

Mental Health and Wellbeing Act 2022

Sections 132, 136, 138, 129, 137

MHWA 146

Authority for urgent physical restraint  
and observations

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Mental Health Statewide UR Number

Local Patient Identifier

FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

SEX

GENDER

Place patient identification label above

Instructions to complete this form

- This form is used by a Registered Nurse who is authorising urgent physical restraint on a person receiving mental health services in a Designated Mental Health Service and must be completed as soon as practicable after authorising the use of urgent physical restraint.
- A Registered Nurse may only authorise the use of physical restraint if an Authorised Psychiatrist, Registered Medical Practitioner or Nurse in Charge is not immediately available to authorise the use of physical restraint.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS)

- ☐ a Compulsory Patient      ☐ a Security Patient      ☐ a Forensic Patient  
☐ a person receiving treatment in a Designated Mental Health Service on a Voluntary Basis

a patient of: \_\_\_\_\_  
Designated Mental Health Service

I am a Registered Nurse.

The following urgent physical restraint was used on the person:

- ☐ upright  
☐ side  
☐ supine  
☐ prone

Physical restraint of the above named person was necessary as a matter of urgency:

to prevent imminent and serious harm to the person

to prevent imminent and serious harm to another person.

All reasonable and less restrictive options were tried and considered and found to be unsuitable.

I have given proper consideration to the decision-making principles for treatment and interventions.

Please explain why the physical restraint was necessary

Identify all other less restrictive options which were tried or considered and explain why they were unsuitable:

The use of urgent physical restraint commenced on:

--	--	--	--	--	--	--	--

date

at:

--	--	--	--

time 24 hour

Authority For Urgent Physical Restraint and Observations

MHWA146

**Mental Health and Wellbeing Act 2022**  
**Sections 132, 136, 138, 129, 137**

**MHWA 146**  
**Authority for urgent physical restraint**  
**and observations**

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Mental Health Statewide UR Number

Local Patient Identifier									
FAMILY NAME									
GIVEN NAMES									
DATE OF BIRTH					SEX		GENDER		
Place patient identification label above									

The use of urgent physical restraint ended on:

--	--	--	--	--	--	--	--	--	--

date

at: 

--	--	--	--

 time 24 hour

I notified \_\_\_\_\_ On

--	--	--	--	--	--	--	--	--	--

date

at: 

--	--	--	--

 time 24 hour

Designation of person notified: \_\_\_\_\_

Did the person notified authorise the continued use of physical restraint?

- ☐ Yes (MHWA 145 must be completed)
- ☐ No

Signature: \_\_\_\_\_

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date

at: 

--	--	--	--

 time 24 hour

Signature of Authorised Psychiatrist or Delegate / Registered Practitioner

Given Names: \_\_\_\_\_ Family Name: \_\_\_\_\_

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and observations**

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Mental Health Statewide UR Number

Local Patient Identifier

FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

SEX

GENDER

Place patient identification label above

**Instructions to complete this form**

This form must be completed by a Registered Nurse or Registered Medical Practitioner.

- A Registered Nurse or Registered Medical Practitioner must:
  - Continuously observe a person subject to bodily restraint for the entire period of the restraint.
  - Continuously observe a person subject to chemical restraint for at least one hour after administration.
  - Clinically review a person subject to a restrictive intervention as often as is appropriate and at least every 15 minutes.
  - An Authorised Psychiatrist must examine the person as often as is appropriate and at least every 4 hours. If it is not practical for the Authorised Psychiatrist to complete the examination, the Authorised Psychiatrist may direct a Registered Medical Practitioner to do so.
- A person who may authorise the use of a restrictive intervention must immediately take steps to release the person from the restrictive intervention as soon as its use is no longer necessary.

The restrictive intervention(s) being used are:

physical restraint (please specify)

☐ Upright☐ Side☐ Supine

physical restraint- prone

## Details of physical restraint

Type of restrictive intervention (please include the method listed above i.e. wrist, upright, prone etc)	Date	Start Time	End Time	Signature	Designation

The Authorised Psychiatrist or Delegate has directed that the person be medically examined      hours  
(at least once every 4 hours) every :

Signature: \_\_\_\_\_ Designation: \_\_\_\_\_