

# CHECKLIST FOR INPATIENT TREATMENT ORDERS (MRMHA-H2)

**1a.** Affix patient identification label in this box

Hospital: .....

UR No: .....

Surname: .....

Given Name: .....

Second Given Name: .....

D.O.B: ..... Sex: .....

*Mental Health Act 2009*

## 4. LEVEL 1 INPATIENT TREATMENT ORDER

### 4a. Making the order

- Order has been made / form MRMHA-B completed.
- Person has been given a copy of the form B order and the statement of rights #4.
- (If appropriate) guardian, substitute decision maker (medical agent), relative, carer or friend has been given a copy of the form B order and statement of rights #4.
- Copy of form B has been sent to the LHN Compliance Officer (who will then send to the OCP: 8115 5551 / HealthOCPMHLO@sa.gov.au ).

### 4b. Reviewing the order (with 24 hours or as soon as practicable)

- Order has been reviewed: confirmed or revoked / form MRMHA-C completed.
- Person has been given a copy of the form C revocation.
- (If appropriate) guardian, substitute decision maker (medical agent), relative, carer or friend has been given a copy of the form C revocation.
- If order confirmed a statement of reasons has been made / form MRMHA-E completed.
- Copy of form C has been sent to the LHN Compliance Officer (who will then send to the OCP: 8115 5551 / HealthOCPMHLO@sa.gov.au ).

### 4c. Treatment and care plan (for a confirmed order)

- Psychiatrist endorsed treatment and care plan has been made / form G completed.
- Mental Health Care Plan (CBIS or EPAS or paper-based) has been updated or made.

### 4d. Subsequent revocation (of a confirmed order)

- Confirmed order has been revoked / additional form MRMHA-C completed.
- Person has been given a copy of the subsequent form C revocation.
- (If appropriate) guardian, substitute decision maker (medical agent), relative, carer or friend has been given a copy of the subsequent form C revocation.
- Copy of subsequent form C revocation has been sent to the LHN Compliance Officer (who will then send to the OCP: 8115 5551 / HealthOCPMHLO@sa.gov.au ).
- All relevant steps above are documented in medical records / casenotes.

**TURN OVER FOR – LEVEL 2 AND LEVEL 3 INPATIENT TREATMENT ORDERS**

CHECKLIST FOR INPATIENT TREATMENT ORDERS MRMHA-H2

# CHECKLIST FOR INPATIENT TREATMENT ORDERS

(MRMHA-H2)

## 1a.

Affix patient identification label in this box

Hospital: .....

UR No: .....

Surname: .....

Given Name: .....

Second Given Name: .....

D.O.B: ..... Sex: .....

## 5. LEVEL 2 INPATIENT TREATMENT ORDER

### 5a. Making the order

- Order has been made / form MRMHA-D completed.
- Person has been given a copy of the form D order and the statement of rights #4.
- (If appropriate) guardian, substitute decision maker (medical agent), relative, carer or friend has been given a copy of the form D order and statement of rights #4.
- Report to director has been made / form MRMHA-E completed.
- Copy of form D and form E have been sent to the LHN Compliance Officer (who will then send to the OCP: 8115 5551 / HealthOCPMHLO@sa.gov.au ).

### 5b. Extending an order (by a different psychiatrist)

- Order has been extended / form MRMHA-D completed.
- Person has been given a copy of the form D extension and the statement of rights #4.
- (If appropriate) guardian, substitute decision maker (medical agent), relative, carer or friend has been given a copy of the form D extension and statement of rights #4.
- Report to director has been made / form MRMHA-E completed.
- Copy of form D and form E have been sent to the LHN Compliance Officer (who will then send to the OCP: 8115 5551 / HealthOCPMHLO@sa.gov.au ).

### 5c. Treatment and care plan (for a made or extended order)

- Psychiatrist endorsed treatment and care plan has been made / form G completed.
- Mental Health Care Plan (CBIS or EPAS or paper-based) has been updated or made.

### 5d. Subsequent revocation

- Order has been revoked / form MRMHA-C completed.
- Person has been given a copy of the form C revocation.
- (If appropriate) guardian, substitute decision maker (medical agent), relative, carer or friend has been given a copy of the subsequent form C revocation.
- Copy of form C revocation has been sent to the LHN Compliance Officer (who will then send to the OCP: 8115 5551 / HealthOCPMHLO@sa.gov.au ).
- All relevant steps above are documented in medical records / casenotes.

## 6. LEVEL 3 INPATIENT TREATMENT ORDER

- Application made to SACAT: 1800 723 767 / www.sacat.sa.gov.au , including *Medical Report for Mental Health Applications* (SACAT website), treatment and care plan (form G and Mental Health Care Plan document), and discharge summaries.
- Ensure psychiatrist endorsed treatment and care plan / form G is updated (as required).
- Ensure Mental Health Care Plan (CBIS or EPAS or paper-based) is updated.
- Letter requesting revocation sent to SACAT: 1800 723 767 / www.sacat.sa.gov.au
- All relevant steps above are documented in medical records / casenotes.

Office of the Chief Psychiatrist

Inquiries: (08) 8226 1091

Act Forms Fax: (08) 8115 5551

Internet: www.chiefpsychiatrist.sa.gov.au

Act Forms Email: HealthOCPMHLO@sa.gov.au