

Detention of Patient

I believed that it was likely that the aforementioned patient had a mental disorder; and that it was necessary for the protection of:

- the health, safety or welfare of the patient
- the safety of any other person,

that the patient be immediately restrained from leaving the hospital;

and that it was necessary to carry out a medical examination of the patient for the purpose of determining whether the granting of an emergency detention certificate, or a short-term detention certificate was appropriate.

I believe this was warranted for the following reason(s):

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The patient was detained on:

Date / / at: : time (24 hr clock)

Complete A or B as appropriate

A	<p>A medical practitioner arrived to examine the patient on:</p> <p>Date <input type="text"/> / <input type="text"/> / <input type="text"/> at: <input type="text"/> : <input type="text"/> time (24 hr clock)</p> <p><input type="radio"/> The examination took place within 3 hours of the detention starting.</p>
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OR

B	<p><input type="radio"/> the medical practitioner DID NOT arrive to examine the patient within 3 hours of the detention starting, and the examination DID NOT take place.</p>
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The detention under nurse's power to detain ended on:

Date / / at: : time (24 hr clock)

- The outcome of the detention was:
- an emergency detention certificate was granted
 - a short term detention certificate was granted
 - the patient remained in hospital on a voluntary basis
 - the patient left hospital



MHO Notification

I took all reasonable steps to inform the MHO named below of the detention as soon as was practicable after the holding power began

MHO Surname :

MHO First Name :

The MHO was informed on: / / at: : time (24 hr clock)

Signature / Date

- I have completed the section of this form relating to the patient's ethnicity.
- I confirm that a copy of this form will be delivered to the managers of the hospital in which the patient is detained, as soon as practicable after it is completed

Signature of Nurse

Date dd / mm / yyyy / /

RECORD OF NOTIFICATIONS

To be completed by the Hospital Managers

- I confirm that a copy of this form has been sent to the Commission within 14 days of receiving this form from the nurse

Name

Job Title

Signature

Date / /

Notes

The class of nurse prescribed is a nurse registered in Sub-Part 1 of the Nurses' Part of the register established and maintained in accordance with article 5 of the Nursing and Midwifery Order (2001), whose entry includes an entry to indicate that:
 (a) the nurse has a recordable qualification in mental health nursing or learning disabilities nursing;
 (b) the nurse's field of practice is mental health nursing or learning disabilities nursing.

The nurse's power to detain can only be exercised with respect to any informal patient (that is, any patient who is not detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or the Criminal Procedure (Scotland) Act 1995). This power cannot therefore be exercised with respect to a patient who is already detained under either of those Acts. Patients who are subject to a Community Payback Order with a mental health treatment requirement or a Supervision and Treatment Order are not detained, and the nurses holding power can be exercised.

Under section 299 of the Act, a patient may be detained in hospital for a period of 3 hours.



The following information is requested to monitor the use of the Mental Health (Care & Treatment) (Scotland) Act 2003 across ethnic groups to ensure observance of equal opportunity requirements

Patient CHI Number

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The patient describes his / her ethnic group as:

Information not provided

A White

Scottish

Other British

Irish

Gypsy/ Traveller

Polish

Roma

Showman/ Showwoman

Any other white ethnic group, please describe

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B Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please describe

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C Asian, Scottish Asian or British Asian

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Any other Asian, please describe

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D African, Scottish African or British African

Please describe, for example Nigerian, Somali

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E Carribean or black Please describe, for example Scottish Carribean, Black Scottish

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F Other ethnic group Arab, Scottish Arab or British Arab

Other, please describe, for example Sikh, Jewish

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