## -

## **Record Of Notification Following Urgent Medical Treatment Under Section 243**

Instructions v 7.1

## The following form is to be used:

to *retrospectively* notifiy The Mental Welfare Commission of circumstances where it was necessary as a matter of urgency for medical treatment to be given to a patient subject to detention authorised by this Act or the Criminal Procedure (Scotland) Act 1995, and the patient did not consent or was incapable of consenting to that treatment.

Where such treatment is given (under the authority of section 243 of the 2003 Act), the RMO is required to notify the Mental Welfare Commission within 7 days of the treatment that was given. This form is for the RMO to make that notification. Urgent medical treatment given over a period of up to 7 days can all be notified at once (on one T4 form). If urgent medical treatment is given after that, further notification(s) will be required.

The T4 form in **not** a form to complete to authorise treatment before it is given. There is no form or certificate for that. The decision to give the urgent medical treatment and that the grounds are met for that should be recorded in the patient's medical records at the time it is prescribed.

This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003.

There is no statutory requirement that you use this form but you are strongly recommended to do so.

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink		Ec	For example								Shade circles like this ->						,				
											Shade circles like this -> Not like this ->										
Where a text box has a re the box. Extension sheet labelled with the appropri	(s) sho	ould be	e clea	rly labe	elled	with	n e) Pati	ktena ent's	l youi nam	resp e and	oonse d CH	e on Il nur	plain nber,	par and	oer wh d each	ere th exte	nere ndec	is in: I res <sub>i</sub>	suffic pons	cien se si	t space hould b
Patient Details																					
CHI Number																					
Surname																					
First Name(s)																					
Other / Known As																					
	'Oth	er / Kno	vn As'	could inc	lude a	ny nan	ne / a	lias th	at the p	atient	would	d prefe	er to be	kno	wn as.						
Title									1	nder	i						1				
DoB dd / mm / yyyy			/		/				İ		ale										
Patient's home						T			<u>'</u> -			<del></del>					<del></del>			 	
address																					
							<u> </u>										<u> </u>				
					<u> </u>						+										=
					+						_	+									=
Postcode	L	<< Please enter NF1 1AB if no fixed abode																			
Patient's RMO																					
Patient's RMO Surname First Name																					



Ward / Clinic (If appropriate)

T 4 v7.1 Page 1 of 2

Patient's Name	,	CHI Number									
			To be complete	ted by RMO							
Details of Treatment											
	the giving of medical treatment details		forementioned patient, cor	sidered							
The purpose of the treatmen	nt was:										
○ (a) saving the patient's life;											
<ul><li>(b) preventing serious deterioration in the patient's condition;</li></ul>											
$\bigcirc$ (c) alleviating serious suffering on the part of the patient;											
$\bigcirc$ (d) (i) preventing the patient from behaving violently; or											
(ii) preventing the	e patient from being a danger to them	selves or to others	5								
The treatment was first given	n to the patient on: Date	/									
Please detail all individual ac	dministration(s) of treatment(s) given	on each day in the	e period that this notificatio	n covers.							
Name of person authorising t	the treatment (if not the patient's RMC	) -									
Surname											
First Name											
Job Title											
JOD TILLE											
Confirmation / Notification	n by RMO										
Welfare Commission will be 243, before the expiry of 7 da	1, am an approved medical practitione sent this form as notification of the giays beginning with the day on which the	ving of the above	medical treatment by virtue								
Signed by patient's RMO											
Date											
Notes											
Section 243 authorises the giving of a) for a purpose mentioned in any	of medical treatment: by of options (b) to (d) above only if the treatme	ent is not likely to enta	il unfavourable, and irreversible,	physical or							

- psychological consequences;
- for a purpose mentioned in options (c) or (d) above only if the treatment does not entail significant physical hazard to the patient

Section 243 does not authorise the giving of electro-convulsive therapy if the patient is capable of consenting, but does not consent to the treatment.

If a decision is made to commence ECT urgently under section 243, the RMO should submit a SOP1 form without delay to the Mental Welfare Commission to request a visit by a Designated Medical Practitioner (DMP). The Commission will aim to arrange the DMP visit within 7 days. Therefore no more than two ECTs should need to be authorised under section 243. However, there is no actual limit to the number of ECTs that can be given under section 243 if the grounds continue to be met before a DMP visits.



