

PATIENT CASE STUDIES | PICU

Ben: Learning what care works

As told by Natasha Le Fort, Deputy Ward Manager

Ben¹ is a young man with a diagnosis of emotionally unstable personality disorder, autistic spectrum disorder and sleep apnoea.

He was admitted to a PICU following episodes of self-harm and had been experiencing very low mood.



“We **reduced observations** as we knew they were causing Ben distress. Having the system allows us to **check his pulse and breathing rate remotely** and **alerts us to certain activity** [which could be a] cause for concern.

Ben’s **mood has steadily improved** and we can see from the system’s activity reports that he is spending **much less time isolating** himself in his room.”

Oxevision helps Natasha and her team to take spot-check vital sign observations without disturbing Ben. It also gives them 24/7 information on Ben’s activity in his bedroom.

¹ A pseudonym has been used to maintain patient anonymity

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Frank: Safe from day one

As told by Natasha Le Fort, Deputy Ward Manager

Frank¹ is a young man with a diagnosis of mild learning difficulties, post-traumatic stress disorder, psychosis and epilepsy.

He was transferred to a PICU from an acute ward following an increase in aggressive behaviour that made Frank a challenge to support and care for.

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“We were **quite anxious** when he arrived on the ward as he has a history of frequent and **unpredictable seizures** which have led to **respiratory and cardiac arrest**. We need to act quickly if he has a seizure but we might not know when he is having one.

We discussed using close observations with Frank, but he told us he finds this **intrusive and stressful** and we know from his history that stress increases the likelihood of seizures.

Oxevision has really [helped us to] **enhance Frank’s safety** and given us **peace of mind**.”

Oxevision helps Natasha and her team to take spot-check vital sign observations without disturbing Frank. It also and gives them 24/7 information on Frank’s activity in his bedroom.

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Yasir: A better care plan

As told by Dr Faith Ndebele, Consultant Psychiatrist

Yasir¹ is in his early 30s and was admitted to a PICU due to hostile and disinhibited behaviour. Yasir was placed on enhanced observations and needed two members of staff with him at all times.

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“Yasir was engaging in **sexually inappropriate behaviour** towards staff and other patients. He was hostile, and exhibited disinhibited behaviour, making him difficult for staff to manage.

In his first week on the ward, **he was up all night** and required two staff members on 24/7 continuous observations. It was **exhausting for staff** to nurse him. We used Oxevision’s Activity Report to get a better sense of his behaviour. We discovered that he had been **consistently getting 7-8 hours of rest** in his bed at night after his first week on the ward. During our weekly MDT meeting, we decided to step down Yasir’s observations at night.

Having that **objective data** from the Activity Report gave the team **confidence** that we were making the right decision. It made night-time nursing much easier for staff and we were **reassured** that Yasir and the ward were safe.”

Oxevision generates Activity Reports which give Faith and her team objective information on Yasir’s activity in his bedroom.

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Sean: Responding quickly to avoid harm

As told by Matthew Dryclan, Healthcare Assistant

Sean¹ is in his 20s and has schizophrenia. He was admitted to a PICU after being transferred from an acute ward where he had caused significant damage to ward property. Sean had previously broken a window and used the glass to harm himself and staff. The police had also had to be called to support with him.

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“Sean hadn’t been with us for very long and he was **aggressive, loud and violent**. Intervening during an outburst just **escalated his behaviour**. He became more distressed and **attacked us**.

I heard **a loud smash from Sean’s bedroom**. I immediately checked the system to confirm that Sean was safe and attempted to get a vital sign measurement. In doing so, I could see that **he was trying to break the glass window to make a weapon**. **The system gave us a clear view of the situation**. He hadn’t yet managed to break the glass window and we were able to quickly make a judgement call, enter the room and **stop him before someone was hurt or the police were needed**.

At times like this, Oxevision has been a potentially **lifesaving tool for staff and patients**.”

Matthew cares for Sean in a room equipped with Oxevision and uses it to closely monitor his physical health in between regular checks.

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Edward: Tracking vital sign trends during covid

As told by Dr Faith Ndebele, Consultant Psychiatrist

Four days after Edward¹ was admitted to a PICU, he had a fever and reported feeling unwell.

Dr Faith Ndebele and her team used Oxevision to take measurements of Edward's pulse and breathing rates whilst he was in his bedroom.

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“We were concerned for Edward because he was experiencing **COVID-19 symptoms**. When his temperature spiked, we ran blood tests and a COVID-19 test and continued to regularly measure his pulse and breathing rate using Oxevision. By lunch time, **his MEWS** (Modified Early Warning Score) **was high enough that we had to transfer him to A&E** to be treated.

We used the system overnight to measure Edward's pulse and breathing rates and to **track his vital sign trends**. Early the next morning, Edward's **resting pulse rate spiked to 125 bpm** and he was transferred back to A&E.

Using the system to track the trends in his vital sign measurements was useful because we knew **as soon as his MEWS change and we could act** immediately to get him the care he needed.”

Edward returned to the PICU later that evening. Dr Faith Ndebele and her team continued to use Oxevision to frequently measure Edward's pulse and breathing rate without entering his bedroom. They also tracked changes over time using the Vital Signs Trends functionality.

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