Continuous observation and engagement record for the use of seclusion

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| Tāngata whaiora sticker |
| **Name** | Name Surname | **NHI** | Add | **DOB** | DD MM YYYY |
| **Address** | Add |

|  |
| --- |
| What will be done to end this seclusion episode? |
| Add here* Bullets if needed
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| Before continuous observation and engagement are carried out, all staff must: be familiar with all service policies and procedures relating to this practice and have completed the required training. |
| All non-registered staff must work under the direction and delegation of a registered nurse (RN) and observe the following guidance.* They are accountable to the RN who has responsibility for the patient, and they work under the RN’s direction at all times.
* They must receive a handover from this RN at the start of the period of engagement and observation for this seclusion episode – NOT just from the previous delegate for this tāngata whaiora.
* They must notify the RN immediately of any change in condition or concerns.
* They must not leave the tāngata whaiora without the RN’s permission and a relieving person being available to take over.
* Continuous observation means that there must be an identified person who is continuously available and is immediately outside the seclusion room.
* This person must watch for both safety and appropriate opportunities to engage tāngata whaiora in therapeutic interactions and use de-escalation techniques to reduce the level of distress in tāngata whaiora.
* If continuous visual observation is contributing to distress in tāngata whaiora or is intruding on privacy and dignity, non-registered staff must seek direction from the RN, who may need to discuss further with the responsible clinician.
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Summary of care recording

For each period of engagement and observation, under the section ‘Summary of engagement and observation’: please record what you see, care that has been provided, any mental health or physical health issues, cultural support, family/whānau visits or anything else that has been happening for the tāngata whaiora in seclusion.

Summary

|  |  |
| --- | --- |
| **Nurse or delegate name** | Name Surname |
| **Summary of engagement and observation*** Mental state and level of distress, risk and risk management, physical health status, therapeutic engagement, care provided, cultural support
 |
| Add* Bullets if needed
 |
| **Time commenced** | HH:MM | **Time concluded** | HH:MM |
| **Signature** | Add |

*Only complete this if there is a change in staff member during this care interval*

|  |  |
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 |
| **Time commenced** | HH:MM | **Time concluded** | HH:MM |
| **Signature** | Add |

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| **RN 2-hour summary*** Mental state / post-medication administration monitoring / physical health status / obs / nutrition / fluids / reviews / efforts to end seclusion
 |
| Add* Bullets if needed
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| **Time commenced** | HH:MM | **Time concluded** | HH:MM |
| **Signature** | Add |

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