

## PATIENT CASE STUDIES | SECLUSION

# Carlos: Responding in time

As told by Vincent Okugbe, Deputy Unit Manager

Carlos<sup>1</sup> was admitted to a high intensity unit with a diagnosis of paranoid schizophrenia. He was severely ill, responding to hallucinations and was paranoid.

He was moved into seclusion after assaulting a patient and making threats of further assaults. He was not sleeping and had not been eating or drinking.

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“He was **aggressive and threatening** - saying ‘you should all be killed’. It was difficult to calm him as English was not his native language.

We decided to administer intramuscular **emergency treatment order medication** with two teams after Carlos refused oral medication.

Around midnight, we saw Carlos’ **respiration rate had spiked to 31 BPM** on Oxevision and he was **unresponsive**, so we called a medical emergency.

It can be a struggle to identify when breathing rate is high. Oxevision quickly gives staff a better picture of a patient’s physical health so **we can respond in time.**”

Oxevision allowed Vincent to take spot-check vital sign observations every 15 minutes (when Carlos was resting) as per emergency treatment order protocol, without entering the room. This helped to avoid agitating Carlos further, to keep the staff safe and to respond in time when Carlos needed further care.

<sup>1</sup>A pseudonym has been used to maintain patient anonymity

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# Rodney: A safe assessment

As told by Dr Faith Ndebele, Consultant Psychiatrist



“Rodney had **impaired cardiac function** due to the cocktail of drugs he had taken and required close observations.

Around 9am, **we had to call the police** to help manage Rodney. **He had trashed the room and fashioned a weapon.** He pushed the mattress up against the door, blocking our view into the room.

Using Oxevision, **we could closely monitor his behavior and physical health** and could make a clinical decision about Rodney **without putting him or ourselves at risk.** Without the system, it would have been more difficult to make the right decision and the result could have been very different.”

Rodney<sup>1</sup> had been treated in hospital after taking a mixed overdose of medications and an illegal substance. He was admitted to a high intensity unit where he was increasingly aggressive.

Dr Faith Ndebele and her team moved Rodney into a seclusion room to care for him.

Dr Faith Ndebele and her team used Oxevision to monitor Rodney whilst in the seclusion room. Dr Ndebele used the vital sign functionality to measure Rodney's pulse and breathing rate and ensure he was safe.

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# Anwar: Improved physical health monitoring

As told by Hamja Jaiteh, Mental Health Practitioner

Anwar<sup>1</sup> is a young man who was admitted to a high intensity unit. Following an increase in aggressive behavior, Anwar was moved into a seclusion room as he became a risk to himself and others.

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“After his transfer into isolation, we were **monitoring Anwar’s vital sign measurements** using Oxevision when we noticed that his vital signs weren’t in accordance with normal ranges. **His breathing rate was very high.**

We entered the room and measured his **oxygen saturation, which was very low.** It was clear **something wasn’t right.**

We could only tell something was wrong because we were monitoring him remotely using the system. It gives you a feeling that you’re doing your job more **efficiently and effectively.** It’s made our jobs easier and makes **patients feel a lot safer.** We couldn’t be happier about having the system on the unit.”

After intervention from Hamja and his team, Anwar was transferred to the general hospital where he was diagnosed with tuberculosis.

<sup>1</sup>A pseudonym has been used to maintain patient anonymity