

Protocol for: Private Rooms, Use of 1035 or 1036

- POLICY:
1. Rooms 1035 and 1036 may be utilized as private rooms under the following circumstances:
 - * when a patient presents no risk of harm to self, others, or property. More restrictive measures are indicated for the patient who threatens and/or acts upon destructive impulses directed toward self or others.
 - * elderly or confused patients who are unable to tolerate a roommate and require consistent environmental conditions.
 - * patients with eating disorders who require a locked bathroom.
 - * patients who have sleep disorders and/or are disruptive to roommates.
 - * a patient admitted during the night who may disrupt a roommate and/or whose needs must be determined by further evaluation.
 - * patients requiring a brief period of decreased stimulation and/or de-escalation.
 2. A physician's order is not required as long as door remains open and room is not being used as seclusion.
 3. If the patient's condition should warrant more restrictive measures, seclusion protocol must be initiated and physician order obtained.

DEFINITIONS: Private room - room set up with special conditions to assist the patient for whom a roommate is not appropriate or for brief periods when a patient requires time alone.

- DESIRED PATIENT OUTCOMES:
1. Patient's need for privacy will be maintained.
 2. Patient will exhibit symptom improvement.

CLINICAL ASSESSMENT AND CARE:

1. Patients will be assessed on an ongoing basis for discontinuation of private room or initiation of more restrictive measures.
2. Based upon immediate need or according to the treatment plan, an RN may initiate use of 1035 and 1036 as a private room.
3. The physician will be notified (no written order is necessary).
4. The room may be arranged as other unit rooms and bathroom door remains unlocked.
5. The need for fifteen-minute checks will be evaluated.
6. Notify physician if clinical status deteriorates.

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PATIENT TEACHING: 1. Educate patient regarding rationale for use of private room.
2. As status changes, educate patient regarding need for more or less restrictive environment.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 4/96

REVISION DATES: 7/96, 12/97, 3/98, 6/99, 10/00, 10/03, 6/06, 8/08