CLINICAL OBSERVATION

1. **Purpose:** This procedure establishes uniform guidelines for "clinical observation" assignments and describes the responsibilities involved in the performance of these duties. (Note: This procedure does not supersede the provisions of suicide, seclusion and restraint policies.)

2. **Scope:** This procedure applies to all residential units and the Medical/Surgical Unit at Florida State Hospital.

3. **Training Requirements:** Physicians, Nurses, Human Service Workers, Unit Treatment and Rehabilitation Specialists, and Qualified Mental Health Professionals will be trained on this operating procedure upon hire into the position during Discipline-Specific Training and annually during the annual update training. The supervisor will ensure training each time the operating procedure is revised. Unit Directors and Behavior Program Specialists will be trained upon hire into the position during Worksite Education, annually during the annual update training and each time the operation procedure is revised.

4. **References:**
   a. Florida Mental Health Act (Baker Act).
   b. Florida State Hospital Operating Procedure 60-15, Managing Minimum Coverage.
   c. Florida State Hospital Operating Procedure 150-6, Suicide and Self-Injury Prevention.
   d. Florida State Hospital Operating Procedure 155-22, Seclusion and Restraints Use in Psychiatric Crisis Management.
   e. Florida Statute 916, Mentally Deficient and Mentally Ill Defendants.
   g. Florida State Hospital Operating Procedure 151-2, Documentation on Flow Sheet.
   h. Florida State Hospital Operating Procedure 95-4, Contraband Control.

5. **Definitions:**
   a. "Clinical Observation" of Resident(s). The assignment of direct care staff to remain within visual and/or physical proximity of designated resident(s) in order to provide for the physical, medical, emotional or security needs of the resident(s). Such assignments shall be in accordance with the individual unit/service's policy, which will specify the responsibilities of the direct care staff while performing these duties, which will include but not be limited to the following defined levels (see Attachment, "Management of Clinical Observation [Unit 31]"): 

---

This operation procedure supersedes: Operating Procedure 150-56, dated February 17, 2011

Office of Primary Responsibility: Clinical Director

Distribution: Florida State Hospital Computer Network Users
(1) **Level A** (Intermittent Observation--commonly known as the 15 minute check): An assigned staff member will make a visual contact with resident(s) at specified intervals not to exceed 15 minutes; and a face-to-face contact or Face Checks will need to occur every 15 minutes. Face-to-face contact/Face Checks implies that the assigned staff locates and visually observes the resident. This means that assigned staff is physically moving through any areas of the hospital where the resident may be located at the time of observation, including moving through the ward or pod from the day room to the dining area, bedrooms, bathrooms, and yard areas to visually observe the resident’s location and status. Face checks cannot be completed from the control or chart room or from a static location unless all residents are congregated in that specific location. The staff is expected to move throughout the living area, checking the status of the resident and living area at all times.

The order for intermittent observation will automatically revert to constant visual observation with no physical barriers that may obstruct view or access to the resident(s) when the resident leaves the building unless otherwise ordered. (This type order is not intended to replace routine programmatic census checks.) Observations will be documented on a Flow Sheet (Form 15, Attachment 2) or Clinical Observation Progress Note (Form 59, Attachment 3) at specified intervals with end of shift (EOS) summarization in the progress note.

(2) **Level B** (Constant Visual Observation--CVO): An assigned staff member maintains constant visual observation of a maximum of two (2) residents, with no physical barriers that may obstruct view or access to the resident(s). Documentation consists of a notation on a Flow Sheet (Form 15) or on the Clinical Observation Progress Note (Form 59) at least every 15 minutes with end of shift (EOS) summarization in the progress note.

(3) **Level C** (1:1 Observation): The assigned staff member maintains continuous visual contact and remains within arm's length of the resident at all times, unless clinically contraindicated. When the 1:1 observation requires wearing of latex gloves, the assigned staff member will be prepared at all times, to follow all universal precautions while conducting clinical observations. (Staff who have documented/demonstrated allergy to latex gloves will need to request hypoallergenic gloves from the nurses.) Documentation consists of a notation on a Flow Sheet (Form 15) or on the Clinical Observation Progress Note (Form 59) at least every 15 minutes with end of shift (EOS) summarization in the progress note.

