Ending seclusion

Enter details below

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

Details of the decision to end seclusion

|  |
| --- |
| Add here |

Reflections from any debriefs/periods of transition during this seclusion event episode
and on actions that had the most impact to end seclusion

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

Has tāngata whaiora debrief been completed or requested?

|  |  |
| --- | --- |
| [ ]  **Yes** | [ ]  **No – please give details** |
| Add details here* Table bullets if needed
 |

|  |  |
| --- | --- |
| Seclusion hours summary | Hours  |
| Total of cumulative seclusion hours this episode  | Add |
| Total of cumulative seclusion hours in past 28 days  | Add |

|  |
| --- |
| Extended seclusion  |
| If over the course of 1 admission, the cumulative hours of seclusion exceed 24 hours in a 4-week period, a case management conference reassessment should take place. |
| **Case review required**  | [ ]  **Yes** | [ ]  **No** |
| **Clinical manager informed** | [ ]  **Yes** | [ ]  **No** |
| If the patient is unresponsive to alternative treatment modalities, consultation about the use of prolonged seclusion should occur with the clinical director or another delegated senior clinician. |
| **DAMHS informed** | [ ]  **Yes** | [ ]  **No** |
| **DI informed**  | [ ]  **Yes** | [ ]  **No** |

If the reasons for seclusion have been addressed and seclusion is no longer needed, a decision to end seclusion must be taken by 2 suitably qualified clinicians following an assessment of the person. The responsible clinician must be informed of this decision as soon as practical.

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

|  |
| --- |
| Ending seclusion supporting clinician  |
| Name | Add |
| Designation | Add |
| Date | DD MM YYYY | **Time** | HH:MM |
| Signature  |  |

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

|  |
| --- |
| Other notifications |
| Notified | **Name of person notified** | **Name of notifying clinician** | **Date** | **Time** |
| Whānau/family  | Name Surname | Name Surname | DD MM YYYY | HH:MM |
| Other person | Name Surname | Name Surname | DD MM YYYY | HH:MM |