

**Verbal Instruction for the administration of urgent treatment under Section 62 of the Mental Health Act 1983  
 (To be used out of hours)**

I the Qualified Mental Health/Learning Disability Nurse  
**(Full Name of Nurse)**


Have received a verbal instruction over the telephone from:  
**(Full name and address of RC/AC)**


To allow for the administration of Medication for:  
**(Full name and address of patient)**


Is Section 62 being used for **(tick whichever applies)**:

A. One-off treatment [  ]

**A. One-off treatment  
 (Detail treatment authorised)**


In the opinion of the RC/AC this treatment is immediately necessary to **(tick whichever applies)**:

- a) save the patient's life [  ]
- b) prevent a serious deterioration of the patient's condition, and the treatment does not have unfavourable physical or psychological consequences which cannot be reversed [  ]
- c) alleviate serious suffering by the patient, and the treatment does not have unfavourable physical or psychological consequences which cannot be reversed and does not entail significant physical hazard, or [  ]  
     (not applicable for ECT or medication administered as part of ECT)
- d) prevent patients behaving violently or being a danger to themselves or others, and the treatment represents the minimum interference necessary for that purpose, does not have unfavourable physical or psychological consequences which cannot be reversed and does not entail significant physical hazard [  ]  
     (not applicable for ECT or medication administered as part of ECT)

**Signed:**  
**(by Nurse receiving the verbal instruction)**

**Date:**

**Nurse to agree with the RC/AC when they will come and sign this form i.e. Next Day or Next Working Day  
 (Please indicate which)**

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**Signed:**  
**(by the RC/AC who approved the verbal instruction, and on the date as agreed above)**

**Date:**