

MENTAL HEALTH ACT 1983 SECTION 64G URGENT TREATMENT RECORD

**This applies to CTO patients who lack capacity (or for minors who lack competence) to consent.
 It cannot be used for a patient who has capacity and refuses to consent to treatment**

Patient Surname:		NHS No:	
Patients first name(s):		Date of Birth:	
RC:		Team:	

THIS FORM SUPERSEDES THE PREVIOUS EMERGENCY TREATMENT FORM DATED: _____

OR

N/A

Medication / Treatment Plan (if ECT)	Dose	Route	Frequency

Indicate which of the following statements apply - *For ECT, one of the first two criteria MUST apply

<input type="checkbox"/>	To save the patient's life*
<input type="checkbox"/>	To prevent a serious deterioration of the patient's condition, and the treatment does not have unfavourable or psychological consequences which cannot be reversed*
<input type="checkbox"/>	To alleviate serious suffering by the patient, and the treatment does not have unfavourable or psychological consequences which cannot be reversed and does not entail significant physical hazard
<input type="checkbox"/>	To prevent patients behaving violently or being a danger to themselves others, and the treatments represent the minimum interference necessary for that purpose and does not have unfavourable or psychological consequences which cannot be reversed and does not entail significant physical hazard

Section 62 is being used for:	a) One off treatment <input type="checkbox"/>	b) Plan of Treatment <input type="checkbox"/>
If treatment will continue, a SOAD should be requested when treatment under Section 62 commences.		
Date SOAD requested:		CQC reference number:
Print Name:		Date:
Signature:		
If <u>NOT</u> RC completing form, state name of Approved Clinician (AC) who authorised medication:		
Date and time of discussion/telephone call with AC authorising treatment:		

Treatment may continue only for as long as it remains <u>immediately</u> necessary.	
Copy of form must be sent to mental health legislation department with original to follow once S64 ceases	<input type="checkbox"/>
Copy attached to the MAR chart and in patients notes	<input type="checkbox"/>
Copy in patient's record	<input type="checkbox"/>

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The immediate need for treatment should be regularly reviewed, and an entry made in the notes to explain why the immediate need continues.

Dates reviewed and for which entries in the notes have been made:

Date:		Date:		Date:	
Date:		Date:		Date:	
Date:		Date:		Date:	
Date:		Date:		Date:	
Date:		Date:		Date:	