



# MedStar Health Nursing.

<b>Sitter Practices</b>		
<b>Patient Practices by Population</b>	<b>Non-Surge Recommendations</b>	<b>Crisis Contingency/Surge Recommendations (In Addition to Non-Surge Recommendations)</b>
<p>Cognitively Impaired Patient:</p> <ul style="list-style-type: none"><li>• Delirium Management</li><li>• Device Risk Management</li><li>• Fall Risk Management</li></ul>	<ul style="list-style-type: none"><li>• Utilize in room sitter per current policy with a strategy to minimize sitter fatigue (See sitter practices information above).</li><li>• Have sitter and/or hourly rounder check that oxygen nasal cannula or facemask remains on patient, if ordered.</li><li>• For older adults, request Geriatric consult, if available.</li><li>• Implement delirium prevention: promote sleep; reorient patient regularly; explain routine procedures like vital signs; make sure glasses, hearing aids and</li></ul>	<ul style="list-style-type: none"><li>• Utilize redeployed clinicians to conduct and document hourly rounding with checks that oxygen nasal cannula or facemask remain on patient, if ordered, and instruct them to do intermittent pulse ox checks, if ordered.</li><li>• Consider Rounder vs. Sitter strategy. Rounder can round on up to 5 patients every 15 minutes. If environment allows rounder to view patient from outside the room, rounder does not need to enter the patient room.</li></ul>

<b>Patient Practices by Population</b>	<b>Non-Surge Recommendations</b>	<b>Crisis Contingency/Surge Recommendations (In Addition to Non-Surge Recommendations)</b>
Cognitively Impaired Patient continued	<p>dentures are in use; mobilize patient out of bed to chair, if feasible; and promote patient and family interaction via voice or video phone.</p> <ul style="list-style-type: none"> <li>• Notify provider if Confusion Assessment Method (CAM) screen is positive for delirium.</li> <li>• Collaborate with provider to assess for cause of delirium and use MedConnect Delirium Orderset when appropriate.</li> <li>• Ask provider and pharmacist to review the patient's home medication list and current med list with BEERS criteria; avoid benzodiazepines, if possible.</li> <li>• Consider abdominal binder for protection of any abdominal device (i.e., feeding tube, peritoneal dialysis catheter, or ostomy bag).</li> <li>• Utilize bed alarm/chair alarm starting at admission to the unit, if indicated.</li> <li>• Implement standard fall precautions.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider utilizing for safety two side rails with floor mats on both sides of bed or push bed against wall and use one floor mat on the non-wall side.</li> <li>• Consider enclosure bed.</li> <li>• If resources preclude sitters or rounders: <ul style="list-style-type: none"> <li>○ Consider least restrictive restraints first: arm immobilizer, mitts, and/or roll belts.</li> <li>○ Consider wrist restraints and jacket restraints as a last resort.</li> </ul> </li> </ul>
Suicidal Ideation/Homicidal Ideation Risk Patients	<ul style="list-style-type: none"> <li>• Request Psychiatric consult to assist with strategies to remove sitter requirement, such as engaging the patient in a safety commitment/behavioral contract and prescribing medications to manage homicidal/suicidal behaviors as appropriate (See Appendix C: Violent Restraint Practices).</li> <li>• Offer and administer medications ordered by Psychiatric consult to manage homicidal and suicidal behaviors.</li> <li>• Utilize clinically trained sitters only (Patient Care Associates/Certified Nursing Assistants/Care Associates). Do NOT utilize non-clinicians (Sitter-only Sitters/Companions).</li> </ul>	<ul style="list-style-type: none"> <li>• Consider cohorting homicidal and suicidal COVID/PUI patients that do not require restraints with a safety observer.</li> <li>• If patient actively trying to harm self or others, follow violent restraint protocol.</li> <li>• Notify provider (Physician/PA/NP) to complete initial face to face restraint evaluation and documentation within 60 minutes from initiation of restraint application.</li> </ul>

Patient Practices by Population	Non-Surge Recommendations	Crisis Contingency/Surge Recommendations (In Addition to Non-Surge Recommendations)
	<ul style="list-style-type: none"> <li>If sitter is positioned outside the room, take measures to impede bathroom from being barricaded.</li> </ul>	
Elopement	<ul style="list-style-type: none"> <li>Utilize Rounder</li> </ul>	<ul style="list-style-type: none"> <li>Utilize behavioral contract form.</li> </ul>

References:

- Boltz, M., Capezuti, E., Fulmer, T., & Zwicker, D. (Eds.). (2016). *Evidence-based geriatric nursing protocols for best practice* (5th ed.). New York, NY: Springer.
- Joint Commission . (2020, 04 09). Monitoring patients with known or suspected COVID-19 at high risk for suicide. Retrieved from Joint Commission : <https://www.jointcommission.org>
- Medstar Health (2013, June 7). *Prevention of Falls among Hospitalized Adult Patients*. Nursing Clinical Practice Guideline.

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