



Mental Health and Wellbeing Act 2022 Sections 126, 127, 128, 129, 131, 132, 133, 134, 135, 136, 137, 138 & 139 MHW 145

Authority for use of restrictive interventions (including chemical restraint) and observations

Mental Health Statewide UR Number

Local Patient Identifier, FAMILY NAME, GIVEN NAMES, DATE OF BIRTH, SEX, GENDER



- 3. Urgent physical restraint of the above named person was necessary as a matter of urgency:
4. All reasonable and less restrictive options have been tried or considered and found to be unsuitable.
5. I have given proper consideration to the decision-making principles for treatment and interventions.
6. Please explain why the urgent physical restraint was necessary, all other less restrictive options tried or considered, and why they were found to be unsuitable.

Notification for Urgent Physical Restraint

To be completed by the registered nurse after authorising an urgent physical restraint under the Act as the Nurse in Charge, Nurse Practitioner or Registered Medical Practitioner or Authorised Psychiatrist or delegate were not reasonably available.

I, (Name of Registered Nurse) notified (Name of Nurse in Charge, registered medical practitioner or Authorised Psychiatrist or delegate)

On date at: time 24 hour

Signature: Date:

IF FURTHER RESTRICTIVE INTERVENTION IS REQUIRED, GO TO PART B. TO RECORD ALL OBSERVATIONS, GO TO PART E.

Part B: Authorisation for use of Restrictive Intervention

- 1. I am: an Authorised Psychiatrist or Delegate, a Registered Medical Practitioner, a Nurse in Charge (excludes chemical restraint), a Registered Nurse Practitioner
2. The reason for the use of the restrictive intervention is: to prevent imminent and serious harm to the person, to prevent imminent and serious harm to another person, to administer treatment to the person, to administer medical treatment to the person
3. All reasonable and less restrictive options have been tried or considered and found to be unsuitable.
4. I have given proper consideration to the decision-making principles for treatment and interventions set out below.
5. I authorise: a Physical Restraint, Mechanical Restraint, Seclusion, Chemical Restraint (excludes Nurse in Charge)

Signature: date at: time 24 hour

Name of Authorised Practitioner:

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PART E (3): Details of Observations - MUST be recorded at a minimum of every 15 minutes.

Table with columns: Date, Time, Comments / Observations, Completed by: Signature, Designation