(4) Escort: The home unit employee accompanying the resident to Unit 31, referral hospitals or other destination.

b. **Direct Care Staff**: Employees assigned to the following classes:

(1) Human Services Worker I;

(2) Human Services Worker I--Forensic/Corrections (F/C);

(3) Human Services Worker II;

(4) Human Services Worker II--Forensic/Corrections (F/C);

(5) Unit Treatment and Rehabilitation (UTR) Specialist;

(6) Unit Treatment and Rehabilitation (UTR) Specialist--Forensic/Corrections (F/C);

(7) Behavior Program Specialist;

(8) Behavior Program Specialist--Forensic/Corrections (F/C).
NOTE: Additional classes may be added depending upon the particular needs of the unit.

6. **Procedure for Observation Assignment:**

   a. A rotating assignment of direct care staff in classes under b. above shall be developed by shifts, and/or wards, and will be used to identify the employee(s) who would be required to perform observational duties.

   b. Supervisors may use volunteers within the unit for "clinical observation" duty before a required assignment is made.

   c. For the duration of the assignment, employees who are performing clinical observational duties shall be relieved of other duties that would hinder their ability to maintain required contact with the resident(s). (It is recommended that employees performing clinical observational duties not exceed four [4] hours in duration whenever feasibly and clinically indicated.)

   d. In no circumstances should there be any physical barriers between resident and staff observing.

7. **Procedure for Performance of Duties:**

   a. Clinical observation will be provided by staff on the basis of a current and valid treatment order.

   (1) Prior to obtaining an order for clinical observation after 1630 hours and before 0800 hours and on weekends or holidays, the Registered Nurse and the Shift Supervisor shall confer to determine the level of needed observation.

   (2) Orders must be written by a clinical professional licensed as such in Florida (Psychiatrist, Psychologist, Registered Nurse, and Advanced Registered Nurse Practitioner). In an emergency situation, order may be written by a ward/shift supervisor on Form 10, Treatment Orders until an order can be obtained from a licensed clinical professional.

   (3) All clinical observations must be reviewed by the assigned Recovery Team every 5 days as long as the resident is on clinical observation. This review must be documented in the progress notes, Form 52 or in the Recovery Team Meeting Minutes, Form 147.

   (4) Such orders for "clinical observation" must include date and time of order, specify level of observation, purpose of observation, duration and/or under what conditions order should be terminated (e.g., calm, asleep). There is nothing in this procedure that requires all residents to be on a 1:1 while they are sleeping. Conditions may easily warrant using a Constant Visual Observation (CVO) procedure.

   (5) The order may specify what items the resident is allowed to keep while on clinical observation and if there is a need to do searches of the resident while on observation.

   (6) A statement of rationale which includes the specific behaviors or medical condition(s) that warrant the clinical observation will be included in the progress note by the licensed staff person writing the order.

   b. When a resident is on assigned clinical observation for self-injurious behavior (SIB) or suicide precautions, **both resident’s hands and the resident’s face must be visible to the assigned staff at all times.** The use of bed covers or any other item by the resident, must not
interfere with the assigned staff’s ability to observe the resident’s activity. The room will have ample lighting for the assigned staff member to allow for observation of any activity by the resident, including during periods of time when the resident is sleeping. The assigned staff’s duties will also include, but not be limited to:

(1) Searching the environment for any objects that may potentially be used to harm themselves or others. These items may indicate an unsafe condition, i.e., paper clips, staples, unattended pen/pencils, plastic bags, and protruding screws/nails. Contraband/prohibited items found will also be removed and will be handled according to unit and hospital policies. The unit director shall be notified.

(2) Requesting that the resident pull out their clothing pockets; asking that the resident open their mouth for quick visual check of any hazardous objects hidden; requesting that the resident remove their shoes and show staff their palms/open hands.

c. When relieving staff assigned to clinical observation, the relief staff will conduct an environment search in the presence of the primary employee. The relief employee will indicate the result of the search on the flow chart. Both relief and primary staff shall sign their names and titles.

d. Also, while staff is on assignment to monitor a resident on assigned clinical observation, they should not be taking personal phone calls. Personal calls may be directed to the unit who, in turn, would take a message and relay to the staff person.

e. The Unit Director shall require review of a clinical observation case when the resident has been on assigned clinical supervision (continuous observation 1:1) for 30 days.

8. Observation Related to Medication Adherence – Medication Monitoring:

The assigned nurse or Unit Treatment and Rehabilitation (UTR) certified in medication administration will observe the resident at each medication administration to ensure, to the extent possible, that medications are swallowed. The assigned nurse or Unit Treatment and Rehabilitation (UTR) certified in medication administration will ask the resident to open his/her mouth and lift his/her tongue to ensure the medication(s) have been swallowed.

