Continuous observation and engagement record for the use of seclusion

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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. |

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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| **RN 2-hour summary**   * Mental state / post-medication administration monitoring / physical health status / obs / nutrition / fluids / reviews / efforts to end seclusion |
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