

Supervision and Safety



- Depending on the individual being observed, the special observer may be required to be within close proximity or within view. Discuss this with senior nurse on duty who will consult with the treating team.
- Check with the senior nurse on duty whether the special observer is required to remain in close proximity, within view or outside the room while visitors are present.

Liaise with the senior nursing staff on duty about whether the patient can leave the ward to attend the playroom, the school or for any other reason. Never leave the ward with the patient without approval from the senior nurse on duty. **Never be an in an area of the hospital where you are out of sight of other staff.**



Documentation of observations

- Complete Activity record sheet provided throughout the shift.
- When the special observer is a non-nursing staff or an agency member they are required to complete a report sheet at the end of each duty period outlining the presenting facts relevant to the patient (see report sheet for use by non-nursing staff). Always report any concerns to the senior nurse on duty immediately, don't wait until the end of the shift.

Created by: CNSps in Psychiatry service, OLCCHC.

Issue date: April 2017

Review date: April 2020

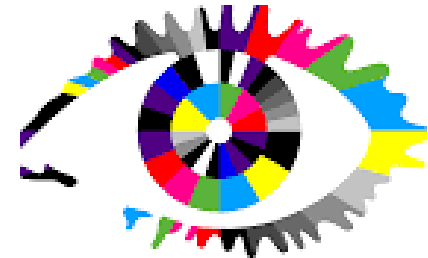
©2017, Our Lady's Children's Hospital Crumlin, Dublin 12. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means without the prior written permission of the copyright holder. Every effort has been made to ensure that the information provided is accurate and in accord with standards accepted at the time of printing.



Our Lady's Children's
Hospital, Crumlin, Dublin 12

....where children's health comes first

GUIDELINES ON SPECIAL OBSERVATIONS FOR NURSES AND CARER'S



Our Lady's Children's Hospital Crumlin Dublin 12

GUIDELINES ON SPECIAL OBSERVATIONS FOR NURSES AND CARER'S

The role as a special observer is not only in the interest of safety but also as a support and a listener. Any concerns within your role should be discussed with the nurse in charge. The safety of the patient can be enhanced through effective communication between the patient, the special observer, and nurses on the ward, the family and the treating teams. At the beginning of each shift, consult senior nursing staff for advice on the patient's individual care plan.



Establishing a rapport

Introduce yourself to the patient- give them your first name and let them know that you will be spending time with them in their room or on the ward. Try to engage the patient in activities such as board games, computers, art & crafts etc where possible.

Engage the patient in conversation re: school, friends, hobbies and other general topics. Conversation need not centre on the patients treatment and the reason for admission as this will be addressed with treating teams. However, if a patient wishes to talk about issues relating to their treatment or chooses to talk about their feelings or worries you should facilitate this by listening. Use active listening skills rather than give advice (see active listening below). Always show empathy and positive regard for the patient, never disapproval as this may exacerbate negative emotions. Do not prompt or probe into issues.



Active listening is:

- Giving the patient space to speak, allowing them to talk about whatever they wish without interrupting. Acknowledging the patient's feelings by naming them, for example "you sound upset", rather than giving your opinion or advice.
- Being attentive, using body language and eye contact to show that you are really listening and valuing what the patient is saying.
- Encouraging the patient to continue talking by, for example, nodding, repeating their last words back to them.
- Repeating back to the patient what they have said in your words to check that you have understood what they have told you.



Professional Boundaries

- You should not disclose too much personal information / details. It is appropriate to discuss mutual hobbies, interests (e.g. films, music, books) but not details about your own personal life.
- You should never divulge any personal, religious or cultural views on diagnosis or treatment to the patient or parents/guardian.

- Confidentiality should be respected. Do not discuss the patient or their situation with any person or persons outside the ward or hospital.
- The special observer may need to make the patient aware that information/concerns discussed may need to be shared with the treating team. The special observer must never promise to keep a secret if requested to do so by the patient.
- They should however report any immediate concerns directly to the senior nurse on duty.
- All requests for information by the patient or parents/guardian are to be directed to the senior nurse on duty and treating teams.