Authorisation to seclude for
a further 8 hours

Enter details below

|  |  |
| --- | --- |
| Unit | Add |
| Name | Add |
| DOB | Add |
| NHI | Add |
| Ethnicity | Add |
| Legal status | Add |
| Gender | Add |

Date and time of assessment and review

|  |  |  |  |
| --- | --- | --- | --- |
| Date | DD MM YYYY | **Time** | HH:MM |

Participants in the 8-hour seclusion assessment and review

|  |  |
| --- | --- |
| Name | Designation/Role |
| Name Surname | Add |
| Name Surname | Add |
| Name Surname | Add |

Advance directive implemented

|  |  |  |
| --- | --- | --- |
|[ ]  Yes |[ ]  No |[ ]  Not in place |

Details of alternative therapeutic interventions attempted

|  |
| --- |
| Add here |

Others involved in providing alternatives to avoid seclusion, eg, tāngata whaiora, whānau/family, peer support, consumer advisor support, cultural support, allied health

|  |
| --- |
| Add here* Table bullets if needed
 |

Recommendations and planning from the assessment and review

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| Add here* Table bullets if needed
 |

The rationale for seclusion and reason seclusion is the only option remaining

|  |
| --- |
| Add here* Table bullets if needed
 |

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| Seclusion care requirements |
| [ ]  **Yes**[ ]  **No** | Seclusion care requirements (see *Guidelines for Reducing and Eliminating Seclusion and Restraint Under the Mental Health (Compulsory Assessment and Treatment) Act 1992*, section 8.6) have been delegated and initiated for tāngata whaiora? |

|  |
| --- |
| Authorising clinician |
| Name | Add |
| Signature | Add |
| Designation | Add |
| Date | DD MM YYYY | **Time** | HH:MM |

|  |
| --- |
| Supporting clinician  |
| Name | Add |
| Signature | Add |
| Designation | Add |
| Date | DD MM YYYY | **Time** | HH:MM |

|  |
| --- |
| Responsible clinician notified (if not the supporting clinician) |
| Name | Add |
| Signature | Add |
| Designation | Add |
| Date | DD MM YYYY | **Time** | HH:MM |