

## Seclusion Reviews Guidance for Doctor's

1. As per the Trusts Policy and the Mental Health Act Code of Practice guidelines patient's consultant (responsible clinician) or duty doctor will either be directly involved or informed of seclusion as soon as it is practicable.
  
2. Responsible clinician and duty doctor are expected to regularly review the patient in seclusion and take part in multidisciplinary discussions.
  - If seclusion is not authorised by a psychiatrist, **there must be a medical review within one hour or without delay** if the patient is not known or there is a significant change from their usual presentation
  
  - Continuing medical reviews **every four hours (this requirement includes evenings and weekends etc.)** until the first internal Multi-disciplinary team review
  
  - Following first (internal) multi-disciplinary team review, **medical reviews at least twice daily** must take place (one by the Responsible Clinician)
  
  - First (internal) multi-disciplinary team review should take place as soon as is practicable
  
3. **Medical reviews** provide the opportunity to evaluate and amend seclusion care plans, as appropriate. They should be carried out in person and should include, where appropriate:
  - A review of the patient's physical and psychiatric health
  - An assessment of adverse effects of medication
  - A review of the observations required
  - A reassessment of medication prescribed
  - An assessment of the risk posed by the patient to others
  - An assessment of any risk to the patient from deliberate or accidental self-harm
  - An assessment of the need for continuing seclusion and whether it is possible for it to seclusion measures to be applied more flexibly or in a less restrictive manner.