

Local
GuidelineJohn Hunter
Children's Hospital
CHILDREN, YOUNG PEOPLE AND FAMILIESHealth
Hunter New England
Local Health District**Patients Requiring Additional Supervision: Assessing the need for Specialising**

Sites where Clinical Guideline applies	John Hunter Children's Hospital (JHCH)
This Clinical Guideline applies to:	
1. Adults	No
2. Children up to 16 years	Yes
3. Neonates – less than 29 days	No
Target audience	All staff who provide clinical care to children within JHCH
Description	The principles of this guideline are applicable to all child/Adolescent patients in JHCH
Hyperlink to Guideline	
Keywords	Supervision, Specialising, clinical assessment, individual patient special, 1:1, one-on-one, deteriorating, observation, clinical handover
Document registration number	JHCH 4.3
Replaces existing document?	No
Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:	
<p>NSW Health Policy Directive PD2014_036 Clinical Procedure Safety</p> <ul style="list-style-type: none"> • NSW Health Policy PD 2005_406 Consent to Medical Treatment • NSW Health Policy Directive PD 2007_036 Infection Control Policy • NSW Health Policy Directive PD2012_069 Health Care Records – Documentation and Management • NSW Health Policy Directive PD2011_015 Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals • NSW Health Policy Directive PD2009_060 Clinical Handover – standard key principles • HNE Health Policy Compliance Procedure PD2009_060: PCP1 Clinical handover • NSW Health Policy Directive 2013_049 Recognition and management of a Patient who is Clinically Deteriorating 	
Position responsible for Clinical Guideline Governance and authorised by	Pat Marks, CYPFS General Manager / DON Nursing
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Note: Over time links in this document may cease working. Where this occurs please source the document in the PPG Directory at: <http://ppg.hne.health.nsw.gov.au/>

ABBREVIATIONS & GLOSSARY

Acronym or Term	Definition
Special / Specialising	<i>An appropriately skilled nurse providing exclusive care to one person. The Individual Patient Special, as part of the multidisciplinary team, assesses the clinical and care needs of the patient, minimises the risk of harm to the patient and others, provides early notification of adverse events and provides person-centred approaches to care.¹</i>
Cohort specialising	<i>Applies to the practice of grouping patients with similar care needs together in one area.</i>

JHCH would like to acknowledge that this guideline has been written based on the District adult document: Patients requiring additional supervisions: Assessing the need for specialising by Viki Brummell, Network Manager, Aged Care & Rehabilitation Services Clinical Network.

Scope:

This guideline is applicable to patients 0-18 years within JHCH requiring a special, including (but not limited to):

- The need for complex nursing care for acute/deteriorating medical conditions
- Significant risk of harm to self or others and are medically unstable
- The potential for absconding
- The child/adolescent with increased agitation and confusion and a high risk of falls
- The child/adolescent who is acutely psychiatrically unwell and medically unstable

The following are outside the scope of this document:

- ED
- Intensive Care Units
- Mental Health Units
- Adult wards
- Co-location of patient at risk (staff providing care to more than one patient is not individual patient specialising).

RISK STATEMENT

This guideline has been developed to provide direction to nursing staff to ensure that individual patient specials are only used for those patients whose care or management cannot be met by any other means. The risk to not using / following this guideline may mean that individual patient specials are not used appropriately.

RISK CATEGORY: Clinical Care & Patient Safety

OUTCOMES

1	Child/adolescent patients who require a special are appropriately identified and assessed by the multidisciplinary team (e.g.: Medical, Nursing and where available/appropriate specialist teams) in a timely and consistent manner
2	The skill set of the nurse/midwife providing the special is appropriate to the individual needs of the patient
3	The specialising of a patient is regularly reviewed ensuring that any changes to the requirement for an individual patient special are timely and clinically indicated

It is mandatory for staff to follow relevant: "Five moments of hand hygiene", infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for patient/carer communication: Hand hygiene Acknowledge, Introduce, Duration, Explanation, Thank you or closing comment.

