-09, Suicide Precautions



Suicide Precaution – Ligature Risk

- Ligature risk points are anything that could be used to create a attachment point, such as a cord, rope or other material, for hanging or strangulation. Common points include doors, hooks, handles, window frames, belts, sheets, towels, and shoelaces.



Schweich, Emily, (2019, April 29) CMS Revisions Ligature Risk Guidance. Retired from https://essentialhospitals.org/policy/cms-revises-ligature-risk-guidance/

Placing Patient on Suicide Precautions

- **RN can write an RN Suicide Precaution order for patients who exhibits active suicide thoughts and/or behavior, or who are admitted for attempted suicide. (valid 1hr)**
  - Charge Nurse notifies Administrative Supervisor of 1:1 Suicide Watcher (SUWA)
- **Covering MD will evaluate & determine need within 1 hour of implementation = order via EMR**
  - MD order is required to discontinue
- **Psychiatric consult is ordered by MD to determine continued need**
  - Psychiatric Consultation Service – see patient daily
  - STAT Psychiatric Consultation Service – for elopement/AMA

Room Preparation

- **The RN and SUWA will observe the room for possible environmental risks that can be removed without negatively impacting the ability to deliver medical care.**
- **Confirm window latches are secured and locked**
- **Place sign on door indicating visitors need to report to nurse's station prior to entering room (F87612) via Duplicating**
  - Excluding In-Patient Psych
- **Limit 1 plastic liner to 1 trash can**

? Environmental Risk Items:

1. BP Cuff
2. Stethoscope
3. SCD Tubing
4. Extra Dirty Linen
5. Chair
6. Bed Frame
7. Telephone
8. Call Bell
9. IV Pump
10. Privacy Curtain
11. Suction Gauge
12. Over-bed Table
13. Bed-Side Stand
14. Air Conditioner
15. Blinds
16. Extra Telephone
17. Wire Basket
18. Track Hooks

1:1 Suicide Watcher (SUWA) responsibilities:

- **Is the SAME as a 1:1 High Risk Safety Companion but adds:**
  - **Visual observation of hands at all times** (including but not limited to: bathing/showering, toileting, sleeping, test/treatment)
- **Patient MUST wear hospital SAFETY gowns, pants & socks (EXCEPTION: 2N DT and 4East CC)**
  - DT = Medical Equipment Request via ZenWorks via linen services & CC = Environmental Services

SUWA responsibilities (cont.)

- **Patient is NOT aloud personal belongings except for quality of life items (glasses, dentures, hearing aides, etc.)**
- **Patient is restricted to room unless medical team gives the "OK" (PEDS = stoplight)**
  - Report to RN when patient is leaving the unit for medical reasons
  - May step out of room, remaining just outside, at physician request ONLY (examining patient)
  - If patient transfer – communicate precautions

SUWA Responsibilities (cont.)

- **Disposable Precautions: account for ALL plastic utensils**
- **No outside food allowed (PEDS = stoplight)**
- **Visitor belongings to be placed in room lockers/cupboards – nothing at bedside**
- **When possible SUWA & patient = same gender**

SUWA Responsibilities (cont.)

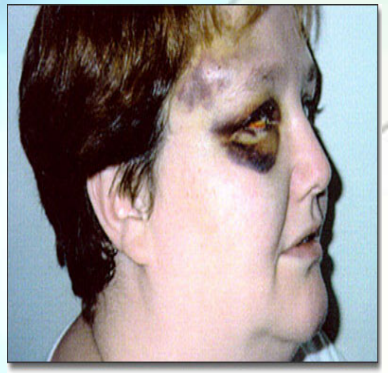
- Continuously monitor RISK ITEMS in room (Appendix A)

O2 meter/tubing	Toxic Substances	Thermometers	Soda Cans
Cords Of Any Kind	Otoscope	Linen	Pens/Pencils
Wire baskets	Ophthalmoscope	Plastic Bags	Mirrors
Suction Gauge	BP Cuffs	Glass/Sharp Items	Bed/Stretcher
Blinds/Curtains	Stethoscope	Clothes Hangers	Chair/Sofa

- Document q15min via Observation Record (F81973 is medical record)

RN Responsibilities

- **Perform an Environmental Risk assessment and document on the Observation Record (F81973)**
- **Provide patient & family education about safety precautions** (aka Suicide Precautions)
  - Food, dress code, room restriction, visitors belongings locked
- **Give verbal report to SUWA within 30 min of assignment**
  - Review Environmental Risk Assessment (ERA) & other risk items **NOT** removed from room **(F81973)** with SUWA



For your own Safety…

- **Keep yourself between the patient and an exit**
- **May need to obtain help – a neutral person may be able to diffuse the situation**
- **Staff abuse is unacceptable (physical or verbal)**
  - Take steps to protect your safety
  - Notify your supervisor
  - Contact University Police as needed and complete the required injury/occurrence forms as needed
  - Refer to Workplace Violence Prevention Policy Statement (Policy W-04)

For your own safety…

- **Remove items from around your neck**
- **Tuck in shirt ties, no hooded sweatshirts**
- **No hanging jewelry, cloth handbands**
- **Don’t discuss personal information**
- **Keep track of utensils, etc.**
- **Back off, wait it out**

EXCEPTIONS

- **Psychiatric Inpatient Unit (4B and 5 West): Refer to unit specific policy PSY S-05 Suicide Precautions.**
- **Patients who are intubated and on a continuous sedative drip will require a 1:1 SUWA during any period of holding or weaning the continuous sedative drip. The Observation Record must be completed. (F81973)**
- **Pediatric ICU: An RN or unlicensed personnel will act as the 1:1 SUWA while the patient is intubated and sedated. The Observation Record must be completed. (F81973)**

