

Enhanced Patient Observation (EPO)

EPO is a process that is used for patients who are unable to maintain their own safety whilst in hospital and are at risk of coming to or causing harm to self or others



Healthcare staff will provide extra observation to a patient deemed at risk to support in maintaining their safety

? Who will I assess?

- **Any patient** who has a cognitive impairment that will affect their level of understanding of information and advice provided by staff.
- **Any condition** that may affect their level of understanding and ability to process information.

Remember - Each patient must be considered on an individual basis.

Think: dementia, delirium,
learning disability,
alcohol/drug misuse, mental
health issues, brain injury,
stroke.

? When would I complete the EPO bundle?

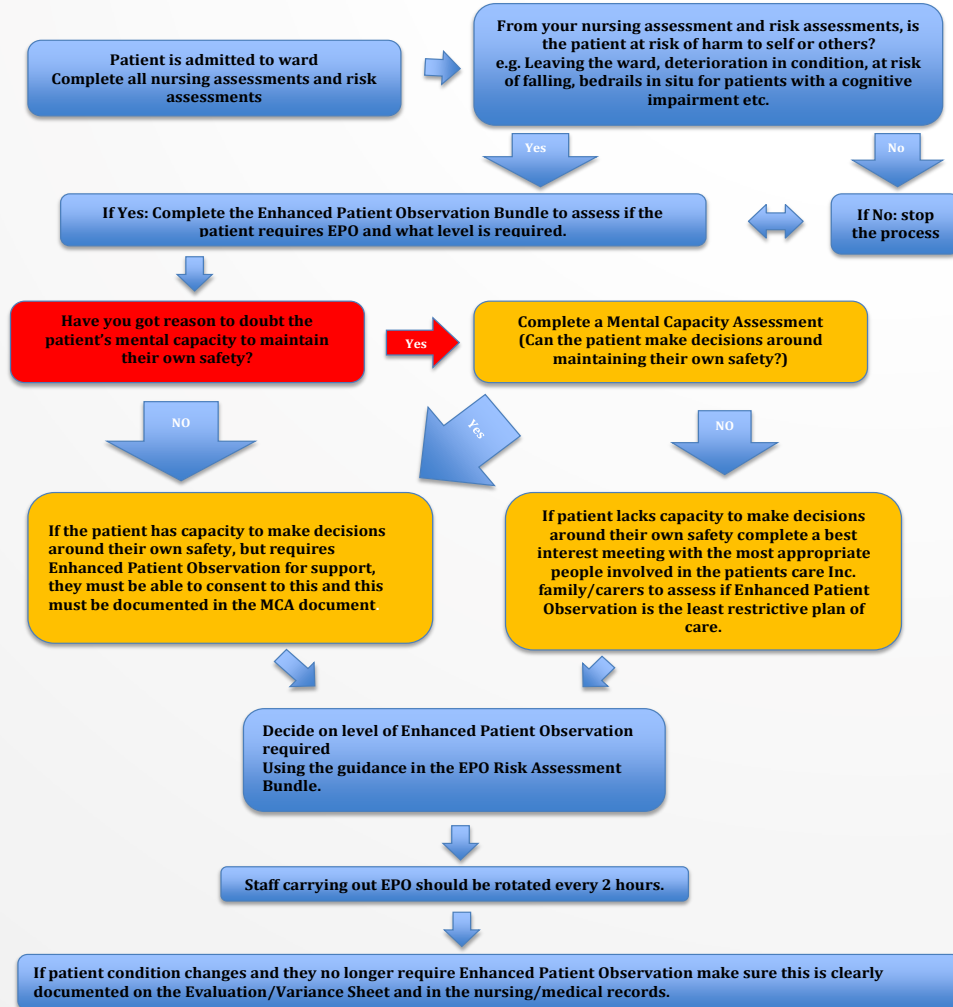
- Nurse in charge of the patient will **assess for EPO** to determine the level of observation required following nursing/risk assessments **on admission to ward** and escalate this to Team Leader on shift. (Involve family/carers)
- **Reassess daily** to observe for any **changes document** this in the EPO bundle.



