



Chapter XV

Psychiatry (PS)

Scoring:



**Psychiatry
(PS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
PS.1.	The department head is a specialist Psychiatrist.					
PS.2.	The nurse manager is a registered nurse with training in Psychiatry.					
PS.3.	There is written Admission and Discharge criteria.					
PS.4.	There are policies and procedures that guide the care in the unit and includes the following but is not limited to:					
	PS.4.1 Use of patient restraints.					
	PS.4.2 Use of sedation.					
	PS.4.3 Management and care of violent patients.					
	PS.4.4 Management of patients with depression.					
	PS.4.5 Management of suicidal patients.					
	PS.4.6 Risk assessment for suicidal patients.					
	PS.4.7 Environmental assessment for suicidal patients.					
	PS.4.8 Management of patients with psychosis (thought disorders).					
	PS.4.9 Use of safe seclusion.					
	PS.4.10 Guidelines for the use of ECT.					
PS.5.	Nurses working in the Psychiatry unit receive continuous education and training with competency assessment (e.g. written test, return demonstration, etc.) that include but are not limited to:					
	PS.5.1 Assessment of psychiatric patients.					
	PS.5.2 Management of the violent patient including use of restraints.					
	PS.5.3 Management of patients with depression.					
	PS.5.4 Management of suicidal patients.					
	PS.5.5 Management of patients with psychosis (thought disorders).					
	PS.5.6 Risk assessment for suicidal patients and their environment.					
PS.6.	Restraint orders are written by a physician, who assesses the need for restraints, the type of restraints, and the length of time the restraints will be used.					



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PS.7.	All staff who restrain patients are trained and competent. Restraining is done in a professional manner. This standard includes but is not limited to the following processes:					
	PS.7.1 Proper application of restraints.					
	PS.7.2 Documented assessment /reassessment of patients during restraint usage (prior to restraints and ongoing until removed).					
	PS.7.3 Assessments on a frequent basis (at least every hour) with circulation checks to any limb restrained and patient's response documented in the medical record.					
	PS.7.4 Appropriate interventions when the patient's circulation is being impaired.					
	PS.7.5 Appropriate interventions for side effects related to major tranquilizers (Haldol, Thorazine, etc).					
	PS.7.6 Patients are monitored during the period he/she is restrained.					
	PS.7.7 Physician assessment and reassessment of patients as appropriate.					
	PS.7.8 The least restrictive and most effective means of restraint is used.					
	PS.8.9 Patient's dignity and rights are protected that includes but is not limited to, covering patient when attending to patients physical needs.					
	PS.7.10 An alarm's system is available in the room and at nursing station for immediate help and/or assistance.					
	PS.7.11 The above is documented in patient's file.					
PS.8.	Seclusion areas are well lit and protected for patient and staff safety.					
PS.9.	The physical layout of the unit allows for:					
	PS.9.1 Quiet and separate counseling of patients and families.					
	PS.9.2 Access only by authorized staff.					
	PS.9.3 Quick assistance from security.					
	PS.9.4 Seclusion rooms made with special safety features.					



Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	PS.9.5 A means to separate adults from pediatrics.					
PS.10.	Plan of patient care is outlined and documented in the medical record.					
PS.11.	A Crash cart is available in the vicinity.					



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