Correction Officers (State & County)
(Excluding In-Pt Psych)

- **May assume responsibility for 1:1 SUWA constant observation (no nursing staff required).**
- **Required to document every 15-minute observations in the DOCCS log book or the County Jail log book on admitted patients including admitted inmates in the ED awaiting placement.**
- **A copy of the log will be obtained by the nurse caring for the patient every 8 hours & attach to Observation Record Form (F81973).**
- **Nursing will place a patient sticker on the copy of the log and document "Constant Observation by DOCCS/County Jail Officer".**

Overview of Changes

Changes have been made in Epic for charting on Safety Companion needs and use in the Daily Cares/Safety flowsheets so that documentation will reflect policy. In addition, there is a change to the icon seen on the Unit Manager for those patients that have a safety companion.

Wha

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Precautions
Hourly Rounding
Is Video Monitoring being used?
Video Monitoring Start Time
Video Monitoring Stop Time
Patient Safety Rounder
Patient Safety Rounder Start
Patient Safety Rounder Stop
Precautions Maintained?

Safe Environment	
Arm Bands On	
Bedside Safety Equipment	
Room Safety Measures	
Bed In Lowest Position	
Bed Wheels Locked	
Side Rails/Bed Type	
NonSkid Footwear	

Safety Companion (2)	
Self Abusive and/or Danger to	5
Unable to follow safe instructions	3
Interferes with Non-Vital Medical	2
Safety Companion Score	10
Safety Companion	Initiated
Level of Safety Companion (4)	
Indications for Safety Companion	

1. New row in the Precautions group for documenting on the **Patient Safety Rounder**.
2. Combined Safety Companion charting into one group.
3. See the **Row Information** in the Details Report to determine whether or not a Safety Companion may be warranted based on the auto-calculated score.

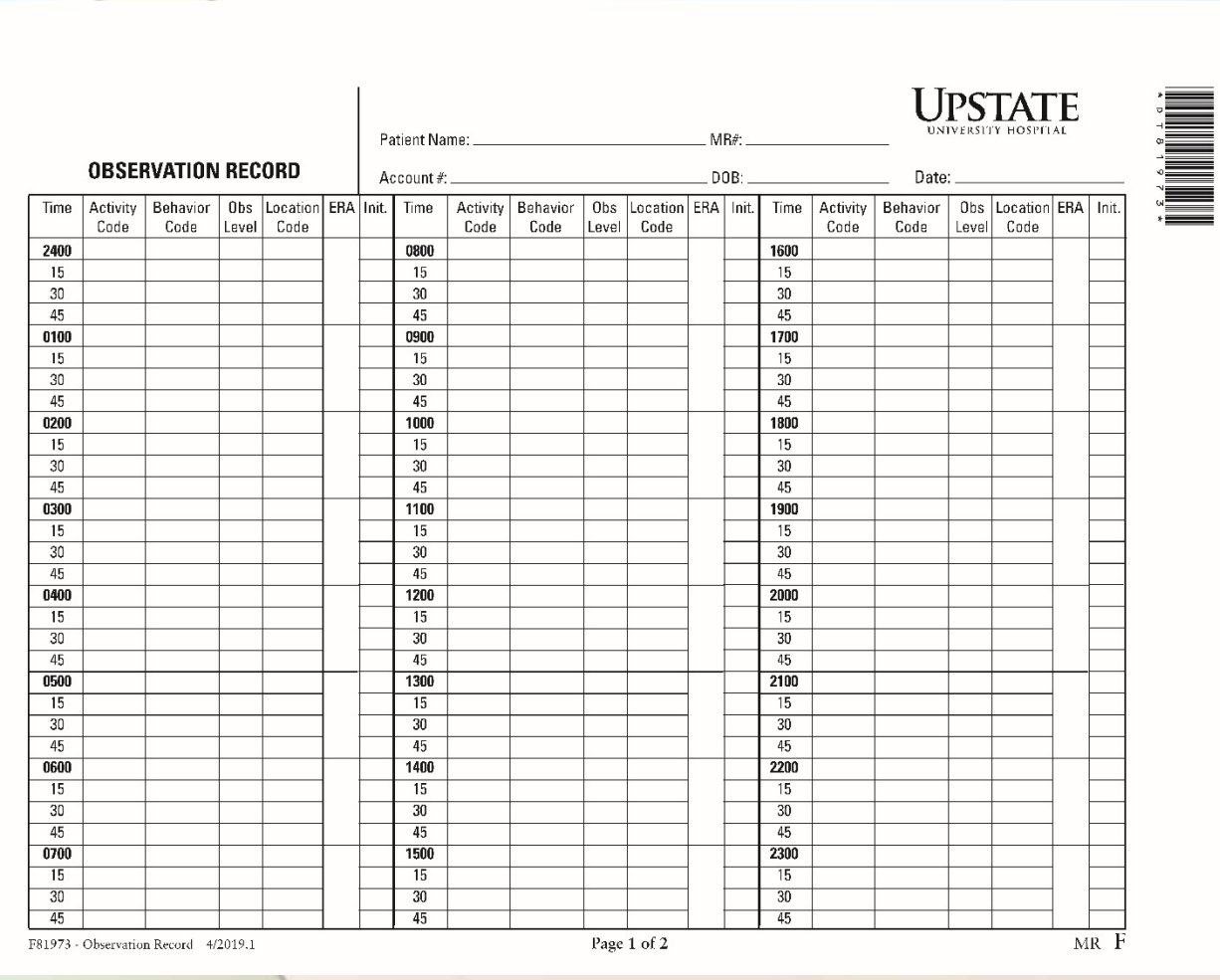
Row Information (3)

If the totaled safety score is 4 or greater, a safety companion may be necessary.
If the totaled Safety score is less than 4, other alternatives to keep the patient safe must be tried prior to implementing a safety companion.

