

**PROCEDURE FOR: Fifteen Minute Checks**

- POLICY:**
1. Fifteen minute checks are indicated when a patient is determined to be at risk for suicide or elopement, or their psychiatric and/or medical condition warrants close monitoring.
  2. Any patient deemed to be at risk for emotional or physical exploitation by others (i.e., mental retardation, adolescents under age 18) will be maintained on fifteen minute checks throughout hospitalization.
  3. All newly admitted patients will routinely be placed on fifteen minute checks by MD order.
  4. A physician / LIP order is necessary to discontinue fifteen minute checks.

**PROCEDURE:**

**ACTION**

**POINTS OF EMPHASIS**

1. The nursing staff performing 15 minute checks will indicate the rationale for the checks on the checklist.
2. The nursing staff assigned to the 15 minute checks will:
  - a. Check the patient visually every 15 minutes.
  - b. Complete two (2) random visible checks per shift.
  - c. Make verbal contact with patient every hour if awake.
2. Every 15 minute check will include looking into every patient room, laundry room and all common areas. Patients are allowed in their assigned rooms only. Patients found in others' rooms will be reminded to remain in own room or common areas. At 10 PM, patients will be directed to remain in center circle if awake and not in their assigned rooms or Patient Lounge for closer supervision. Patients may answer telephone calls and remain in Patient Lounge until 11 PM.
3. If the checks were initiated by the nursing staff without a physician's order, an RN may discontinue the checks without a specific physician's order.

- DOCUMENTATION:**
1. Document patient's location and behavior(s) using the appropriate location and behavior assessment codes.
  2. Initial every 15 minutes and sign in appropriate areas.
  3. Random checks will be documented in designated area in upper right hand corner of the 15 minute check form.
  4. Utilize "Comments" section to elaborate upon any significant symptoms. Document these in the progress notes at least daily.
  5. Discontinuation of 15 minute checks will be documented in flow sheet or progress note.

**APPROVAL:** Nursing Standards Committee

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EFFECTIVE DATE: 1974

REVISION DATES: 1977, 1980, 1982, 1983, 1984, 1988, 1989, 12/90, 12/91, 12/97, 1/00,  
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