## Form T2 Regulation 27(2)

Section 58(3)(a) – certificate of consent to treatment

**Mental Health Act 1983** 

I (PRINT full name and address)

Dr Vijay Simha Pandrapragada

C/O: St Augustine's Hospital, Cobridge Road, Stoke-on-Trent,

Staffordshire

ST1 5JY

the approved clinician in charge of the treatment described below / a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD) (delete the phrase which does not apply) certify that

(PRINT full name and address of patient)

C/O: St Augustine's Hospital, Cobridge Road, Stoke-on-Trent, Staffordshire ST1 5JY

(a) is capable of understanding the nature, purpose and likely effects of: (Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period)

BNF Category  Tick as appropriate ✓	Route (Po i/m I/V)	No. of preparations	Reg	PRN	Within BNF Limits	Notes or name of specific medication
Antipsychotics 4.2.1 Including/not including Clozapine			D		4	
Antipsychotic Depot Injection 4.2.2						
Antimanic drugs 4.2.3						
Antidepressant 4.3		NAME OF THE PARTY				
Anticholingic drugs 4.9.2						
Tetrabenazine 4.9.3						
CNS stimulants / drug for ADHD 4.4						
Antiepileptic used as mood stabilisers 4.8.1						
Antiepileptic used as anxiolytics 4.8.1						
Drugs used in substance abuse 4.10						
Hypnotics 4.1.1						
Anxiolytics 4.1.2						
Drugs for dementia 4.11				, 🗆		
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Other						

If you need to continue on a separate sheet please indicate here [ ] and attach the sheet to this form)

AND

(b) has consented to that treatment

Signed:

Dr Vijay Pandrapragada Responsible Clinician Date: 7-01/14

## Form T3 Regulation 27/2

Mental Health Act 1983

Section 58 (3) (b) - certificate of second opinion

\ (PRINT full name and address)

## **KISHORE CHANDIRAMANI**

C/O CQC MENTAL HEALTH ACT, CITYGATE, GALLOWGATE, NEWCASTLE-UPON-TYNE, NE1 4PA

a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD), have consulted

(PRINT full name of nurse)

**Elise Cameron** 

a nurse and

(PRINT full name and profession)

Sarah Greenhaf, Psychologist

who have been professionally concerned with the medical treatment of

(PRINT full name and address of patient)

c/o St Augustine's Hospital
Cobridge Road, Stoke on Trent ST1 5JP

I certify that the patient - (Delete the phase which does not apply)

- (a) is not capable of understanding the nature, purpose and likely affects of
- (b) has not consented to

the following treatment

(Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period)

- 1. Up to two antipsychotic drugs BNF 4.2.1 including clozapine oral/im. Total combined dose of all antipsychotic drugs not to exceed the equivalent of BNF limit of one antipsychotic drug
- 2. One antimanic drug BNF 4.2.3 as a mood stabiliser orally
- 3. One antiepileptic drug BNF 4.8.1 as an adjunt to antipsychotics orally

2 and 3 to be within BNF limits

but that it is appropriate for the treatment to be given.

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When a patient does not receive a prescribed dose, the nurse should enter a code number from the key below in the administration box, to explain the reason for non-administration. Ensure an entry is made in the patient's notes.

Absent From Unit
 Fasting

3, Patient On Leave
4, Patient Refused Medication

5. Patient Sleeping 6. Patient Unobtainable

9. Self-medicating

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NON-ADMINISTRATION OF MEDICINES

When a patient does not receive a prescribed dose, the nurse should enter a code number from the key below in the administration box, to explain the reason for non-administration. Ensure an entry is made in the patient's notes 3. Patient On Leave 4. Patient Post

1. Absent From Unit 2. Fasting

4. Patient Refused Medication

5. Patient Sleeping 6. Patient Unobtainable 7. Withheld. 8. Medication Given Elsewhere 9, Self-medicating