5.22 SINGLE ROOM OCCUPANCY (DNA)

A. POLICY: In order for a client to have single room occupancy (DNA), the nursing staff will need to consult with Nursing Supervisor or Unit Director on a case by case basis to determine the necessity of such.

B. PURPOSE: To assure accessible inpatient services and to establish guidelines for the management of bed status at the ICC.

C. PROCEDURES:
   1. The admitting nurse performs an assessment and the client is exhibiting:
      a. Extreme psychosis;
      b. Very poor hygiene or has an infectious disease (i.e. lice, scabies, TB, etc.)
      c. Violence toward self or others;
   2. Charge nurse will contact the Nursing Supervisor or Unit Director to determine if client should be a DNA;
   3. If a DNA has been established, the attending physician will be contacted so an order can be written for such;
   4. As long as the client is on a DNA, client will be monitored q5 minutes for safety purposes (except for item #2 under first procedure);
   5. If admissions are pending and the census is near capacity, the charge nurse will contact the Nursing Supervisor or Unit Director Q shift to discuss case(s) and determine the necessity to continue the order;
   6. As soon as it’s determined that the DNA can be lifted by the charge nurse and Nursing Supervisor/Unit Director, the attending physician will be notified before 9pm or while obtaining admission orders so a discontinuation order for the DNA can be written.
   7. Once order has been written, client will be placed on q15 minute close observations as per protocol.