4. If **Initiated** is chosen for the Safety Companion cascading row, 2 more rows populate to document what level of safety companion is in place, and what are the indications for having one.

SACO Documentation

Observation Record (F81973)



UPSTATE UNIVERSITY HOSPITAL

OBSERVATION RECORD

Patient Name: _____ MR#: _____

Account #: _____ DOB: _____ Date: _____

Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.	Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.	Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.
2400							**0800**							**1600**						
15							15							15						
30							30							30						
45							45							45						
0100							**0900**							**1700**						
15							15							15						
30							30							30						
45							45							45						
0200							**1000**							**1800**						
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0300							**1100**							**1900**						
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0400							**1200**							**2000**						
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0500							**1300**							**2100**						
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45							45							45						
0600							**1400**							**2200**						
15							15							15						
30							30							30						
45							45							45						
0700							**1500**							**2300**						
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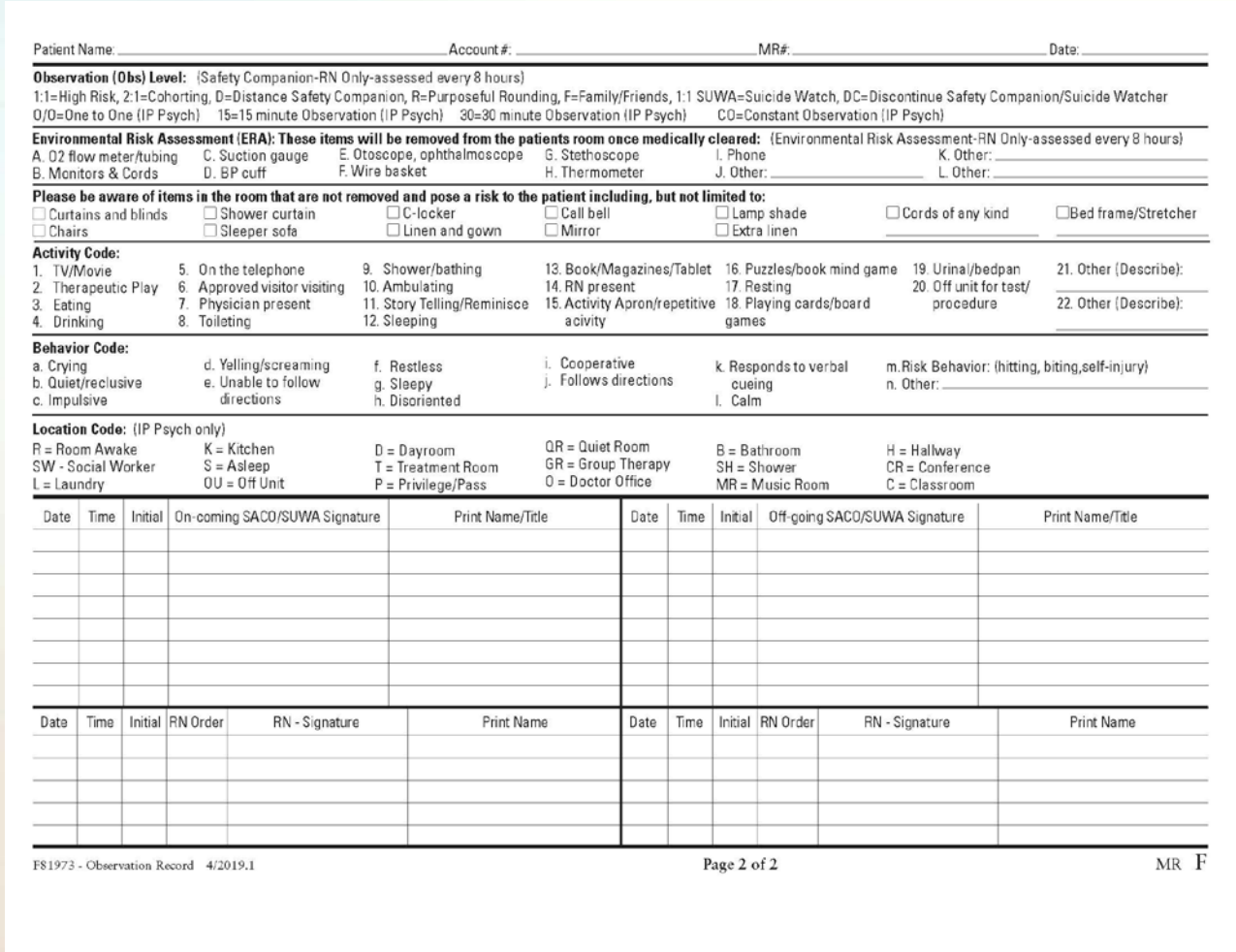
30							30							30						
45							45							45						

F81973 - Observation Record 4/2019.1 Page 1 of 2 MR F



Patient Name: _____ Account #: _____ MR#: _____ Date: _____

Observation (Obs) Level: (Safety Companion-RN Only-assessed every 8 hours)
1:1=High Risk, 2:1=Cohorting, D=Distance Safety Companion, R=Purposeful Rounding, F=Family/Friends, 1:1 SUWA=Suicide Watch, DC=Discontinue Safety Companion/Suicide Watcher
O/O=One to One (IP Psych) 15=15 minute Observation (IP Psych) 30=30 minute Observation (IP Psych) CO=Constant Observation (IP Psych)