GUIDELINE SUMMARY

This Guideline does not replace the need for the application of clinical judgment in respect to each individual patient. This document establishes best practice for Hunter New England Local Health District. While not requiring mandatory compliance, staff must have sound reasons for not implementing standards or practices set out within the guideline, or for measuring consistent variance in practice.

Overarching principles for the use of Individual Patient Specials (IPS)

The use of an individual patient special should only be used after all other management/supportive strategies have been implemented and deemed not sufficient.

Nurses are to use available HNE LHD Guidelines and Procedures to direct care and implement management strategies that will assist in minimising the need for use of an individual patient special.

There are options other than the use of a special for patients who require increased observation and care, such as a nurse providing care for a cohort of 2, 3 or 4 patients in one room/area. This would be a suitable option for child/adolescent patients who have higher care needs but don't require one-on-one specialising.

In some instances family / carers and/or volunteers can be utilised to assist with the provision of diversional activities as a valuable adjunct to the bedside clinician in the delivery of care.

Child/adolescent patients who are admitted to JHCH may require one-to-one nursing care (specialising) for a variety of reasons. Patient who require specialising may be 'at risk' of further clinical deterioration in their condition or adverse events that cannot be met by other management scenarios. Instances where specials may be required include (not an exhaustive list and in no particular order):

- **Acute and/or deteriorating medical condition** (may include airway management, Bipap or similar, cardiac monitoring, frequent/continuous haemodynamic monitoring, altered level of consciousness, alcohol or drug withdrawal, acute confusional state/delirium, medication infusion, sepsis, psychosis)
- **Behavioural conditions** (agitation, aggression, risk of absconding, disinhibited behaviour, confusion/disorientation, intruding or impacting on care of others)
- **Safety issues/concerns** (risk of self-harm, risk of harm to others, high risk of falls).

Identification of need for special

The need for a patient special is identified as a result of consultation between the medical team, nurse manager and nursing staff. The *'Request for Use of Individual Patient Special'* is to be completed – see Appendix 4.

Care being provided by an individual patient special for child/adolescent patients who have a cognitive impairment and associated behaviours, is to be therapeutic in nature and provide meaningful interactions.

Prior to, or as soon as possible following utilisation of a special, the child/adolescent patient must undergo a comprehensive medical and nursing clinical assessment to determine the underlying cause of their condition and/or behaviours. Requirement for frequency of increased clinical observations will be taken into consideration when identifying a need for a special. There should be evidence that all supportive measures have been implemented and deemed not sufficient to support the need of an individual patient special.

Child/adolescent patients that are acutely deteriorating (such as those awaiting transfer to ICU) may require a special prior to transfer.

Identification of appropriate skill set

The key focus for the individual patient special is to not only observe the patient, but also to provide appropriate clinical care and treatment according to the patient's needs. When a nurse is providing a special for a child/adolescent patient who is acutely unwell and requiring complex nursing care, the nurse should have the skills and knowledge appropriate to the individual needs of the patient. This includes an understanding of the child/adolescent patient's individual management / care plan with specific reference to:

- Physical needs
- Mental health needs
- Risk factors
- Indicators for deterioration both medically and psychologically and associated interventions
- Level of observation required.

Note: All child/adolescent patients being specialled should have a comprehensive management plan documented in the medical record detailing the above factors.

Education Framework

Ideally, the nurse providing the special should have the necessary skills and experience based on the needs of individual patient. The learning opportunities listed below are available to nursing/midwifery staff to support them in the provision of 1:1 nursing care.

