

Nursing Staff Requirements: Acuity Levels

PHF Patient Acuity Tool for Determining Staffing Needs

LEVEL I One-to-One (1:1) **Line of Sight** or Arms-length

- risk for self harm: High
- risk for assaulting others: High
- risk for being assaulted by others: High

CRITERIA

- suicidal ideation, self-harm or agitated behavior which requires increased level of observation
- patient in restraint or seclusion
- high AWOL risk - actively trying to leave/unable to follow directions
- patient who has fallen within 24 hours
- patient who continues to escalate after 1 hour despite frequent staff interventions and/or medication

LEVEL II

ADLS

- impaired ADLS, requiring complete assist to maintain some aspect of nutrition, hydration, hygiene, and/or grooming
- requires assistive mobility devices and requires assistance/observation to use them appropriately
- less than 4 hours of sleep - diminished sleep capacity

BEHAVIOR

- new acute admission within 24 hours or transfers from an inpatient facility **with Level II** criteria
- requires frequent redirection because of:
 - yelling
 - verbal aggression
 - severe impulsivity/intrusion
 - disorientation
 - wandering into others' rooms
- aggressive/active response to internal stimuli
- multiple demands without resolution (e.g. demanding to leave)
- non-compliant with medications

MEDICAL

- special considerations requiring considerable involvement:
 - wounds with staples/sutures or that require daily dressing changes
 - seizure disorder off anticonvulsant meds or seizure within last 72 hours
 - insulin-dependent diabetes with unstable blood glucose
 - observation for drug or alcohol withdrawal
 - bowel and/or bladder incontinence

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- requires I&O/calorie monitoring and intervention for adequate nutrition
- unstable or positive orthostatic vital signs
- orthopedic injury requiring cast, slings, or braces
- on anticoagulants(Coumadin) with abnormal PT/INR
- requires isolation secondary to infectious disease
- refusing necessary medical treatment and/or medication
- required transfer to ER for medical treatment within last 24 hours

RISK

- moderate AWOL risk
- suicide ideation with no current plan
- fall risk with no recent falls
- assault within past 24 hours
- seclusion or restraints within past 24 hours

LEVEL III

ADLS

- moderate assist with hygiene, e.g., prompts or occasional physical help
- more than 4 hours sleep
- on I & O, but eats on own initiative - may require health shakes

BEHAVIOR

- new admission – transfer from inpatient facility with **Level III** criteria
- able to maintain in milieu with staff intervention:
 - re-direction
 - reality orientation
 - pm medication
- requires prompts to join and/or participate in group therapies
- seeking release via court (Writ process)
- minimal progress towards treatment goals

MEDICAL

- special medical treatments:
 - seizure precautions- no seizures within last 72 hours
 - special diets which require additional monitoring
 - on anticoagulants with therapeutic PT/INR
 - requires assistance with inhalers or topical treatments daily
 - resistive or erratic compliance with treatment and/or medication
 - required inpatient medical treatment within last 48 hours
 - routine off-unit medical appointments

RISK

- verbalizes intent to leave, but makes no AWOL attempts
- reports suicidal ideation is less frequent
- may require assist with ambulation, but has not fallen: wheelchair/walker dependent, uses assistive devices appropriately
- verbally threatening or provocative, but no physical threats

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LEVEL IV

ADLS

- minimal prompts or assist required for hygiene
- sleeping regularly at night
- eating well on own initiative

BEHAVIOR

- symptoms under control but may be vulnerable to stress
- requires minimal prompts for attendance and participation in group therapies
- sufficient progress towards treatment goals
- self-directed with regard to needs
- may need intervention, but responds well to re-direction
- may leave unit with staff escort

MEDICAL

- off-site clinic appointments
- requires blood glucose or vital sign monitoring daily
- may need follow-up care with M.D., but is generally stable

RISK

- minimal risk - patient is voluntarily participating in his/her treatment

LEVEL V

ADLS

- able to maintain own ADLS
- eating and sleeping patterns are regular

BEHAVIOR

- stabilized behavior - symptoms are under control
- actively working or discharge plans - awaiting placement
- takes medication willingly
- substantial progress towards goals
- voluntary participation in group activities

MEDICAL

- all medical problems are stabilized

RISK

- no overt risks on unit
- may be on Administrative Status