Environmental Risk Assessment (ERA): These items will be removed from the patients room once medically cleared: (Environmental Risk Assessment-RN Only-assessed every 8 hours)
A. 02 flow meter/tubing B. Monitors & Cords C. Suction gauge D. BP cuff E. Otoscope, ophthalmoscope F. Wire basket G. Stethoscope H. Thermometer I. Phone J. Other: _____ K. Other: _____ L. Other: _____

Please be aware of items in the room that are not removed and pose a risk to the patient including, but not limited to:
☐ Curtains and blinds ☐ Shower curtain ☐ C-locker ☐ Call bell ☐ Lamp shade ☐ Cords of any kind ☐ Bed frame/Stretcher
☐ Chairs ☐ Sleeper sofa ☐ Linen and gown ☐ Mirror ☐ Extra linen

Activity Code:
1. TV/Movie 2. Therapeutic Play 3. Eating 4. Drinking 5. On the telephone 6. Approved visitor visiting 7. Physician present 8. Toileting 9. Shower/bathing 10. Ambulating 11. Story Telling/Reminisce 12. Sleeping 13. Book/Magazines/Tablet 14. RN present 15. Activity Apron/repetitive acivity 16. Puzzles/book mind game 17. Resting 18. Playing cards/board games 19. Urinal/bedpan 20. Off unit for test/ procedure 21. Other (Describe): _____ 22. Other (Describe): _____

Behavior Code:
a. Crying b. Quiet/reclusive c. Impulsive d. Yelling/screaming e. Unable to follow directions f. Restless g. Sleepy h. Disoriented i. Cooperative j. Follows directions k. Responds to verbal cueing l. Calm m.Risk Behavior: (hitting, biting,self-injury) n. Other: _____

Location Code: (IP Psych only)
R = Room Awake SW - Social Worker L = Laundry K = Kitchen S = Asleep OU = Off Unit D = Dayroom T = Treatment Room P = Privilege/Pass QR = Quiet Room GR = Group Therapy O = Doctor Office B = Bathroom SH = Shower MR = Music Room H = Hallway CR = Conference C = Classroom

Date	Time	Initial	On-coming SACO/SUWA Signature	Print Name/Title	Date	Time	Initial	Off-going SACO/SUWA Signature	Print Name/Title

Date	Time	Initial	RN Order	RN - Signature	Print Name	Date	Time	Initial	RN Order	RN - Signature	Print Name

F81973 - Observation Record 4/2019.1 Page 2 of 2 MR F

SACO/SUWA

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UNIVERSITY HOSPITAL

OBSERVATION RECORD

Patient Name: _____ MR#: _____

Account #: _____ DOB: _____ Date: _____

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2400							**0800**							**1600**						
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0300							**1100**							**1900**						
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0700							**1500**							**2300**						
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30							30							30						
45							45							45						

SACO/SUWA

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A. O2 flow meter/tubing
B. Monitors & Cords
C. Suction gauge
D. BP cuff
E. Otoscope, ophthalmoscope
F. Wire basket
G. Stethoscope
H. Thermometer
I. Phone
J. Other: _____
K. Other: _____
L. Other: _____

Please be aware of items in the room that are not removed and pose a risk to the patient including, but not limited to:

☐ Curtains and blinds ☐ Shower curtain ☐ C-locker ☐ Call bell ☐ Lamp shade ☐ Cords of any kind ☐ Bed frame/Stretcher
☐ Chairs ☐ Sleeper sofa ☐ Linen and gown ☐ Mirror ☐ Extra linen _____ _____

Activity Code:

1. TV/Movie
2. Therapeutic Play
3. Eating
4. Drinking
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6. Approved visitor visiting
7. Physician present
8. Toileting
9. Shower/bathing
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12. Sleeping
13. Book/Magazines/Tablet
14. RN present
15. Activity Apron/repetitive acivity
16. Puzzles/book mind game
17. Resting
18. Playing cards/board games
19. Urinal/bedpan
20. Off unit for test/ procedure
21. Other (Describe): _____
22. Other (Describe): _____

Behavior Code:

a. Crying
b. Quiet/reclusive
c. Impulsive
d. Yelling/screaming
e. Unable to follow directions
f. Restless
g. Sleepy
h. Disoriented
i. Cooperative
j. Follows directions
k. Responds to verbal cueing
l. Calm
m. Risk Behavior: (hitting, biting, self-injury)
n. Other: _____

Location Code: (IP Psych only)

R = Room Awake
SW - Social Worker
L = Laundry
K = Kitchen
S = Asleep
OU = Off Unit
D = Dayroom
T = Treatment Room
P = Privilege/Pass
QR = Quiet Room
GR = Group Therapy
O = Doctor Office
B = Bathroom
SH = Shower
MR = Music Room
H = Hallway
CR = Conference
C = Classroom

Date	Time	Initial	On-coming SACO/SUWA Signature	Print Name/Title	Date	Time	Initial	Off-going SACO/SUWA Signature	Print Name/Title

Date	Time	Initial	RN Order	RN - Signature	Print Name	Date	Time	Initial	RN Order	RN - Signature	Print Name

RN

UPSTATE
UNIVERSITY HOSPITAL

OBSERVATION RECORD

Patient Name: _____ MR#: _____

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RN

Patient Name: _____ Account #: _____ MR#: _____ Date: _____

Observation (Obs) Level: (Safety Companion-RN Only-assessed every 8 hours)