Acute/deteriorating medical condition	Behavioural conditions	Safety issues / concerns
<ul style="list-style-type: none"> • Between the Flags Tier Two Education: DETECT junior^{*@} • Clinical Handover^{*@} • Resus for Kids • Blood Safe 	<ul style="list-style-type: none"> • Paediatric Mental Health risk assessment 	<ul style="list-style-type: none"> • HEEADSSS – Get the Conversation Started • Violence prevention and minimisation – awareness[*] • Violence prevention and minimisation – legal and ethical issues[*] • Communicating with

		<p>challenging patients/families*</p> <ul style="list-style-type: none"> • Suicide Prevention and Management* • Violence Prevention and Management – Awareness@
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* HETI Online

@mandatory for HNE nurse/midwives

Principles of Care

The care provided to a child/adolescent patient requiring a special should be therapeutic in nature, especially those patients requiring a special for changes to cognition (including acute confused state/delirium and those at risk of self-harm or falls). The supportive measures instigated prior to the implementation of a special should be continued. The use of diversional therapies to engage and stimulate the person is vital. The special must do more than just 'observe' the person. Strategies to prevent functional decline should be included in care strategies as well the promotion of normal sleep/wake cycles.

Ideally, the special should have access to a range of diversional activities which are age appropriate. If the special is required over a number of shifts, diversional activities should be included as part of the bedside clinical handover. For advice and support regarding suitable diversional activities please consult Child Life Therapist JHCH

Roles and Responsibilities

Medical team: Upon the request for use of patient special, a medical review is required to be undertaken to direct and plan care. A medical review is required every 24 hours at a minimum (may be more often for acute deteriorating medical conditions) while the child/adolescent patient requires an individual patient special. This review is supported by a nurse review for requirements of specialising by nursing staff on every shift.

Nurse Manager/In charge of shift: Provide consideration of the needs of the patient and the nursing skill-mix and clinical competencies required when selecting staff members to undertake specialising. If a nurse with the appropriate skill set is not available, there should be escalation to the Senior Nurse Manager/Co Director Manager. The medical officer is to be kept informed. In most instances, the Nurse Unit Manager/In-charge will be responsible for coordinating and rostering of the special and should ensure the appropriateness of the nurse to the patient they will be specialising. Consideration should be given to the need for a special of a particular gender, culture or social background.

Registered Nurse: Supervise and support the specialising staff member during the shift. The overarching responsibility for the patient requiring the special remains with the RN who is accountable for the care of the child/adolescent during the shift.

The RN is to:

- ascertain the capabilities and scope of practice of the Individual Patient Specials IPS. In hours report updates and changes to NUM. After hours report to the JHCH on call Executive.
- ensure the nurse who is providing the special is relieved for breaks. Given the intensive nature of specialising, the need for more frequent breaks must be considered and provided where necessary
- ensure that the special has assistance from other members of the nursing team to assist with care and monitor condition as required
- ensure the family / carer are informed of current treatment and involved in care where appropriate
- provide a thorough clinical handover at change of shift
- attend, oversee or assist with contemporaneous documentation ([see PD2012_069 Health Care Records](#))

- determine, in consultation with the special individual patient special the need for continuation of the special before the end of each shift. The 'Request for Use of Individual Patient Special' (reverse page) is to be completed– see Appendix 4.

Nurse providing special: provide care that is appropriate to clinical needs of the child/adolescent and where required should be therapeutic in nature and provide meaningful interactions (see section *Principles of Care*). The nurse providing the special will:

- use HAIDET communication
- receive a thorough clinical handover and deliver care outlined in the care plan that is within their scope of practice
- undertake regular (at least hourly) assessments and observations, including continuation of *Hourly Rounding*. The type and frequency of assessments/observations undertaken will depend on the nature of the condition requiring the special escalate any change in condition / behaviour to the RN/ In-Charge/NUM medical officer
- remain with the patient and only leave the room once another staff member takes over care or as directed by the supervising RN/ In-Charge /NUM
- provide/assist the child/adolescent patient with all care needs, including ADLs as required. Include strategies to prevent functional decline into care routines
- provide a verbal clinical handover at the completion of the shift including signs of escalating behaviours and management strategies for same
- provide written contemporaneous notes in the patient health care record ([see PD2012_069 Health Care Records](#))
- ensure the family / carer are informed of current treatment and involved in care where appropriate

