

# ECH INPATIENT

Instructor 85 AL

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# Clinical Attendance Sheet

NURS 85AL

Psychiatric Mental Health Nursing

Student name (print): \_\_\_\_\_

Rotation (check one): InPt \_\_\_\_\_ PHP \_\_\_\_\_ OATS \_\_\_\_\_ MOMS \_\_\_\_\_

Quarter and Year: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ YEAR \_\_\_\_\_

Sequence: First 6 weeks \_\_\_\_\_ Second 6 weeks \_\_\_\_\_

## Clinical Hours Log

Day of the Week	Date	Time In	Time Out	Total Daily Hours (minus lunch)
<b>Total Clinical Hours Attended:</b>				

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** First 6 weeks = 90 hours; Second 6 weeks = 75 hours

Inpatient Unit "Treasure Hunt"

Nurse's Station

Treatment/exam room

Copy machine room with confidential paper shredder

Chart rack with patient charts

Computers (desk and on wheels)

Blackboard with staff assignments

clipboards for vital sign sheets and patient lists

Med room

Dayroom

Outdoor Patio and grounds

Patient Rooms

Linen closet

Laundry rooms

Kitchen and supplies for patients

PICU (and PICU nurse's station, group room, emergency exit, fire alarm, outdoor patio, patient room)

Secure doors to the main entrance and the use of the phone in the hall to call in to nsg station

Secure doors to the PHP area and precautions for use of secure doors

Group therapy rooms and list of patient assignments for group

*Consultation Rooms*

*In Pt*  
**DEFINITIONS OF RISK STATUS**

**SP I**

Observation level: 15 minute checks  
Room assignment: Not 117 unless order  
Large Patio use: Staff present  
"Grounds Privileges": No.  
Off-unit tests: With hospital staff accompanied at all times  
Bathroom: no restrictions

**SP II**

Observation level: 15 minute checks. Must agree to stay in view or in observation room  
Room assignment: Observation room only unless 1:1 *in eye sight*  
Large Patio use: No  
"Grounds Privileges": No  
Off-unit tests: With BHS or competent sitter accompanied at all times  
Bathroom: Staff outside of door, door ajar.

**SP III**

Observation level: 1:1 Staff eyes on patient at all times *with arms length distance*  
Room assignment: Observation room  
Large Patio use: No  
"Grounds Privileges": No  
Off-unit tests: With BHS or competent sitter accompanied at all times.  
Bathroom: Same gender staff present in bathroom with patient, door ajar

**DO I**

Observation level: 15 minute checks  
Room assignment: consider vicinity to potential victims. Obs. Room preferred.  
Large Patio use: MD Order, staff present  
"Grounds Privileges": No.  
Off-unit tests: With hospital staff accompanied at all times  
Bathroom: no restrictions

**DO II**

Observation level: 15 minute checks, must stay in view of staff  
Room assignment: Observation Room  
Large Patio use: no  
"Grounds Privileges": No.  
Off-unit tests: Two staff accompany at all times  
Bathroom: no restrictions

**DO III**

Observation level: 1:1 eyes on the patient  
Room assignment: Observation room.  
Large Patio use: No  
"Grounds Privileges": No.  
Off-unit tests: With two staff or Police Officer  
Bathroom: no restriction

**EP I**

Observation level: 15 minute checks  
Room assignment: observation room preferred  
Large Patio use: MD Order, staff present  
"Grounds Privileges": No.  
Off-unit tests: With hospital staff accompanied at all times  
Bathroom: no restrictions

**EP II**

Observation level: 15 minute checks. Must agree to stay in view or in observation room.  
Room assignment: Observation Room only unless 1:1  
Large Patio use: No  
"Grounds Privileges": No.  
Off-unit tests: With BIIS staff only  
Bathroom: no restrictions

**EP III**

Observation level: 1:1 Staff eyes on patient at all times  
Room assignment: Observation Room  
Large Patio use: No  
"Grounds Privileges": No.  
Off-unit tests: Emergency Only / Two staff accompany  
Bathroom: no restrictions

**LARGE PATIO RULES:**

1. Patients on zero precautions may use large patio with staff permission.
2. If on precautions, see above rules

**SHAVING/HAIR DRYER/COSMETIC USE**

1. (If no SP) Noted on rounds board and returned promptly.
2. (If SP) only use on a 1:1 at staff discretion

## Suicide Precautions

Competency Olympic 2008  
Behavioral Health

### Suicide Precaution I

1. Patient will receive face-face check by One-South staff member every 15mins
2. Room placement is considered based on assessed needs. Not to be admitted to room 117 unless by MD order
3. Off unit tests/visits accompanied by hospital staff

### Suicide Precaution II

1. Close observation within eyesight of staff at all times
2. Staff may ~~stand~~ *stand* outside bathroom or shower door for brief periods, while frequently checking in with patient and having previously viewed the shower/bathroom for contraband
3. Camera monitoring may be used to provide observation requirement provided that a staff is assigned to monitor the patient.
4. Patient will still receive a face to face check every 15mins

### SP II continued

- Level 2 precaution requires that the patient cooperate with the expectation that they remain within sight.
- Goal is work towards transitioning the patient to a level one.
- If the patient refuses to cooperate with level two expectations, they are to be assessed for an alternative level status.