1:1=High Risk, 2:1=Cohorting, D=Distance Safety Companion, R=Purposeful Rounding, F=Family/Friends, 1:1 SUWA=Suicide Watch, DC=Discontinue Safety Companion/Suicide Watcher

O/O=One to One (IP Psych) 15=15 minute Observation (IP Psych) 30=30 minute Observation (IP Psych) CO=Constant Observation (IP Psych)

Environmental Risk Assessment (ERA): These items will be removed from the patients room once medically cleared: (Environmental Risk Assessment-RN Only-assessed every 8 hours)

A. O2 flow meter/tubing C. Suction gauge E. Otoscope, ophthalmoscope G. Stethoscope I. Phone K. Other: _____

B. Monitors & Cords D. BP cuff F. Wire basket H. Thermometer J. Other: _____ L. Other: _____

Please be aware of items in the room that are not removed and pose a risk to the patient including, but not limited to:

☐ Curtains and blinds ☐ Shower curtain ☐ C-locker ☐ Call bell ☐ Lamp shade ☐ Cords of any kind ☐ Bed frame/Stretcher

☐ Chairs ☐ Sleeper sofa ☐ Linen and gown ☐ Mirror ☐ Extra linen _____ _____

Activity Code:

1. TV/Movie
2. Therapeutic Play
3. Eating
4. Drinking
5. On the telephone
6. Approved visitor visiting
7. Physician present
8. Toileting
9. Shower/bathing
10. Ambulating
11. Story Telling/Reminisce
12. Sleeping
13. Book/Magazines/Tablet
14. RN present
15. Activity Apron/repetitive acivity
16. Puzzles/book mind game
17. Resting
18. Playing cards/board games
19. Urinal/bedpan
20. Off unit for test/ procedure
21. Other (Describe): _____
22. Other (Describe): _____

Behavior Code:

a. Crying
b. Quiet/reclusive
c. Impulsive
d. Yelling/screaming
e. Unable to follow directions
f. Restless
g. Sleepy
h. Disoriented
i. Cooperative
j. Follows directions
k. Responds to verbal cueing
l. Calm
m. Risk Behavior: (hitting, biting, self-injury)
n. Other: _____

Location Code: (IP Psych only)

R = Room Awake
SW - Social Worker
L = Laundry
K = Kitchen
S = Asleep
OU = Off Unit
D = Dayroom
T = Treatment Room
P = Privilege/Pass
QR = Quiet Room
GR = Group Therapy
O = Doctor Office
B = Bathroom
SH = Shower
MR = Music Room
H = Hallway
CR = Conference
C = Classroom

Date	Time	Initial	On-coming SACO/SUWA Signature	Print Name/Title	Date	Time	Initial	Off-going SACO/SUWA Signature	Print Name/Title

Date	Time	Initial	RN Order	RN - Signature	Print Name	Date	Time	Initial	RN Order	RN - Signature	Print Name

OBSERVATION RECORD

UPSTATE UNIVERSITY HOSPITAL

Patient Name: Sally Safety MR#: 0123456

Account #: ABC789 DOB: 12-12-12 Date: 1-1-19

Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.	Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.	Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.
2400							**0800**	13 4	B				LK	**1600**	14	A	SUWA		A	CB
15							15							15	21	A			B.C	mm
30							30							30	21	A			D	mm
45							45							45					I	
0100							**0900**	8 9	J K				LK	**1700**						
15							15							15						
30	14	M	1:1			SW	30							30						
45							45							45						
0200		M				CL	**1000**	10	J K				LK	**1800**						
15							15	14	L	D			SB	15						
30							30							30						
45							45							45						
0300		DEF				CL	**1100**	5	I L				PP	**1900**						
15							15							15						
30							30							30						
45							45							45						
0400		DEF				CL	**1200**	5	I L				PP	**2000**						
15							15							15						
30							30							30						
45							45							45						
0500	12	B				CL	**1300**	11	I L				PP	**2100**						
15							15							15						
30							30							30						
45							45							45						
0600	12	B				DD	**1400**	12	B				PP	**2200**						
15							15							15						
30							30							30						
45							45							45						
0700	12	B				DD	**1500**	12	B				mm	**2300**						
15	14		1:1			SB	15	12,14	B	D			CB	15						
30	12	B				LK	30							30						
45							45		A				mm	45						

Inpatient Psych use SAME code in Observation Level column (SUWA)

Inpatient Psych ONLY

Patient Name: Sally Safety Account#: ABC 789 MR#: 0123456 Date: 1-1-19

Observation (Obs) Level: (Safety Companion-RN Only-assessed every 8 hours)
1:1=High Risk, 2:1=Cohorting, D=Distance Safety Companion, R=Purposeful Rounding, F=Family/Friends, 1:1 SUWA=Suicide Watch, DC=Discontinue Safety Companion/Suicide Watcher
O/O=One to One (IP Psych) 15=15 minute Observation (IP Psych) 30=30 minute Observation (IP Psych) CO=Constant Observation (IP Psych)

Environmental Risk Assessment (ERA): These items will be removed from the patients room once medically cleared: (Environmental Risk Assessment-RN Only-assessed every 8 hours)

A. O2 flow meter/tubing B. Monitors & Cords C. Suction gauge D. BP cuff E. Otoscope, ophthalmoscope F. Wire basket G. Stethoscope H. Thermometer I. Phone J. Other: K. Other: L. Other:

Please be aware of items in the room that are not removed and pose a risk to the patient including, but not limited to:

