Face to Face for Restraints/Seclusion

Pertinent Policies: For additional information, review the following policies once you are ON-SITE (these require a PSJH login to access):

Adult and Pediatric Behavioral Health Universal Assessment, Care Planning, and Discharge

Face to Face Assessment of a Patient in Mechanical Restraint or Seclusion for Adult and Child Inpatient Psychiatry – Credentialing

ONLY credentialed Registered Nurses (RN) may administer the face-to-face evaluation. Preferentially charge and preceptor nurses who have been selected by the Nurse Manager.

The face-to-face evaluation must occur within one-hour of a patient requiring a seclusion or restraint intervention for behavior reasons.

The face-to-face evaluation should be performed by a specially trained RN only when it is unfeasible for the evaluation to be performed by a Licensed-Independent-Practitioner (LIP); typically an MD, DO, or NP.

When performed by an RN, the nurse must consult with the attending LIP as soon as possible following the face-to-face evaluation.

Credentialed RNs may only perform the face-to-face evaluation in an in-patient behavioral health unit. Credentialed RNs are not to perform the face-to-face evaluation in medical-surgical, obstetrical, critical care, ED or other areas outside of an in-patient behavioral health setting.

Face-Face Evaluation is to be meticulously documented in the electronic medical record.

Suicide Risk in Inpatient Psychiatry

Pertinent Policies: For additional information, review the following policies once you are ON-SITE (these require a PSJH login to access):

Adult and Pediatric Behavioral Health Universal Assessment, Care Planning, and Discharge

Assessment and Management of Suicide Risk in Inpatient Psychiatry

A standardized risk assessment will be utilized for all admitted patients and treatment interventions established based upon level of risk identified.

1. A comprehensive, standardized assessment of risk is considered best practice and is to be conducted for all patients receiving treatment within the Acute Adult Inpatient and Child/Adolescent Psychiatric Units. All patients will have suicide risk assessment completed as upon admission and reviewed regularly throughout stay.

2. Upon initial presentation, whether through a Providence Oregon Emergency Department or directly to an Acute Inpatient Psychiatric Unit, the Columbia Suicide Severity Rating

Scale (C-SSRS) Lifetime Recent and Risk Assessment will be completed. If the patients' initial C-SSRS was completed in a Providence Oregon Emergency Department, the findings will be reviewed and verified upon admission and incorporated into the plan of care with appropriate levels of risk mitigation put into place.

3. The frequency in which Suicide Risk is assessed will be determined by the patient's initial level of risk, unit guidelines and as specifically established within the patient's treatment plan. At a minimum, risk assessments are to be conducted:

    I. Upon admission RN will review the completed the Columbia Suicide Severity Rating Scale (C-SSRS) Lifetime Recent/Clinical and Risk Assessment and complete the Since Last Visit Full Assessment to assess for any changes. They will then incorporate findings into individualized plan of care as well as initiate appropriate precautions and risk mitigation strategies.

        - If patient is admitted from a source other than a Providence Oregon Emergency Department the RN will complete the C-SSRS Lifetime Recent – Clinical and C-SSRS Risk Assessment - Adult

    II. Assigned RN will complete the C-SSRS Screening Shift Assessment each shift or assumption of care and make changes to precaution levels and individualized plan of care as appropriate

    III. Progress in treatment will be assessed regularly by MD and treatment team.

    IV. At discharge RN will complete the C-SSRS Discharge screener and notify attending of any pertinent findings.

    V. SW will complete C-SSRS Risk Assessment on day of discharge or within 24 hours prior to discharge and document risk mitigation strategies in for community placement.