

Tips for Providing Safe Structure for Pediatric Behavioral Health Patients

It is well documented that many behavioral health patients in the emergency department (ED) waiting to be admitted have extended lengths of stay, sometimes days or even weeks due to a lack of available beds either within the facility or at an external facility. In such cases, emergency nurses can ensure safety and structure for this patient population by providing these patients with a daily routine. These infographics have been developed to promote conversation between emergency nurses and the ED team as a starting point to help the ED team create and provide a daily routine for ED behavioral health patients that is safe, structured, and adheres to individual institutional policies.

Suggested daily routine:

MORNING



Breakfast



Hygiene



Hand-off

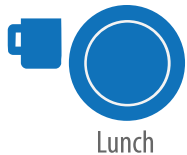


Reading



RN assessment/vitals

AFTERNOON



Lunch



TV



Structured activity



RN assessment / interaction

EVENING



Dinner



Hygiene



Hand-off



Bed time/quiet



RN assessment / communication



Discuss with parents/guardians who will stay with child. Inform that person of what will take place while in the emergency department.



Provide 1:1 observation if the child is at risk for suicide (The Joint Commission, 2016).



Search the child's clothing and belongings and remove anything that is potentially harmful.



Monitor visitors as needed. Ensure the child's communication with visitors is therapeutic.



Monitor the use of personal electronic devices and be prepared to take them away if necessary.



Check the child's room periodically. Remove dangerous items such as cans, glass, sharp objects, plastic bags, harmful liquids, metal/sharp hair accessories, belts, string/ribbon/cords, knives/scissors, lighters/matches, medicines, etc.