☑ Curtains and blinds ☑ Chairs ☐ Shower curtain ☐ Sleeper sofa ☐ C-locker ☑ Linen and gown ☐ Call bell ☑ Mirror ☐ Lamp shade ☐ Extra linen ☐ Cords of any kind ☑ Bed frame/Stretcher

Activity Code:

1. TV/Movie
2. Therapeutic Play
3. Eating
4. Drinking
5. On the telephone
6. Approved visitor visiting
7. Physician present
8. Toileting
9. Shower/bathing
10. Ambulating
11. Story Telling/Reminisce
12. Sleeping
13. Book/Magazines/Tablet
14. RN present
15. Activity Apron/repetitive acivity
16. Puzzles/book mind game
17. Resting
18. Playing cards/board games
19. Urinal/bedpan
20. Off unit for test/ procedure
21. Other (Describe): Bed
22. Other (Describe):

Behavior Code:

a. Crying
b. Quiet/reclusive
c. Impulsive
d. Yelling/screaming
e. Unable to follow directions
f. Restless
g. Sleepy
h. Disoriented
i. Cooperative
j. Follows directions
k. Responds to verbal cueing
l. Calm
m. Risk Behavior: (hitting, biting, self-injury)
n. Other:

Location Code: (IP Psych only)

R = Room Awake
SW - Social Worker
L = Laundry
K = Kitchen
S = Asleep
OU = Off Unit
D = Dayroom
T = Treatment Room
P = Privilege/Pass
QR = Quiet Room
GR = Group Therapy
O = Doctor Office
B = Bathroom
SH = Shower
MR = Music Room
H = Hallway
CR = Conference
C = Classroom

Date	Time	Initial	On-coming SACO/SUWA Signature	Print Name/Title	Date	Time	Initial	Off-going SACO/SUWA Signature	Print Name/Title
1/1/19	0200	CL	Chic Little	Chic Little, MOA	1/1/19	0600	CL	Chic Little	Chic Little, MOA
1/1/19	0600	DD	David Duck	David Duck, HCT	1/1/19	0700	DD	David Duck	David Duck, HCT
1/1/19	0730	LK	Lettle King	Lettle King, HCT	1/1/19	1100	LK	Lettle King	Lettle King, HCT
1/1/19	1100	PP	Pretty Pink	Pretty Pink, HCT	1/1/19	1500	PP	Pretty Pink	Pretty Pink, HCT
1/1/19	1500	MM	Mickey Moose	Mickey Moose, MOA					

Date	Time	Initial	RN Order	RN - Signature	Print Name	Date	Time	Initial	RN Order	RN - Signature	Print Name
1/1/19	0130	SW	✓	Snowy White	Snowy White, RN						
1/1/19	0715	SB	✓	Sleeping Blue	Sleeping Blue, RN						
1/1/19	1015	SB	✓	Sleeping Blue	Sleeping Blue, RN						
1/1/19	1515	CB	✓	Chuck Brown	Chuck Brown, RN						
1/1/19	1600	CB	✓	Chuck Brown	Chuck Brown, RN						

Inpatient Psych ONLY

Column NAME change - RN Only - KEY ON BACK

OBSERVATION RECORD

UPSTATE UNIVERSITY HOSPITAL

Patient Name: Sally Safety MR#: 0123456

Account #: ABC789 DOB: 12-12-12 Date: 1-1-19

Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.	Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.	Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.
2400							0800	134	B				LK	1600	14	A	SUWA		A	CB
15							15							15	21	A			B,C	MM
30							30							30	21	A			D	MM
45							45							45					I	
0100							0900	89	JK				LK	1700						
15							15													
30	14	M	1:1			SW	30													
45							45													
0200		M				CL	1000	10	JK				LK							
15							15	14	L	D			SB	15						
30							30							30						
45							45							45						
0300		DEF				CL	1100	5	IL				PP	1900						
15							15							15						
30							30							30						
45							45							45						
0400		DEF				CL	1200	5	IL				PP	2000						
15							15							15						
30							30							30						
45							45							45						
0500	12	B				CL	1300	11	IL				PP	2100						
15							15							15						
30							30							30						
45							45							45						
0600	12					DD	1400	12	B				PP	2200						
15							15							15						
30							30							30						
45							45							45						
0700	12	B				DD	1500	12	B				MM	2300						
15	14		1:1			SB	15	12,14	B	D			CB	15						
30	12	B				LK	30							30						
45							45		A				MM	45						

RN order at initiation of Safety Companion Level

RN assessment is q8h or if level changes

RN can place pt on Suicide Precautions (SUWA), then must document Obs Level & ERA q8h - MD will evaluate in 1 hour

Now the Safety Companion is now a Suicide Watcher (SUWA), documentation on Observation Record is now q15 minutes

Encourage rotating SACO assignments on unit q4h

New shift RN validates previous RN order & RN HANDOFF but NO new order is needed unless a change or 8 hours has passed

Patient Name: Sally Safety Account#: ABC 789 MR#: 0123456 Date: 1-1-19

Observation (Obs) Level: (Safety Companion-RN Only-assessed every 8 hours)

1:1=High Risk, 2:1=Cohorting, D=Distance Safety Companion, R=Purposeful Rounding, F=Family/Friends, 1:1 SUWA=Suicide Watch, DC=Discontinue Safety Companion/Suicide Watcher
O/O=One to One (IP Psych) 15=15 minute Observation (IP Psych) 30=30 minute Observation (IP Psych) CO=Constant Observation (IP Psych)

RN ONLY - q8h/prn, must communicate to SACO/SUWA

Environmental Risk Assessment (ERA): These items will be removed from the patients room once medically cleared: (Environmental Risk Assessment-RN Only-assessed every 8 hours)

