

## Instructions, Facsimile Transmittal Cover Sheet, Petition, and Proposed Order



# Instructions

1. **Print** all pages of this document. This first page is instructions.
2. **Contact** the Special Justice on call by telephone. The Special Justice schedule is found at <http://majette.net/doctors>

Very Important: The physician must orally request the Order from the Special Justice on call. Petitions faxed without phone notice may not be timely seen.

3. **Complete** Fax Cover Sheet (page 2).
4. **Complete** “Medical Emergency Temporary Detention Petition” (page 3). This form must be signed by the physician. Neither a nurse nor a nurse practitioner is acceptable.
5. **Complete** “Medical Emergency Temporary Detention Order” (page 4). This form must be completed, but not signed, by the physician.

To see a sample set of forms, visit <http://majette.net/wp-content/uploads/2013/10/2017EmergencyConsentSAMPLE.pdf>.

6. **Fax** the completed forms (3 pages) to the Special Justice on call.

## Emergency Petition and Order Fax Cover Sheet

### Patient Information:

Patient Name: \_\_\_\_\_

Where is patient NOW?

Emergency Room

Other: Room Number: \_\_\_\_\_ Floor: \_\_\_\_\_

### From:

Physician Name: \_\_\_\_\_, M.D.

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_

Physician's Phone: (804) \_\_\_\_\_

Physician's Pager / Mobile Phone (804) \_\_\_\_\_

Hospital Nursing Station for Patient Phone: (804) \_\_\_\_\_

Senders' Fax Number (for return of Order): (804) \_\_\_\_\_

Hospital – please circle

Chippenham    VCU-MCV    BS-RCH    Retreat    McGuire Veterans

Other: \_\_\_\_\_

**IMPORTANT: Do not fax until you have spoken to the Special Justice on Call**

### To: Special Justice on Call:

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_ (Per Special Justice Direction)

**MEDICAL EMERGENCY TEMPORARY DETENTION PETITION**

General District Court     Circuit Court

Virginia: **City of Richmond**.....  Juvenile and Domestic Relations District Court

Printed Name of Patient

Printed Address of Patient

Patient Date of Birth: ..... Patient Social Security Number:.....

I **[name of physician]** ..... am a licensed physician in the Commonwealth of Virginia. I attempted to obtain consent of the above-named adult ("Patient") for treatment of the following physical or mental disorder: \_\_\_\_\_

Patient is within the following designated hospital located in the City of Richmond:  Bon Secours Richmond Community Hospital  HCA Chippenham  HCA Retreat  Hunter Holmes McGuire V.A.  VCU-MCV Medical Center  Other: \_\_\_\_\_.

I believe Patient incapable of making an informed decision, or incapable of communicating such a decision, about treatment of the foregoing disorder because of the following physical or mental disorder, \_\_\_\_\_, or because of an undiagnosed physical or mental disorder whose symptoms are \_\_\_\_\_.

I understand that a person with dysphasia or other communications disorders who is mentally competent and able to communicate shall not be considered incapable of giving informed consent by law. This Patient is not such a person to the best of my knowledge.

The medical standard of care calls for the following testing, observation or treatment of the above-described physical or mental disorder within the next twenty-four (24) hours to prevent death or disability, or to treat an emergency medical condition that requires immediate action to avoid harm, injury, or death:  see attached treatment plan // \_\_\_\_\_

(Check, complete, and attach only if applicable):

Patient does not desire testing, observation or treatment because of the following religious practices:  see attached / \_\_\_\_\_.

Family member objections are:  see attached \_\_\_\_\_.

**DATE AND TIME PHYSICIAN'S SIGNATURE:** Date: \_\_\_\_\_ Time: \_\_\_\_\_  
\_\_\_\_\_, MD / DO 

Oral petition by the above-named physician, with oral  consent  refusal by the Court on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ am/pm.



**Affix Patient Identification Label Here, If Available**

**MEDICAL EMERGENCY TEMPORARY DETENTION ORDER**

General District Court     Circuit Court

Virginia: **City of Richmond**.....  Juvenile and Domestic Relations District Court

.....  
Patient Printed Name of Patient Date of Birth: ..... Patient Social Security Number:.....  
..... Printed Address of Patient

Original Order             Modified Order             Termination of Order

Upon information and advice given to the undersigned judge or magistrate  in writing     orally by  
....., a licensed physician who states that he has attempted to  
**PRINTED Name of Physician**  
obtain consent of the above-named patient for treatment of the following physical injury or illness

The physician having stated that:

1. The above-named patient is an adult who is within the judge's or magistrate's jurisdiction at  
.....  
Name and Address of Facility
2. To the best of his knowledge, the above-named patient is incapable of giving informed consent to treatment of the above-described physical injury or illness because of:  
 the following physical or mental condition .....  
 an undiagnosed physical or mental condition whose symptoms are: .....
3. He understood that a person with dysphasia or other communications disorders who is mentally competent and able to communicate shall not be considered incapable of giving informed consent by law and this patient is not such a person to the best of his knowledge.
4. The medical standard of care calls for the following testing, observation or treatment of the above-described injury or illness within the next twenty-four (24) hours to prevent death or disability, or to treat an emergency medical condition that requires immediate action to avoid harm, injury, or death:  
.....  
.....

Check if applicable:

- the patient does not desire testing or treatment because of the following recognized religious practices:  
.....
- family member objections are: .....  
and after considering these statements and taking into consideration all above-described recognized religious practices (if any) and family objections (if any)
- I do not find probable cause to believe that the statutory requirements for the issuance of this order have been met.
- I find probable cause to believe the above statements and I authorize for a period not to exceed twenty-four (24) hours:
  - temporary detention of the above-described patient by a hospital emergency room,  
and
  - testing, observation or treatment described above.
- OR
- the following testing, observation or treatment  
.....  
.....

I order the termination of authorization previously ordered in this case based on information from....., namely .....

Date and Time:

**Special Justice of the Richmond General District Court**

**WARNINGS AND NOTICES.** If before completion of authorized testing, observation or treatment, the physician determines that a person subject to this order becomes capable of giving consent, the physician shall rely on the person's decision of whether to consent to further observation, testing or treatment. If before issuance of this order or during its period of effectiveness the physician learns of objection by a member of the person's immediate family to the testing, observation or treatment, he shall so notify the court or magistrate, who shall consider the objection in determining whether to issue, modify or terminate the order. A person with dysphasia or other communications disorder who is mentally competent and able to communicate shall not be considered incapable of giving informed consent.

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