

Addressograph

Name.....  
Hospital number .....  
Date of birth .....

Police Officer's

Name

Number

**Discharge of patient from the Emergency Department to police custody**

Date

Time

(24 hour clock)

**Diagnosis**

**Treatment received**

**Medication**

Given in the ED or by paramedics	dose	time given	Given in the ED or by paramedics	dose	time given
1.			4.		
2.			5.		
3.			6.		

Drugs on discharge	indication (eg. pain, antibiotic)	dose	give regularly (state frequency)	give as required (state max frequency)
1.				
2.				
3.				
4.				

**Specific problems to be aware of (ie. signs of deterioration)**

I have read the completed version of this form and agree to its contents being shared with the police in the interests of my ongoing medical care

(patient signature)

**Doctor completing form**

Name

Designation

Emergency department direct telephone 01905 733065

Fax 01905 760103

Hospital switchboard 01905 763333

### Notes on completing this form

- ⊙ All patients discharged into the care of the police service must be discussed with a middle grade or more senior doctor.
  
- ⊙ As a doctor you have a duty of both confidentiality and care to the patient. The patient must consent to any information regarding his/her medical care being divulged to the police. The information provided to the police should be limited to only that which will be necessary to allow the police to look after the patient safely and appropriately whilst the patient is in custody.
  
- ⊙ Information supplied should be understandable by a police officer. It should be remembered before discharging a patient into the care of the police service that police officers are not medically trained.
  
- ⊙ Medical information which you feel is pertinent to the patient's care but you feel is inappropriate (possibly due its confidential nature) to include on the form should be discussed directly with the Forensic Medical Examiner (FME) or placed in a separate sealed envelope and addressed to the FME.
  
- ⊙ The patient **must** be shown a copy of the completed form and consent to the information contained on the form being made available to the police. In the event of the patient refusing to allow the appropriate information to be divulged then the care of the patient whilst in police custody should be discussed with the duty FME before the patient leaves the emergency department.
  
- ⊙ Include any risks (as a result of his / her medical conditions) which the patient poses to the police in the '*specific problems to be aware of*' section or alternatively discuss with FME / write a separate letter and place in sealed envelope addressed to the FME.
  
- ⊙ This form must be scanned / photocopied and a copy retained in the patient's emergency department notes.

### To the Custody Officer

- ⊙ This document will become part of the Prisoner Escort Form.
- ⊙ This document is not a substitute for a witness statement.