Paul: Spotting infection through behaviour patterns

As told by Dr Jessica Cross[1], Clinical Team Leader

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Paul[1] is a young man with a diagnosis of schizophrenia. Paul has been in mental health services for a substantial period of time and is treatment-resistant.

Jessica and her team care for Paul in a bedroom equipped with Oxevision. He regularly isolates himself in his bedroom, and it is difficult for Jessica to get Paul out.

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"**Paul finds it difficult to communicate**. His response is often limited to 'I feel unwell', and he attributes physical symptoms to side effects of his medications.

We introduced reviewing Oxevision's Activity Reports into our team meetings. We noticed that **he had been into his bathroom over 30 times overnight, and only a handful of these had been observed**. We suspected that Paul had a **urinary tract infection**. We collected a urine sample for testing which came back positive so **we started treatment immediately**.

Paul wouldn't have been able to communicate his symptoms, and the infection would have been **difficult to diagnose**. Without the system, **his infection could have gone unnoticed** for much longer. Having the objective data was brilliant because **we quickly identified a change in his behaviour** and we started treatment much sooner than we would have."

Jessica and her team use Oxevision's Activity Report in their clinical team meetings to support their care decisions for Paul. The Activity Report provides staff with 24/7 information on Paul's activity in his bedroom

[1]A pseudonym has been used to maintain patient/staff anonymity

Robert: More time to prepare

As told by Rosie O'Neill[1], Ward Manager

Robert[1] was admitted to a seclusion room. He had complex diagnoses, including personality disorder and psychosis and he also had a history of self-harm and ligation.

Rosie and her team cared for Robert in a seclusion room equipped with Oxevision.

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"When Robert attempted to self-harm, we would **rush into his room to intervene**. There would be a struggle to de-escalate the situation and **often Robert or one of us would get hurt**.

Robert had attempted to ligate in the seclusion room. We could see that he had tied the ligature loosely around his neck. Instead of rushing in, we used Oxevision to **keep an eye on him**, giving us time to create a plan for safe de-escalation. We had one person using the system and reassuring us that Robert was safe and one of us talking to him the whole time. **We felt really confident in the system**, which gave us **peace of mind**.

It gave us time to think clearly and form a plan to intervene – if you've got that time, you can go in more **prepared and reduce injuries**. And that's what we want: to **cause the least harm to our patients**."

Oxevision allowed Rosie and her team to take remote medical-grade pulse and breathing rate measurements and to monitor Robert's activity while they formed a plan to intervene.

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