



Mental Health Act 1986

Section 9B
Mental Health Regulations 2008
Regulation 6(4)

Local Hospital Patient Number: [grid]

Family Name: _____

Given Names: _____

Date of Birth: _____ Sex: _____

Alias: _____

Mental Health Statewide Patient Number [grid]

SEDATION
FOR THE PURPOSES OF SAFELY TRANSPORTING A PERSON
TO AN APPROVED MENTAL HEALTH SERVICE

Notes to completing this form

This form must be completed by a 'prescribed registered medical practitioner' (see the Mental Health Regulations 2008 or back of the Request (Schedule 1) for definition).

The documents that permit the use of sedation are listed in point 2 opposite. You should observe the relevant documents, or have reasonable grounds for believing they exist, before prescribing sedation.

In the case of a patient absent without leave, there may not be any documents. You only need to be satisfied that the person is a patient absent without leave.

Legislation Notes

Sections 12(6) and 12AA(7) of the Mental Health Act 1986 provide that at any time after an Involuntary Treatment Order is made for a person who is not detained in an approved mental health service, but before the authorised psychiatrist examines the person to decide whether or not to confirm the Order, a registered medical practitioner employed by an approved mental health service or a mental health practitioner may take the person, or arrange for the person to be taken, to an approved mental health service if the practitioner considers it necessary to do so.

Section 12AC(4)(b) of the Mental Health Act 1986 provides that when an authorised psychiatrist confirms an Involuntary Treatment Order, if the person is not currently in the approved mental health service the authorised psychiatrist may take the person, or arrange for the person to be taken, to the approved mental health service.

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of person sedated for the purposes of safe transport
of: _____
address of person sedated for the purposes of safe transport

- (1) I am a prescribed registered medical practitioner within the meaning of section 7 of the Mental Health Act 1986.
(2) The abovenamed person is:
[] subject to a request (Schedule 1) and recommendation (Schedule 2).
OR
[] subject to an involuntary treatment order (Schedule 6) and is to be taken to an approved mental health service under section 12(6), section 12AA(7) or section 12AC(4)(b) of the Mental Health Act 1986.
OR
[] a patient absent without leave from an approved mental health service.

(please cross [x] one option only)
(3) The person has refused or is unable to consent to sedation. I consider that it is necessary to sedate the person so that the person can be taken safely to an approved mental health service. The reasons for my decision are:

(4) The following sedation is to be administered to the person:
Drug: _____ Dose: _____
Route (IM, IV, Oral): _____ Frequency: _____

- (5) [] I administered the sedation myself at the following time/s:
Time (1) [] *am/pm Time (2) [] *am/pm
OR
[] I direct the below named authorised person to administer the sedation in the prescribed form:
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of authorised person

(please cross [x] one option only)
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of prescribed registered medical practitioner
of: _____
address of prescribed registered medical practitioner
Signed: _____ Qualifications: _____ Date: []

TO BE COMPLETED AS NECESSARY BY AUTHORISED PERSON

- (1) I am an authorised person within the meaning of section 7 of the Mental Health Act 1986. An authorised person is a registered medical practitioner or a registered nurse.
(2) I administered the following sedation as prescribed by the abovenamed medical practitioner:
Drug: _____ Dose: _____
Route (IM, IV, Oral): _____ Time (1) [] *am/pm Time (2) [] *am/pm
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of authorised person
of: _____
address of authorised person
Signed: _____ Qualifications: _____ Date: []

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SCHEDULE 4/FORM 2 SEDATION