A. O2 flow meter/tubing C. Suction gauge E. Otoscope, ophthalmoscope G. Stethoscope I. Phone K. Other:
B. Monitors & Cords D. BP cuff F. Wire basket H. Thermometer J. Other: L. Other:

Suicide Precautions ONLY: RN must complete ERA q8h

Please be aware of items in the room that are not removed and pose a risk to the patient including, but not limited to:

☑ Curtains and blinds ☐ Shower curtain ☐ C-locker ☐ Call bell ☐ Lamp shade ☐ Cords of any kind ☑ Bed frame/Stretcher
☑ Chairs ☐ Sleeper sofa ☑ Linen and gown ☑ Mirror ☐ Extra linen

Suicide Precautions ONLY: SUWA constantly aware of items remaining in room

Activity Code:

1. TV/Movie
2. Therapeutic Play
3. Eating
4. Drinking
5. On the telephone
6. Approved visitor visiting
7. Physician present
8. Toileting
9. Shower/bathing
10. Ambulating
11. Story Telling/Reminisce
12. Sleeping
13. Book/Magazines/Tablet
14. RN present
15. Activity Apron/repetitive acivity
16. Puzzles/book mind game
17. Resting
18. Playing cards/board games
19. Urinal/bedpan
20. Off unit for test/ procedure
21. Other (Describe): Bed
22. Other (Describe):

Behavior Code:

a. Crying
b. Quiet/reclusive
c. Impulsive
d. Yelling/screaming
e. Unable to follow directions
f. Restless
g. Sleepy
h. Disoriented
i. Cooperative
j. Follows directions
k. Responds to verbal cueing
l. Calm
m. Risk Behavior: (hitting, biting, self-injury)
n. Other:

My ROCK STAR RN should help the SUWA understand that 5 items in the ERA section will **REMAIN** in the Pt room and can not be mitigated

Location Code: (IP Psych only)

R = Room Awake
SW - Social Worker
L = Laundry
K = Kitchen
S = Asleep
OU = Off Unit
D = Dayroom
T = Treatment Room
P = Privilege/Pass
QR = Quiet Room
GR = Group Therapy
O = Doctor Office
B = Bathroom
SH = Shower
MR = Music Room
H = Hallway
CR = Conference
C = Classroom

Date	Time	Initial	On-coming SACO/SUWA Signature	Print Name/Title	Date	Time	Initial	Off-going SACO/SUWA Signature	Print Name/Title
1/1/19	0200	CL	Chic Little	Chic Little, MOA	1/1/19	0600	CL	Chic Little	Chic Little, MOA
1/1/19	0600	DD	David Duck	David Duck, HCT	1/1/19	0700	DD	David Duck	David Duck, HCT
1/1/19	0730	LK	Lettle King	Lettle King, HCT	1/1/19	1100	LK	Lettle King	Lettle King, HCT
1/1/19	1100	PP	Pretty Pink	Pretty Pink, HCT	1/1/19	1500	PP	Pretty Pink	Pretty Pink, HCT
1/1/19	1500	MM	Mickey Moose	Mickey Moose, MOA					

Date	Time	Initial	RN Order	RN - Signature	Print Name	Date	Print Name
1/1/19	0130	SW	✓	Snowy White	Snowy White, RN		
1/1/19	0715	SB	✓	Sleeping Blue	Sleeping Blue, RN		
1/1/19	1015	SB	✓	Sleeping Blue	Sleeping Blue, RN		
1/1/19	1515	CB	✓	Chuck Brown	Chuck Brown, RN		
1/1/19	1600	CB	✓	Chuck Brown	Chuck Brown, RN		

Checking box indicates RN completed assessment to start/change/discontinue Safety Companion order or when the RN has to **start** Suicide Precautions due to assessment. Document in Obs Level column on reverse side of Observation Record & EPIC

STEP BY STEP Directions for OBSERVATION RECORD F81973

1. *Safety Companion (SACO) ~ Non-Suicide*

a. Using the Activity Codes on page 2 - place a NUMBER in the Activity Code Column on page 1 EVERY HOUR and/or

Activity Code:

1. TV/Movie	5. On the telephone	9. Shower/bathing	13. Book/Magazines/Tablet	16. Puzzles/book mind game	19. Urinal/bedpan	21. Other (
2. Therapeutic Play	6. Approved visitor visiting	10. Ambulating	14. RN present	17. Resting	20. Off unit for test/ procedure	22. Other (
3. Eating	7. Physician present	11. Story Telling/Reminisce	15. Activity Apron/repetitive acivity	18. Playing cards/board games		
4. Drinking	8. Toileting	12. Sleeping				

Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.
2400						
15						
30						
45						

b. Using the Behavior Codes on page 2 – place a lower case LETTER in the Behavior Code Column on page 1 EVERY HOUR

Behavior Code:

a. Crying	d. Yelling/screaming	f. Restless	i. Cooperative	k. Responds to verbal cueing	m.Risk Behavior: (hitting, biting,self-inj
b. Quiet/reclusive	e. Unable to follow directions	g. Sleepy	j. Follows directions	l. Calm	n. Other: _____
c. Impulsive		h. Disoriented			

Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.
2400						
15						
30						
45						

c. Place your initials in the Initial (Int.) Column on page 1 every time you write in EITHER the Activity or Behavior Columns on page 1

Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.
2400						
15						
30						
45						

d. Place your signature on page 2

- ✓ **On-coming = arriving SACO to patient room**
- ✓ **Off-going = leaving SACO from patient room**
- ✓ **Keep in mind that a RN/LPN can be in the SACO role during breaks – they would sign their signature in the On-coming or Off-coming SACO area on page 2**