When a resident is reported to be non-adherent to medication, i.e., “cheeking” or intentionally inappropriately disposing medication(s) in any manner, the physician/Advanced Registered Nurse Practitioner will write an order to place the resident on “Medication Monitoring.” The order shall specify the time period, such as “30 minutes,” and the number of days the resident will remain on monitoring. During the monitoring period, the assigned direct care staff shall stay with the resident at all times until the specified timeframe is completed. If during the medication monitoring the resident is observed to be ‘cheeking’ or spitting out, or showing any behavior that avoids the swallowing of the medication, the staff assigned to the resident must report the behavior to the nurse and document in a progress note the event and resident’s behavior.

Residents who engage in this behavior shall be determined to be refusing medication. If the resident had signed an informed consent for his/her own medication, refusing to take the medication is considered a revocation of the consent. In this situation, the physician/Advanced Registered Nurse Practitioner shall review the refusals with the resident and determine whether to continue the medication (with a new consent form) or to initiate Court Ordered or Guardian Advocate approved medication.

If the resident continues to refuse medication, the issue will be reviewed by the Recovery Team as per Florida State Hospital Operating Procedure 151-3, Recovery Planning, and Florida
9. "Clinical Observation" of Residents in Units 31:

   a. During regular working hours, when a resident is admitted to Unit 31, the home unit Recovery Team (including Unit 31 Ward Physician, and Charge Nurse) will meet to determine and document if a level of "Clinical Observation" is needed. The Team Review will include any special needs such as, activities of daily living (ADL's), etc. The employee accompanying the resident to Unit 31 for admission shall remain with the resident until the Team has determined the level of “Clinical Observation” needed with the exception, Unit 31 Team has the discretion to release the employee accompanying the resident based on the medical condition of the resident.

   b. Residents who are admitted to Unit 31 on weekends, holidays, or after 1630 hours on weekdays, may have the escort removed after the home unit shift supervisor and charge nurse, and the Unit 31 ward physician and charge nurse have discussed and determined if a level of clinical observation is needed. The home unit Recovery Team (including Unit 31 ward physician and charge nurse) will meet by 0900 hours the next regular work day to review the “Clinical Observation” status and any special needs of the resident.

   c. Daily review will be conducted by Unit 31 Physician and Registered Nurse.

      (1) If the designated “Clinical Observation” is to remain unchanged, this will continue to be reflected in the Nurses’ Progress Notes indicating the daily review was conducted with the physician.

      (2) Any changes in the assigned “Clinical Observation” or special needs will require notifying the home unit Recovery Team by the Unit 31M charge nurse. A meeting between the home unit Recovery Team and the Unit 31 physician and charge nurse may be arranged as indicated.

      (3) If a daily review or an incident reveals a need for a “Clinical Observation”, the home unit will be notified by the Unit 31M charge nurse. The home unit will send an employee to stay with the resident until the decision for changing the “Clinical Observation” has been determined.

   d. “Clinical Observation” staff from the home unit will report to the charge nurse upon arrival to Unit 31, Ward M, and will document on the flow sheet(s) according to procedure. In addition, documentation will be done on Unit 31 progress notes by the clinical observation staff which will include a summary of the resident’s behavior, and will indicate relief by another staff member at the end of their assigned clinical observation period.

   e. Unresolved disputes regarding the need for continued "Clinical Observation" will be referred by the dissatisfied unit’s Recovery Team to the Medical Service Director for Clinical Services. The Medical Service Director for Clinical Services will discuss the situation with the Medical Service Director of the resident’s home unit for resolution. Unresolved disputes at this level will be forwarded to the Hospital Clinical Director/Assistant Hospital Administrator for each area.
SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL
This procedure was revised to change the review process for all clinical observations to be reviewed by the assigned Recovery Team every 5 days and to document in the progress notes, Form 52 or in the Recovery Team Meeting Minutes, Form 147; and include specific behaviors or medical condition(s) that warrant the clinical observation in the progress note by the licensed staff person writing the order.
### 6E.3.5. MANAGEMENT OF CLINICAL OBSERVATION (UNIT 31)

#### WHO

**STEP**

- RESIDENT
- UNIT 31 INPATIENT PHYSICIAN
- REFERRING UNIT NURSE SUPERVISOR
- Recovery Team SHIFT SUPERVISOR
- MSD
- HCD/AHA

