Care Plan Designer

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| **Name (Problem)** | Oxevision | | | |
| **Goal** | Inform the patient regarding Oxevision and decision to use or withdraw | | | |
| **Category** | Mental Health | | | |
| **Subcategory** | N/A | | | |
| Actions: | | | | |
| **Instruction** | | **Responsibility** | **Template** | **Questionnaire** |
| The use of Oxevision in the ward environment has been explained to me. | |  |  |  |
| I have received the patient leaflet regarding Oxevision and understand it. | |  |  |  |
| I understand that Oxevision is being used to support my physical and mental wellbeing. Details of this discussion can be found in the tabbed journal. | |  |  |  |
| I do not want Oxevision to be used to support my physical and mental wellbeing. Details of this discussion can be found in the tabbed journal. | |  |  |  |
| (Patient name) is detained under the Mental Health Act and does not want Oxevision to be used. The MDT feel it is appropriate to override their wishes in the interest of health and safety and will continue to use Oxevision. Details of this discussion can be found in the tabbed journal. | |  |  |  |
| I want Oxevision to monitor for alerts and notify the team of any concerns. However, I do not want my physical or mental health observations to be monitored. Details of this discussion can be found in the tabbed journal. | |  |  |  |
| The patient has been assessed as not having capacity in relation to the use of Oxevision and a best interest decision has been made to use Oxevision / withdraw Oxevision. Details of this discussion can be found in the tabbed journal. | |  |  |  |