### SP II continued..

- Room placement is considered to match observation need.
- Bed placement should be PICU unless patient is on 1:1
- Off unit tests accompanied by BHS staff
- Use of sharps, other potentially dangerous materials with ~~direct~~ *direct* staff supervision only.

### Suicide Precaution III

- 1:1 Staffing with eyes of staff member on patient.
- Staff in same room as patient including bathroom at all times.
- No use of potentially dangerous material unless patient is assessed as able to safely use with staff present

**FROM: Digant (Manager, Inpt Unit)**

Attention All:

I urge you all to review our Suicide Policy and the updated Precautions Policy to follow. I would like to emphasize that staff must have eyes on patients at all times for patients that are on SP3 precautions. These patients will **NEVER** be left alone even with family members. This needs to be followed at all times.

There are some changes in SP/DO/EP precautions that are as follows:  
We are introducing a new layer of precaution – “Standard Precaution” which would be added to SP, DO and EP precautions. Standard Precaution will be used for low risk patients that require every 30 minute monitoring.

**SP** - Standard Precaution will replace our existing SP0 (requiring 30min checks). SP1, SP2 and SP3 remains the same (refer to existing policy 67.01).

**DO** - Danger to Other Precautions Level 1, 2 and 3 in ECHO will be replaced by - Danger to Others “YES” (requiring 15min checks) or Standard Precaution (requiring 30min checks).

**EP** - Escape Risk will be either a “YES” (requiring 15min checks) or Standard Precaution (requiring 30min checks).

#### **PATIO PRIVLEDGES**

**PACU patio:** In order for a patient to have supervised access to the PACU patio, patients need to be on: 1) Voluntary status 2) “Standard Precautions” zero precautions, and 3) Must have a MD order in the ECHO, to have accompanied PACU patio access. This applies for all group activities, family visits, one on one access with staff or physicians etc.

**PICU patio:** Due to increased security of the PICU area, patients may access this patio without staff accompaniment. However, patients on Level 2 or Level 3 precautions require staff accompaniment at all times.

New: Fall 2012  
Note Carefully

An acute mental health crisis is a difficult and distressing experience. El Camino Hospital's Inpatient Behavioral Health Services program offers the serene treatment environment and respectful, professional staff that patients need to feel more comfortable physically and emotionally.

Besides our inpatient facility, we also offer the following outpatient behavioral health services:

- Partial hospitalization
- Dual diagnosis program
- Intensive outpatient therapy
- Eating disorders
- Perinatal mood disorders (postpartum depression)
- Older adult treatment programs

#### About El Camino Hospital

As an independent, non-profit hospital with campuses in Mountain View and Los Gatos, we are empowered to do whatever it takes to bring you the finest quality care. Our administrative leadership helps foster a dynamic, collaborative environment. Our world-class physicians actively seek out the latest treatments and technologies to benefit our patients. And all of our nurses, staff and volunteers share our commitment to excellence. Together, we do our utmost to bring you compassionate, comprehensive medical care that is truly state-of-the-art. Our key medical specialties include cancer care, heart and vascular services, neuroscience, genomic medicine, urology, ophthalmology, orthopedic and spine surgery, and women's health.

For a more detailed look at our capabilities, please visit our Web site at [www.elcaminohospital.org](http://www.elcaminohospital.org).

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## Inpatient Behavioral Health Services



El Camino Hospital  
THE HOSPITAL OF SILICON VALLEY



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### About our program

The Inpatient Behavioral Health Services program at El Camino Hospital is designed to help people who are going through an acute psychiatric crisis. These individuals may have symptoms of anxiety, depression, or mania, or may be experiencing altered thought processes. They may be unable to care for their needs or at risk of harming themselves or others.

The inpatient unit provides care that is safe, relevant, and compassionate. We work hard to erase any misconceptions that patients and families may have regarding inpatient psychiatric treatment. Patients who are admitted to the hospital undergo a multidisciplinary assessment process to ensure that treatment is structured to meet the needs of the individual. Through psycho-educational training and focused activities, we help patients develop skills to manage their acute symptoms and begin the healing process.

We offer two different treatment environments within the inpatient department so as to provide



the appropriate therapeutic setting for our patients. In addition, where appropriate, patients can enjoy the fresh air and sunshine on our outdoor patio.

