



Bureau of Corrections

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PATIENTS FOR OBSERVATION

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REVISION HISTORY AND APPROVAL

Rev.	Date	Nature of Changes	Approved By
0		Original issue.	Supt. Roberto R. Rabo

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1. PURPOSE

To maintain standard work instruction on patient who undergoes observation at the New Bilibid Prison and OPPF Hospitals.

2. SCOPE

This work instruction is applicable to patients who will be placed under observation.

3. DEFINITION OF TERMS AND ACRONYMS

3.1. TERMS

Vital Signs	<ul style="list-style-type: none"> Clinical measurements, specifically pulse rate, temperature, respiration rate, and blood pressure that indicate the state of a patient's essential body functions.
Observation	<ul style="list-style-type: none"> Observation services are hospital outpatient services given to help the doctor decide if the patient needs to be admitted as an in-patient or can be discharged. Observation services may be given in the emergency room covered under certain circumstances. A patient may also be placed on an observation stay for the preparation of a laboratory examination then will be discharge after the said examination.
Triage Care	<ul style="list-style-type: none"> Screen/determining priority of care

3.2. ACRONYMS

OBS	<ul style="list-style-type: none"> Observation
ER	<ul style="list-style-type: none"> Emergency Room
MOD	<ul style="list-style-type: none"> Medical Officer of the Day
PDL	<ul style="list-style-type: none"> Person Deprived of Liberty

4. RESPONSIBILITIES

ER Nurse	Conducts triage care and refers patient to MOD
Nursing Attendant	Profiling of PDL, taking and recording of vital signs
MOD	Assesses or examines patient, necessary orders are made to address health concerns of patient. Determines the need for admission or just for an observation which may resolve patient's health concern in several hours.



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5. PROCEDURE DETAILS

Item No.	Activities	Responsibility	Interface
1	PDL Entry to ER 1.1. Person Deprived of Liberty (PDL) enters ER. 1.2. PDL personal data acquired.	<ul style="list-style-type: none"> ER Nurse Nursing Attendant 	ER Logbook
2	Triage Care 2.1 Nursing assessment will be performed by ER Nurse. This includes subjective and objective assessment and vital signs taking. 2.2 Refer to MOD according to priority of care.	<ul style="list-style-type: none"> ER Nurse Nursing Attendant 	ER Logbook
3	MOD Assessment and Management 3.1 MOD conducts assessment to patient. 3.2 Based on the clinical assessment, MOD determines that patient's condition may be improved after medical intervention within twenty four (24) hours under observation. 3.3 MOD writes order at ER logbook.	<ul style="list-style-type: none"> MOD 	ER Logbook
4	Nursing Actions 4.1 ER nurse carries out doctor's order. 4.2 Patient will stay at ER as all doctor's order are being carried out by the nurse.		ER Logbook
5	Reassessment of Patient within 24 hours 5.1 Vital signs will be taken by ER nurse or nursing attendant. 5.2 MOD will reassess patient's condition. 5.3 If patient's condition is	<ul style="list-style-type: none"> ER Nurse 	Piece Medicine Regular Request Form Doctors Medicine Prescription ER Logbook Admission



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	5.4 improved, he/she will be discharged. If patient's condition is not reversed or has not improved, then will be admitted for further management.	<ul style="list-style-type: none">• ER Nurse• Nursing Attendant• MOD	Chart
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