Nurse Manager/Co Manager Director JHCH: Approval of the request for an individual patient special is the responsibility of a Senior Nurse Manager. The hospital executive (or delegate) is to review the need for the individual patient special at least daily if not every shift, and can decide to remove the individual patient special if clinically appropriate following consultation with the treating team. The Nurse Unit manager will have ultimate responsibility for providing a special with the appropriate skills, knowledge and experience to care for the patient at risk. If the patient's acute care needs are not able to be met, the Nurse Unit Manager should follow escalation processes.

Discontinuing a special

In order to determine if the need for continuation of special exists, there should be consultation between the medical team, the nurse providing the special, the registered nurse and the NUM -. This should occur at least once per shift.

If it is determined that the individual patient special is no longer required, the rationale for this is to be clearly documented within the patient's health care record.

In determining the ongoing need for an individual patient special, a review of the patients past care requirements is to be undertaken. Individual patient specialising can occur over a 24 hour period, during the day or overnight only. If the above determination is made, the rationale for this decision is also to be clearly documented within the patient's health care record.

If the Nurse in Charge is unsure in determining the need for ongoing specialising, Senior Nurse Manager Co director Manager JHCH will assist in the decision making process. After hours the JHCH Executive on call can be contacted to assist in the decision making process.

Resources/Assessment tools

The following table provides a guide to the types of assessment tools that may be utilised according the clinical needs of the patient. A 'resource pack' containing a copy of each of the tools below should ideally be provided to the special at the commencement of the specialising period according to clinical need for the use of the special.

Acute/deteriorating medical condition	Behavioural conditions	Safety issues / concerns
<ul style="list-style-type: none"> GNS – JHH, JHCH and BH Recognition of the deteriorating paediatric patient. (Document number JHCH 3.19) Minimum Standards of Care for the Multidisciplinary Management of the Child, Young Person and their Families 	<ul style="list-style-type: none"> Mental Health Risk Assessment (SMR025010) NH60090 Children and Adolescents with Mental Health Problems Requiring Inpatient Care (PD 2011_016) Paediatric behaviour Management for the agitated/aggressive patient (HNELHD CG 15_39) 	<ul style="list-style-type: none"> Falls assessment Glamorgan scale

IMPLEMENTATION PLAN

This Guideline will be distributed JHCH executive team.

IMPLEMENTATION PLAN

- Awareness of this Guideline and Procedure will be promoted through the CE Newsletter.
- This Guideline and Procedure will be communicated via email to the Managers of Children, Young People and Families tabled at the relevant Clinical Quality Committee and ward / team meetings at each of these facilities.
- The list of new and revised Clinical Guidelines, Policy Directives and PCPs are posted on the Policy, Procedure and Guideline Directory.
- Incidents are to be reported using the IIMS (Incident Information Management system)

EVALUATION

Evaluation of the effectiveness of the Guideline will be undertaken at a local level and will include the following on a yearly basis. The results of these audits will be tabled at the JHCH Clinical Quality and Patient Care Committee, with an action plan when required.

- Measure use of specials and cost of using a special. If any issues identified a review of medical record and IMMs data to be identified.

APPENDICES

- 1: Use of Special – Decision Making Framework
- 2: Appendix 2 – Clinical Audit Tool
- 3: Medical Record Audit Tool
- 4: Request for Use of Individual Patient Special