Assessment process:

- Please refer to flowchart on front of bundle (shown opposite)
- Assessing capacity- time and decision specific.
- You are assessing if your patient has capacity to maintain their safety whilst in hospital. If they lack capacity a plan of care and a best interest should be completed.
- The least intrusive level of observation that is appropriate to the situation should always be adopted so that due sensitivity is given to the patients dignity and privacy whilst maintaining the safety of the patient and those around .
- If EPO is deemed appropriate and the patient has capacity consent must be sought and the process discussed with the patient.

Enhanced Patient Observation (EPO) Flow Sheet



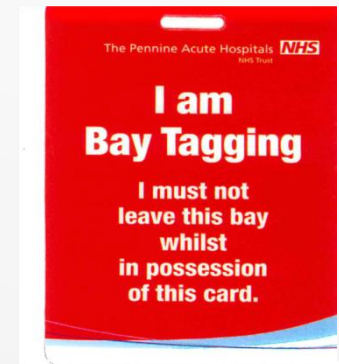
Bay Tagging

- Bay tagging is for patients at risk of coming to harm if left unobserved for any length of time.
- It requires constant uninterrupted observation to maintain safety.
- EPO roles discussed at Safety Huddle and allocated by shift team leader.
- Staff should be rotated every 2 hours - communicated throughout the team.
- Staff member allocated to role of bay tagging must remain in the bay until another member of staff takes over the role.
- Staff to call for support in bay using nurse call bell or walkie-talkies.
- Dependant on the level of needs required, one staff member can observe several patients at once.
- All temporary staff should be provided with an EPO guidance card and verbal instruction given relating to carrying out the role of observer.

stay in bathroom
with patient,
don't leave
patient behind
curtains alone

wear your bay
tag to highlight
your role to
others

When allocating the role, staff competencies or skills required to maintain patient safety should be considered.



1-1 Supervision

- This level is used when the patient is at the highest level of risk of coming to harm towards themselves or potentially others.
- It has been determined that this level of risk can only be managed with the staff member being in close proximity to the patient.
- The staff member carrying out the 1-1 role can not observe any other patients requiring EPO at the same time.
- EPO roles to be discussed at Safety Huddle and allocated by Team leader on shift.
- Staff should be rotated **every 2 hours** and this should be communicated throughout the team.
- A patient can be on both levels on EPO e.g. they may be safe with bay tagging throughout the day but may become distressed at night when a 1-1 supervision may be more appropriate.

Arms
length at
all times



Different
level of EPO
at night

Please consider temporary staff competencies or skills required to maintain patient safety at this level of observation.

Patient Management (Bay Tagging and 1-1)

- Use the period of observation as an opportunity to build a therapeutic relationship with your patient.
- Familiarise yourself with your patients individualised care plan.
- Utilise other documents such as **'This is me'** and **'Traffic Light Passports'** to get to know your patient.

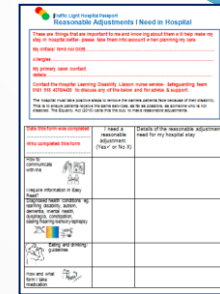
Do....

- Consider therapeutic interventions such as reminiscence therapy/ward based activities.
- Consider the position of the patient in the ward area.
- Complete hourly behaviour assessment chart and escalate concerns in change of behaviour to a registered nurse.
- Involve family/carers throughout the process.

For the EPO policy please [click here](#)

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Get to know
your patients
likes/dislikes



The form is titled 'Reasonable Adjustments I Need in Hospital'. It contains several sections for patient information and preferences. The first section asks for the patient's name and date of birth. The second section asks for the patient's preferred name and contact details. The third section asks for the patient's preferred language and any other adjustments needed. The fourth section is a table for 'Reasonable Adjustments I Need in Hospital' with columns for 'Adjustment', 'How I would like to be supported', and 'Notes'. The table has several rows for different types of adjustments, such as 'Communication', 'Physical environment', 'Social environment', and 'Medical equipment'. The fifth section is a table for 'Other information' with columns for 'Information', 'How I would like to be supported', and 'Notes'. The table has several rows for different types of information, such as 'Religion and beliefs', 'Dietary requirements', and 'Allergies'. The sixth section is a table for 'Other information' with columns for 'Information', 'How I would like to be supported', and 'Notes'. The table has several rows for different types of information, such as 'Religion and beliefs', 'Dietary requirements', and 'Allergies'.

Don't....

- Don't restrict mobility but be mindful of exhaustion.
- Don't use mobile phones whilst carrying out this role, engage with your patient.

