



ARROWHEAD REGIONAL MEDICAL CENTER
Department of Nursing (NRS) Policy
BEHAVIORAL HEALTH

POLICY NO. 826 Issue 1
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SECTION: VIII. SAFETY & ENVIRONMENT OF CARE

SUBJECT: PATIENT SAFETY CHECKS

APPROVED BY: _____

CLINICAL DIRECTOR II – BEHAVIORAL HEALTH

POLICY

Patients are monitored to ensure safety, physical, and emotional needs are met.

PROCEDURES

- I. The “Patient Safety Checks” in patient Electronic Health Record (EHR) is used to document activities throughout each 24-hour period.
 - A. The assigned Licensed Vocational Nurse/Licensed Psychiatric Technician or other nursing staff member notes every 15 minutes, the patient’s location and behavior/activities.
 - B. Each shift, the assigned staff member notes Input, Output, Activities of Daily Living, Medication Compliance, Risks, Suicide and or Seizure Precautions, Physician Ordered Restrictions, Grooming, Bath, Functional Status, Group Participation and other data.
 - C. Any physical or behavioral changes or problems are immediately reported to the Charge Nurse and/or Registered Nurse (RN) assigned to the patient. The Medical Doctor (MD) and Treatment Team are notified.
 - D. The RN and other members of the Treatment Team augment the Safety Checks with documentation on the Progress Notes.
 - E. For Downtime Procedures, Patient Locator Flowsheet will be utilized. (See Attachment A)
- II. If patient requires 1:1 observation for medical, behavioral, and/or suicide risk reasons, the Charge Nurse immediately institutes 1:1 observation and notifies MD. The MD will then evaluate the patient and order 1:1, stating the reason, (or will discontinue the nursing initiated 1:1).
 - A. If patient demonstrates active suicide ideation, (plan, means, unwilling to participate on formulating their safety plan, verbalized or observed self-destructive behavior, or at the discretion of RN/MD), Suicide Precautions with 1:1 monitoring are instituted. (See Policy Administrative Policies and Procedures (ADM) 620.09 regarding Suicide Precautions).
 - B. If MD orders 1:1 for other reasons; Safety Checks will be utilized. Additionally, the intervention(s) will be noted on Treatment Plan and Progress Notes will describe problems/progress in greater detail.

REFERENCES: CMS 412.27 (c) (3)
THE JOINT COMMISSION STANDARDS NPSG.15.01.01

DEFINITIONS: NA

ATTACHMENTS: Patient Locator Flowsheet

APPROVAL DATE:

07/15/2025

Deneb Osano, Clinical Director

Department/Service Director, Manager or Supervisor

07/16/2025

Behavioral Health Committee

Applicable Administrator, Hospital or Medical Committee

08/12/2025

Nursing Standards Committee

Applicable Administrator, Hospital or Medical Committee

08/14/2025

Patient Safety Quality Committee

Applicable Administrator, Hospital or Medical Committee

08/28/2025

Medical Executive Committee

Applicable Administrator, Hospital or Medical Committee

11/18/2025

Board of Supervisors

Approved by the Governing Body

REPLACES: BH POLICY NO. 813 ISS 3

EFFECTIVE: 08/28/2025

REVISED: N/A

REVIEWED: N/A