REFERENCES

- NSW Agency for Clinical Innovation Key Principles of Individual Patient Specials in Hospitals (2014 draft).
- NSQHS Standard 1 Governance for Safety and Quality in Health Service Organisations
- NSQHS Standard 10 Preventing Falls and Harm from Falls
- Australian Commission on Safety and Quality in Health Care: A Better Way to Care: Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital
- NSW Health Management of Patients with Acute Severe Behavioural Disturbance in the Emergency Department GL2015_007
- NSW Agency for Clinical Innovation Key Principles of Individual Patient Specials in Hospitals
- GNAH Enhanced Observation for Adults and Young People with Identified Mental Health Needs GNAH_0039
- GNAH Models of Care for Patients Requiring Additional Supervision / Care GNAH_0038
- GNAH Enhanced Observation: Aggressive Patient Management GNAH_0379
- NSW Health PD2009_060: Clinical Handover – Standard Key Principles
- Clinical Handover- Shift Handover PD2009_060:PCP 2
- Applying Nursing Scope of Practice HNELHD Guideline 14_07
- Applying Midwifery Scope of Practice HNELHD Guideline 14_08

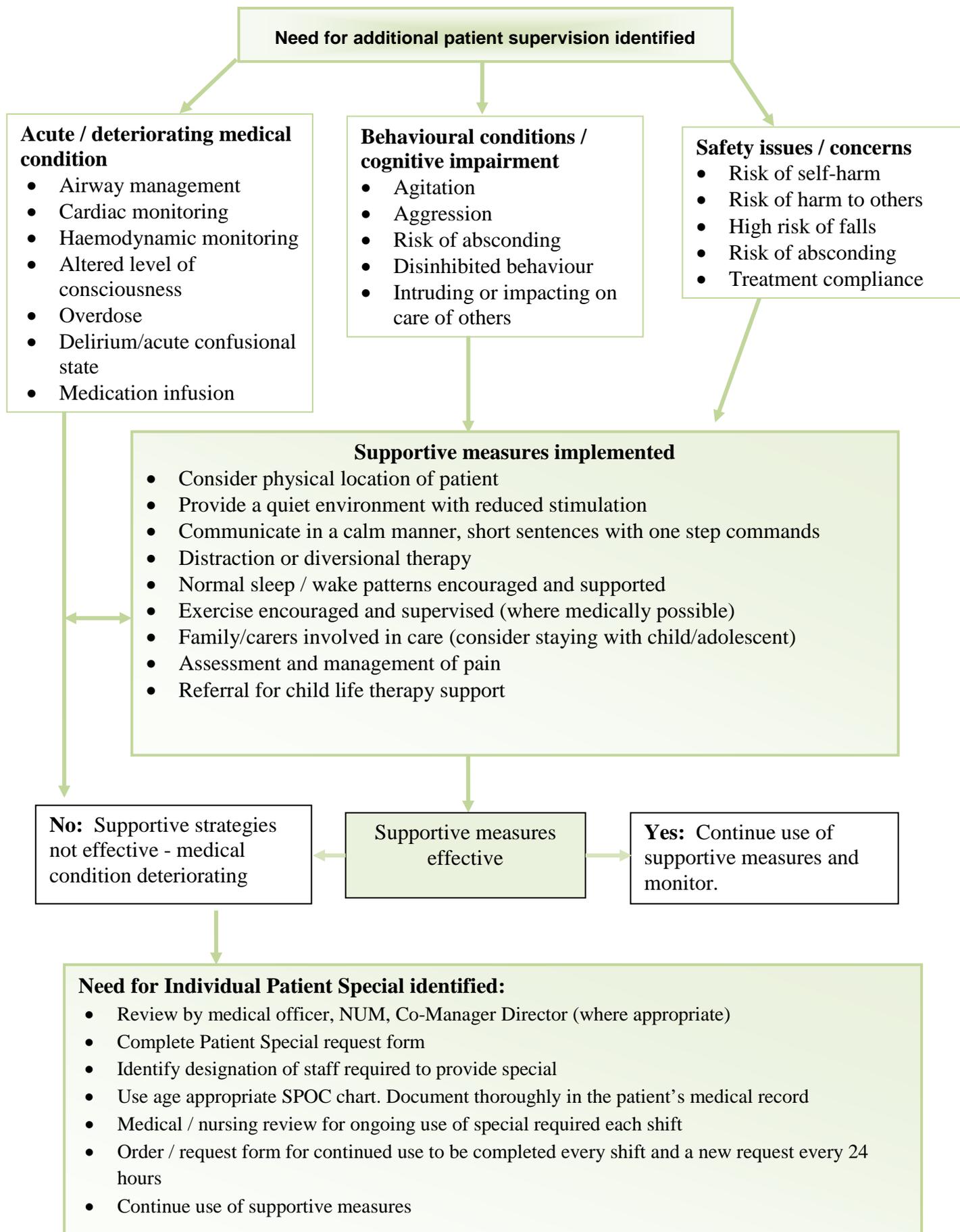
FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.