### Our staff

The Inpatient Behavioral Health Services staff consists of psychiatrists, registered nurses, social workers, occupational therapists, and other mental health specialists. Our satisfaction surveys repeatedly include positive feedback about these empathetic, committed, and compassionate professionals.

### Admission

It is critical that a person experiencing a psychiatric emergency obtain appropriate help as soon as possible. Patients admitted to the inpatient program are referred by their community provider (physician or therapist) or are admitted following an assessment of their needs in the emergency department. Occasionally, patients are transferred to El Camino Hospital from other facilities.



### Location

El Camino Hospital's Inpatient Behavioral Health Services program is located at 2500 Grant Road, Mountain View, California.

### Contact information

Our psychiatric nurses are available to perform emergency assessments 24 hours a day. To refer a patient for hospitalization, call 650-940-7292 or 866-789-6089 (toll-free), and ask to speak to a psychiatric emergency services nurse regarding a potential admission. Please do not delay calling if you or the person for whom you are calling is having suicidal thoughts. If someone poses an immediate physical threat, call 911.





# EL CAMINO HOSPITAL INPATIENT ROTATION

DE ANZA COLLEGE NURSING STUDENTS  
One South Rotation/InPt Unit

Hours: 7 a.m. - 3 p.m. *Arrive prior to 7 a.m.*

Level of Students: Advanced (last course before the preceptorship)

Name of course: Psychiatric/Mental Health Nursing

Student Learning Activities and Responsibilities:

Assist with am care and ADL's for own patient plus other patients as indicated.

Vital Signs and morning assessments/chart own V/S. Get V/S sheet & record in computer

Make unit safety rounds as assigned by staff.

Know location of fire alarms/exit doors/emergency cart etc.

Treatments as ordered/appropriate.

Attendance at activity and process groups – students should not sit together in groups and participation is as "participant-observer" so honest, but superficial comments are to be made (no disclosures of personally sensitive information.). Groups are 10:15 am and 1:15 pm.

Assist group leaders in directing patient to groups. Say "It's time for group."

For activity groups ask the leader how you can be of help.

One-on-one patient assignment per instructor and staff input. Keep the same patient until discharged unless change is indicated or desired (check with instructor if change is desired or necessary).

Psychosocial workup/care plan/eval notes for assigned patient

Assist with other patients assigned to the resp. nurse as needed.

Be alert to needs of any patients and help as appropriate and/or find the resp. nurse for that patient.

Attend morning report at 7:00 a.m. **MUST NOT BE LATE!** Leave report as soon as patient information is completed and begin taking V/S. *Do not lag behind.*

\* Report on to the responsible nurse for your patient asap after report AND BEFORE beginning any care for your assigned patient.

Get copies of patient list for report prior to report or ask if extras are available.

Introduce self daily to staff whom you don't know.

Attend goals conferences for your patient or other patients with permission.

Communicate with interdisciplinary team (social worker, OT, etc.)

Maintain strictest confidentiality protocols/CHECK CLIPBOARD AND SHRED

Maintain physical security of the unit—keep doors locked/closed properly

And watch for any safety hazards on the unit at all times

Maintain patient physical and emotional safety.

Report off whenever leaving the unit including lunch, groups, etc.

Report verbally to responsible nurse re patient status and care given as indicated

Write a summary note for the shift (to be given to the responsible nurse, but not charted on the permanent record – include brief report of patient's activities/behaviors and feelings/thoughts expressed)

Know actions and side effects of medications but will *not* administer meds

Other activities as appropriate/e.g. attend an ECT treatment if permitted or go on emergency calls with the PES nurse as appropriate.

*NO cell phones on the unit.  
Keep them in your locker.*

*schedule  
may be  
6:45 to  
2:45 pm  
TRD*

Report any problems or questions or any changes in patient care or any safety issues to the Instructor's attention immediately!

Be aware of the staff's time constraints and direct questions of a general nature to the Instructor, or save them for clinical conference.

Keep the area around the desk free for staff. May use the treatment room for *brief* reading the chart/writing only if no one else is using it, but DO NOT talk with other students while in the room. Sign out charts. Don't take charts prior to 8am.

Each day, know the name of the charge nurse and the name and licensure of the responsible nurse for your patient.

Stagger lunchtimes so that the unit is "covered" by students—begin to work independently and not need to be with a "buddy".

\* DO NOT clump together or talk with other students (except for brief exchanges as needed to structure the day, etc.) while on the unit. Be your own independent person so that patients do not see "the class", but each student as an individual.

Arriving late to clinical conference is ok when attending group or other activity (if activity is something other than group please let the Instructor know ahead of time).  
!!!

OTHER: *New unit policy! Student must not allow anyone through secure doors. Do not escort patients through secure doors. Do not open doors to your badges for anyone except yourself.*

Instructor:

Number:

(Tues/Wed, 7am to 3pm only)

Voicemail:

(24 hours)

E-Mail:

Vocera on Clinical Days