

LEVELS OF OBSERVATION IN INPATIENT UNITS

There are three special levels of observation over and above the basic level required for all psychiatric inpatients.

Within reach

This is for the person at extremely high risk of suicide who is expressing active suicidal intent. He/she may have recently carried out an act of deliberate self-harm, have unpredictable psychotic states and/or be impulsive and aggressive. This requires observation within reach of the person for safety purposes. On some occasions, more than one nurse may be required.

Same room and in sight




This is for the person at high risk of suicide who is expressing active suicidal intent but where there is less concern about impulsive self-destructive behaviour. The person may have recently carried out an act of deliberate self-harm or have unpredictable psychotic states. This requires constant visual observation on a 1:1 basis, with the nurse in the same room and in sight of the person.

Frequent observations (specify maximum interval in range of 10–20 minutes)

This is required for the person who is considered to be at a significantly increased suicide risk compared with the average psychiatric inpatient, or where the extent of risk is uncertain. It is recommended that the timing of observations be varied to ensure the person cannot predict the exact time of the next observation.

If a person is assessed as requiring one of the above levels of observation, details of this must be carefully and systematically documented. People who commit suicide while engaged in mental health services are likely to have had their level of care reduced before they commit suicide (ie, to have been judged as being at decreased risk).¹⁶[2++]

RECOMMENDATIONS

It is vital to review regularly the mental state of the individuals under such close observation. This should be done formally at the nursing handover at the end of each shift. Senior nursing and psychiatric staff should review the level of observation at least daily when the overall management plan is reviewed.	
The levels of observation and changes to this should be documented separately in the clinical notes, with counter-signatures from senior staff and the responsible clinician. The documentation will include date, time and signature, level of observation, stop date and role of each person signing.	
Changes to closer levels of observation may be initiated by any senior clinical team member.	
Reduction of the level of observation must be approved by two senior members of the clinical team.	