Date	Time	Initial	On-coming SACO/SUWA Signature	Print Name/Title	Date	Time	Initial	Off-going SACO/SUWA Signature	Print Name/Title

2. Suicide Watcher (SUWA) ~ Suicide Precautions

a. **Using the Activity Codes on page 2 - place a NUMBER in the Activity Column on page 1 EVERY 15 MINUTES and/or**
b. **Using the Behavior Codes on page 2 – place a lower case LETTER in the Behavior Column on page 1 EVERY 15 MINUTES**
c. **Place your initials in the Initial (Int.) Column on page 1 every time you write in EITHER the Activity or Behavior Columns on page 1**
d. **SUWA and/or RN can place check marks next to any of the items in the room that are NOT removed from the patient room**

Please be aware of items in the room that are not removed and pose a risk to the patient including, but not limited to:

☐ Curtains and blinds ☐ Shower curtain ☐ C-locker ☐ Call bell ☐ Lamp shade ☐ Cords of any kind ☐ Bed frame/Stretcher
☐ Chairs ☐ Sleeper sofa ☐ Linen and gown ☐ Mirror ☐ Extra linen _____ _____

e. **Pace your signature on page 2**
   - ✓ **On-coming = arriving SUWA to patient room**
   - ✓ **Off-going = leaving SUWA from patient room**
   - ✓ **Keep in mind that a RN/LPN can be in the SUWA role during breaks – they would sign their signature in the On-coming or Off-coming SUWA area on page 2**

1. Registered Nurse ~ Non-Suicide Patient

a. **Using the Observation (obs.) Level Codes on page 2 – place the code in the Obs Level column on page 1**
   - ✓ **When RN writes a NEW Safety Companion Order**
   - ✓ **When the RN CHANGES the Level of Safety Companion Order**
   - ✓ **When a NEW SACO is reporting, the code will validate previous RN order if less than 8 hours ago and confirms SACO/RN verbal report**
   - ✓ **At least EVERY 8 HOURS**

Observation (Obs) Level: (Safety Companion-RN Only-assessed every 8 hours)
1:1=High Risk, 2:1=Cohorting, D=Distance Safety Companion, R=Purposeful Rounding, F=Family/Friends, 1:1 SUWA=Suicide Watch, DC=Discontinue Safety Companion/Suicide Watcher
O/O=One to One (IP Psych) 15=15 minute Observation (IP Psych) 30=30 minute Observation (IP Psych) CO=Constant Observation (IP Psych)

Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.
2400						
15						
30						
45						

b. **Place your initials in the Initial (Int.) Column on page 1 ONLY when you write in the Obs Level column on page 1, which is at least every 8 hours**
c. **Place a CHECK MARK on the RN Order column on the bottom of page 2 ONLY when you write a RN order**

Date	Time	Initial	RN Order	RN - Signature	Print Name	Date	Time	Initial	RN Order	RN - Signature	Print Name

d. **Place RN Signature on page 2**
   - ✓ **ONLY when you sign your initials in the (Int.) column of page 1**

2. ***Registered Nurse ~ Suicide Precautions***
   a. **Using the Observation (obs.) Level Codes on page 2 – place the SUWA code in the Obs Level column on page 1**
      - ✓ **When RN has assessed the patient and feels that should be place on Suicide Precautions – MD evaluation in 1 hour**
      - ✓ **When a NEW Suicide Watcher is reporting, the SUWA code will validate the continued MD Suicide Precaution order at least EVERY 8 HOURS and confirms SACO/RN verbal report**
   b. **Place your initials in the Initial (Int.) Column on page 1 ONLY when you write in the Obs Level column on page 1, which is at least every 8 hours**
   c. **Using the Environmental Risk Assessment (ERA) Codes on page 2 – place capital LETTERS in the ERA column on page 1 of all items in the patients room that REMAIN in patient room EVERY 8 HOURS. Once they are no longer needed for treatment they would be removed and no longer need to be documented**

Environmental Risk Assessment (ERA): These items will be removed from the patients room once medically cleared: (Environmental Risk Assessment-RN Only-assessed every 8 hours)

A. O2 flow meter/tubing	C. Suction gauge	E. Otoscope, ophthalmoscope	G. Stethoscope	I. Phone	K. Other: _____
B. Monitors & Cords	D. BP cuff	F. Wire basket	H. Thermometer	J. Other: _____	L. Other: _____

Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.
2400						
15						
30						
45						

   d. **RN and/or SUWA can place check marks next to any of the items in the room that are NOT removed from the patient room**

Please be aware of items in the room that are not removed and pose a risk to the patient including, but not limited to:

☐ Curtains and blinds	☐ Shower curtain	☐ C-locker	☐ Call bell	☐ Lamp shade	☐ Cords of any kind	☐ Bed frame/Stretcher
☐ Chairs	☐ Sleeper sofa	☐ Linen and gown	☐ Mirror	☐ Extra linen	_____	_____

   e. **RN and SUWA review the items that remain in the room – suggestion – count the High Risk items.**
   f. **Place a CHECK MARK on the RN Order column on the bottom of page 2 ONLY when you write a RN order**
      - ✓ **RN can write an initial Suicide Precaution Order if assessment indicates**
      - ✓ **NO check mark is indicated if your just validating MD order**

Date	Time	Initial	RN Order	RN - Signature	Print Name	Date	Time	Initial	RN Order	RN - Signature	Print Name

   g. **Place RN Signature on page 2**
      - ✓ **ONLY when you sign your initials in the (Int.) column**