### NEED

- **Resident Requires Clinical Observation**

### ASSIGN

- **Assign Level/Responsibility for Observation**
  - Level A: (Intermittent Observation)
  - Level B: (Constant Visual Observation)
  - Level C: (1:1 Observation)

### DETERMINE

- **O.K. Without Review?**
  - **Yes**
    - **Refer to Dissatisfied Unit for MSD Clinical Services**
  - **No**
    - **P81 % of Disagreement Between U-31 & Referring Unit**

### REFER

- **Refer by Dissatisfied Unit to MSD for Clinical Services**

### REVIEW

- **Refer Clinical Services Provided for Required Observation**

### CONSULT

- **Provide Staff for Required Observation**

### PROVIDE

- **Provide Clinical Services**

### REVIEW

- **Review Level of Clinical Observation Daily**

### DETERMINE

- **Progress O.K.?**
  - **Yes**
    - **Q82 % Home Unit Overtime $ Related to Clinical Observation**
  - **No**

### COMPLETE

- **Clinical Observation Requirements Met**

---

*Attachment 1
Operating Procedure 150-56*
<table>
<thead>
<tr>
<th>SIGNATURE/TITLE</th>
<th>INIT.</th>
<th>SIGNATURE/TITLE</th>
<th>INIT.</th>
<th>SIGNATURE/TITLE</th>
<th>INIT.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INSTRUCTIONS:**

Information on this form must be summarized in the Progress and Event Notes.

To be filed in the Flow Chart section of the ward chart.

**ADDRESSOGRAPH:**

UNIT: __________

*** CONFIDENTIAL & PRIVILEGED INFORMATION *** FOR PROFESSIONAL USE ONLY ***

FLORIDA STATE HOSPITAL, CHATTahoochee, FL 32324

Form 15, (Updated) Jul 97

Office of Primary Responsibility: Health Information Manager

FLORIDA STATE HOSPITAL

Operating Procedure 150-56
RECOVERY PLAN  ISSUE NUMBER _________
DATE ON WHICH 15 MINUTES OBSERVATION BEGAN: ________________
REASON/PHYSICIAN: ______________________________________________________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME CHECKED</th>
<th>OBSERVATIONAL STATUS</th>
<th>LOCATION/BEHAVIOR OBSERVED</th>
<th>CHECKED BY: (SIGNATURE)</th>
</tr>
</thead>
</table>

**INSTRUCTIONS:** Chart the location and behavior of persons requiring documented clinical observations every 15 minutes.

All clinical observations, with the exception of Seclusion/Restraints, will be documented on this form. At the end of each shift, staff will document an end of shift summary.

Incidents requiring more detailed documentation will be documented on Form 52, Progress and Event Notes.

To be filed in the Progress Note section of the ward chart.

Reference Operating Procedure 150-56.

ADDRESSOGRAPH: **CONFIDENTIAL & PRIVILEGED INFORMATION*** FOR PROFESSIONAL USE ONLY **

FLORIDA STATE HOSPITAL, CHATTAHOOCHEE, FL 32324

Form 59, (Revised) May 2011  FLORIDA STATE HOSPITAL
Office of Primary Responsibility: Clinical Director

CLINICAL OBSERVATION PROGRESS NOTE
Attachment 3  Page 1 of 2
Page 1 of 2
Operating Procedure 150-56
**CONFIDENTIAL & PRIVILEGED INFORMATION *** FOR PROFESSIONAL USE ONLY **

FLORIDA STATE HOSPITAL, CHATTAHOOCHEE, FL 32324

** CLINICAL OBSERVATION PROGRESS NOTE **

Form 59, (Revised) May 2011

Attachment 3

Page 2 of 2

Operating Procedure 150-56

---

**INSTRUCTIONS:** Chart the location and behavior of persons requiring documented clinical observations every 15 minutes.

All clinical observations with the exception of Seclusion/Restraints will be documented on this form. At the end of each shift, staff will document an end of shift summary.

Incidents requiring more detailed documentation will be documented on Form 52, Progress and Event Notes.

To be filed in the Progress Note section of the ward chart.

Reference Operating Procedure 150-56.

---

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME CHECKED</th>
<th>OBSERVATIONAL STATUS</th>
<th>LOCATION/BEHAVIOR OBSERVED</th>
<th>CHECKED BY: (SIGNATURE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>