MHA28

Mental Health Act 1986

Section 81

Local Hospital Patient Number:

Family Name:

Given Names:

Date of Birth: **Sex:**

Alias:

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.

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 ☒)

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 ☒ 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: (24 Hour) to Date: Time: (24 Hour)

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

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

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:

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.

PART B: Approval by the delegated/authorised psychiatrist

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

Date: Time: (24 Hour) 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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Mental Health Act 1986

Section 81

Local Hospital Patient Number:

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MECHANICAL RESTRAINT CLINICAL OBSERVATIONS

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A person can only be mechanically restrained while a current approval/ authority is in place.

At each change in shift, the senior registered nurse on duty must start a new 'Clinical Observations' page and complete the 'Restraint is applied by' details.

The patient must be:

- Under **continuous observation** by a registered nurse or registered medical practitioner.
- Reviewed as clinically appropriate to his or her condition at intervals of not more than 15 minutes by a registered nurse.
- Examined at intervals of not more than 4 hours by a registered medical practitioner. The first examination should occur as soon as possible after the medical practitioner is first notified of the restraint.
- Supplied with bedding and clothing appropriate to the circumstances.
- Provided with food and drink at appropriate times.
- Provided with adequate toilet arrangements.

Registered nurse means a nurse whose name is included in Division 1 or 3 of the register of nurses kept under Part 2 of the **Nurses Act 1993**.

A registered medical practitioner, the senior registered nurse on duty or the delegated/ authorised psychiatrist must release the person from restraint **without delay** if the continued use of restraint is no longer necessary.

Restraint is applied by: _____ Designation: _____
name of senior registered nurse on duty

Date: Time: 24 Hour Signed: _____

Review Time Intervals of no more than 15 minutes	Comments/Observations	Completed by: Name	Designation
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I released the patient from restraint on: (date) at: (24 Hour)

Name: _____

Signed: _____ Designation: _____

To be completed when patient is released from restraint:

Actual time restrained:

Start: (date) at: (24 Hour) Finish: (date) at: (24 Hour) Total time: (hours mins)

MHA 28 AUTHORITY MECHANICAL RESTRAINT

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