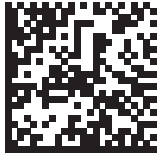


File within Legal Section / 3rd spine

Place patient sticker **within** this box

**Royal Cornwall Hospitals**  
NHS Trust



## Deprivation of Liberty Safeguards (DoLS)



Care Plan commencement date	Care Plan completion date	
<b>Problem</b>		
<ul style="list-style-type: none"> <li>This patient has been assessed as lacking the mental capacity to consent to their admission to hospital and meets the criteria for DoLS</li> <li>The Deprivation of Liberty Safeguards (DoLS) have been applied</li> </ul>		
<b>DOLS application</b>	<b>Date</b>	
Sent to Cornwall Council and RCHT DoLS Team		
Urgent expiry date (7 day post application)		
<b>Goals</b>		
<ul style="list-style-type: none"> <li>To ensure the patient is cared for in a patient centred way using the correct legal framework (Refer to the RCHT Deprivation of Liberty Safeguards (DoLS) Policy)</li> <li>To ensure the patient is aware of the DoLS and informed of their rights</li> <li>To ensure the patient's next of kin / family / friend / IMCA have been informed as required</li> <li>To ensure less restrictive interventions / options are considered</li> </ul>		
Other individual goals	<b>Sign, Designation Date and Time</b>	
<b>Interventions</b>	<b>Sign</b>	<b>Date</b>
<ol style="list-style-type: none"> <li>Ensure Mental Capacity Assessment and DoLS paperwork is filed in the legal section of the patient's medical records.</li> <li>Where practicable the patient and their next of kin have been provided with a letter and information leaflet informing them about DoLS and their rights. <i>If this is not practicable the reasons why have been documented in the patient's medical records.</i></li> <li>The patient and their next of kin have been verbally informed about DoLS. <i>This must be documented in the patient's medical records.</i></li> <li>The less restrictive interventions / options have been considered. <i>This must be documented in the patient's medical records.</i></li> <li>If the Urgent Authorisation expires please note in the patient's medical records that the patient continues care and treatment in their best interest.</li> <li>Any changes in the patient's status should be shared with the RCHT DoLS Team and Cornwall Council e.g: Capacity regained, Discharged, Transfer, Objection to DoLS, Challenging behaviours or Death</li> </ol>		



Place patient sticker **within** this box



Individual restrictions for this patient	Sign	Date
<i>e.g 1:1 support, sedative medication, side room, mittens, informed if DOLS lapsed</i>		

**Note: Complete a new DoLS Care Plan for each new DoLS authorisation**

Care Plan implemented <input type="checkbox"/> Initial:	Sign Print Designation	Care Plan shared with patient <input type="checkbox"/> Initial:	Sign Print Designation
Care Plan review date		Discontinuation date	