

Quiet room use

Introduction

A quiet room provides an area of decreased external stimuli for a patient who is experiencing external or internal stimulus overload. The quiet room is used in the first stages of escalating behavior, when verbal intervention is effective and the patient is in control of his behavior. Chemical intervention may also be used to control escalating behavior while the patient is in the quiet room. The major difference between the use of the quiet room and the use of a seclusion room is that the doors of the quiet room remain open and are never locked.

Equipment

Quiet room with a clean observation mirror that gives the nurse an unobstructed view of the patient.

Preparation of Equipment

The quiet room must be free from auditory and visual stimuli and have doors that are never locked.

Implementation

1. Make sure that there's nothing in the quiet room that the patient could use to harm himself or others.
2. Make sure adequate help is available to place your patient in the quiet room, especially if he hasn't requested this placement. *A patient displaying escalating behavior can be unpredictable and may strike out because of fear brought on by stimulus overload.*
3. Explain to the patient what you're doing and why. Assure him that the door will be unlocked. Explain that you or another nurse will observe him and be available to assist him in regaining control. These steps will alleviate any further anxiety.
4. Escort the patient to the quiet room.
5. Remove any potentially harmful objects from the patient's possession.
6. Allow the patient to have time to himself in the quiet room. Assess the level of escalation the patient has reached.
7. Observe the patient according to your facility's policy until he's removed from the quiet room by his request or by your judgment. During observation, verbally interact with the patient *to assess his state of behavior.*
8. Document the procedure. 

Special Considerations

- The quiet room is never used as a form of punishment.
- The quiet room shouldn't be used when the patient requires one-to-one observation.

- Use proper judgment and assessment *to prevent misuse of the quiet room by patients seeking bed rest or wishing to withdraw from a structured routine treatment.*

Documentation

Document the initial behavior that necessitated the use of the quiet room, the patient's behavior while in the quiet room, and the effectiveness of the use of the quiet room. Also document 15-minute assessments, as needed, and any use of as-needed medication.

References

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3. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard PC.03.05.09. Oakbrook Terrace, Ill.: The Joint Commission, 2010.
4. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard RC.01.03.01. Oakbrook Terrace, Ill.: The Joint Commission, 2010.
5. Knight, M., et al. "A Comparison of Multisensory and Traditional Interventions on Inpatient Psychiatry and Geriatric Neuropsychiatry Units," *Journal of Psychosocial Nursing and Mental Health Services* 48(1):24-31, January 2010.
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7. Nettina, S.M. *Lippincott Manual of Nursing Practice*, 9th ed. Philadelphia: Lippincott Williams & Wilkins, 2010.
8. Videbeck, S.L. *Psychiatric-Mental Health Nursing*, 4th ed. Philadelphia: Lippincott Williams & Wilkins, 2007.

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1. Make sure there's nothing in the room that the patient could use to harm himself or others.
2. Procure adequate help to place the patient in the room, if necessary.
3. Explain why the procedure is necessary.
4. Escort the patient to the quiet room.
5. Remove harmful objects from the patient.
6. Allow the patient to have time to himself in the quiet room.
7. Assess the patient to determine his level of escalation.
8. Observe and interact with the patient according to your facility's policy.
9. Remove the patient from the quiet room, when appropriate.
10. Document the procedure.