Appendix 1

Decision making framework

Use of Individual Patient Specials for Children/Adolescents 0-18years



Appendix 2 – Clinical Audit Tool

(National Standard 1: 1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored)

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data source	Frequency	Position Responsible																														
1	Measure use of specials and cost of using a special.		<table border="1"> <tr> <td>S\$</td> <td>Special 1330-213...</td> <td>13:30</td> <td>22:00</td> <td>8.00</td> </tr> <tr> <td>S%</td> <td>Special 0700-133...</td> <td>07:00</td> <td>13:30</td> <td>6.00</td> </tr> <tr> <td>S&</td> <td>Special 2130-073...</td> <td>21:30</td> <td>07:30</td> <td>10.00</td> </tr> <tr> <td>S/</td> <td>Special 0700-153...</td> <td>07:00</td> <td>15:30</td> <td>8.00</td> </tr> <tr> <td>S\</td> <td>Special 1500-230...</td> <td>15:00</td> <td>23:00</td> <td>8.00</td> </tr> <tr> <td>--</td> <td>.....</td> <td>----</td> <td>----</td> <td>....</td> </tr> </table>	S\$	Special 1330-213...	13:30	22:00	8.00	S%	Special 0700-133...	07:00	13:30	6.00	S&	Special 2130-073...	21:30	07:30	10.00	S/	Special 0700-153...	07:00	15:30	8.00	S\	Special 1500-230...	15:00	23:00	8.00	--	----	----	Proact Practise Analysis Report or Local process	Monthly	NUM
S\$	Special 1330-213...	13:30	22:00	8.00																																
S%	Special 0700-133...	07:00	13:30	6.00																																
S&	Special 2130-073...	21:30	07:30	10.00																																
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S\	Special 1500-230...	15:00	23:00	8.00																																
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Reference: *Electronic audit tool - National Institute for Health and Clinical Excellence (NICE): www.nice.org.uk/nicemedia/live/10996/56372/56372.xls*

Appendix 3 - JHCH use of Individual Patient Special – Medical Record Audit Tool

Date of Audit	
Name of Person Conducting Audit	
Unit Audited	

MRN	Sub- acute <input type="checkbox"/> Acute <input type="checkbox"/>
Date/Time Individual Patient Special commenced	Date/Time Individual Patient Special discontinued
Was the request form completed Yes <input type="checkbox"/> No <input type="checkbox"/>	Was there documentation that all supportive measures had been tried and failed in the medical record ? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was a new request form completed every 24hours if required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was there documentation of the care need not met by current staffing level /skill mix at the time of the request? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the clinical reason for the request indicated? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Acute/deteriorating medical condition <input type="checkbox"/>	Was the skill set required identified? Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • Airway management <input type="checkbox"/> • Cardiac monitoring <input type="checkbox"/> • Haemodynamic monitoring <input type="checkbox"/> • Altered level of consciousness <input type="checkbox"/> • <input type="checkbox"/> • Medication management <input type="checkbox"/> 	Was the identified skill set provided? Yes <input type="checkbox"/> No <input type="checkbox"/>
Behavioural / cognitive impairment <input type="checkbox"/>	Was there evidence that a medical review had taken place prior to the request for an Individual Patient Special? