

Mental Health Act 1986

Section 81

Local Hospital Patient Number:

Grid for Local Hospital Patient Number

Family Name:

Given Names:

Date of Birth:

Sex:

Alias:

Mental Health Statewide Patient Number

Grid for Mental Health Statewide Patient Number

APPROVAL/AUTHORITY FOR MECHANICAL RESTRAINT

Notes to completing this form

Notes to Part A

A senior registered nurse on duty who authorises restraint in an emergency must:

- specify a period of time in which it could be reasonably expected to deal with the emergency for which the restraint is necessary. A new authority must be completed if restraint is still necessary at the end of this period.
notify a registered medical practitioner without delay.
notify a delegated / authorised psychiatrist as soon as practicable.

The emergency authorisation ends when approval for continued restraint by the delegated/authorised psychiatrist is obtained, or the patient is released from restraint.

If the patient continues in restraint at a change in shift, and approval has not yet been obtained from the authorised psychiatrist, the next senior registered nurse on duty must re-authorise the restraint for the restraint to continue.

Notes to Part B

If a strategy in the patient's treatment plan is to use restraint on multiple occasions over the period, for example each mealtime for 60 minutes, this should be specified.

A registered medical practitioner must examine the patient at least every 4 hours, unless the delegated/ authorised psychiatrist specifies a different period.

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of patient

- an involuntary patient a security patient a forensic patient
a person receiving treatment in an approved mental health service on a voluntary basis (please cross X)

a patient of: approved mental health service

Mechanical restraint is necessary:

- to provide medical treatment to the patient.
to prevent the patient causing injury to themselves.
to prevent the patient causing injury to another person.
to prevent the patient from persistently destroying property.

Mechanical restraint is to be applied to the patient's:

- wrist ankle trunk whole of body (please cross X relevant options)

PART A: Authorisation by senior registered nurse on duty - in emergency

(1) I authorise the emergency restraint of the patient for the period:

Date: Time: to Date: Time: 24 Hour

(2) I notified Dr: name of registered medical practitioner notified on: Time: 24 Hour

(3) I notified Dr: name of delegated/authorised psychiatrist notified on: Time: 24 Hour

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of senior registered nurse on duty

Signed: Designation: Date:

To be completed by further senior registered nurse on duty - at change of shift

(4) I have examined the patient and authorise the continuing emergency restraint of the patient for the period and in the manner described above.

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of senior registered nurse on duty

Signed: Designation: Date:

PART B: Approval by the delegated/authorised psychiatrist

(1) I approve the restraint of the patient for the following period:

Date: Time: to Date: Time: 24 Hour

Other requirements:

(2) I vary the interval at which the patient is to be medically reviewed to every hours for the following reasons:

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of *delegated/authorised psychiatrist

Signed: Date:

* delete as necessary



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