

## Scrutiny Request Form for Enhanced Care Observation

**\*\*Please ensure that ECO documentation has been fully completed and All options considered and explored before completing this request form\*\***

Only when all information is available, requests should be sent to the Lead Nurse for consideration and approval by the Head of Service.

Ward	
Name/Designation of Requestor	
Date and time of request	

Acuity of the Ward (to include number of patients, level of dependency, complex and simple discharges)

Staffing Position (to include number of all registered and unregistered staff including supernumerary staff for each shift of roster for 24 hour period)

Time	Registered staff numbers	Unreg staff numbers	Supernumerary
<b>AM</b>			
<b>Afternoon</b>			
<b>Evening</b>			
<b>Night</b>			
<b>Twilight</b>			

Request (to include patient details and reason for request)  
Please also include if there are other patients requiring ECO and if cohort supervision has been considered.

MCA Forms Completed  
Yes/No

Shifts Required (Band 2 or Band 3 Staff Only)

Time	Shifts Required	Duration Approved (max 7 days)
<b>AM</b>		
<b>Afternoon</b>		
<b>Evening</b>		
<b>Night</b>		
<b>Twilight</b>		

Name/Designation of approver	
Approved/Not Approved and reasons why	
Date and time of approval	

**\*\*ECO assessment to be completed at the beginning of each shift and reviewed by the ward sister every 24 hours\*\***

**\*\*If the patient's condition changes or is transferred/discharged ALL remaining shifts must be cancelled\*\***

DRAFT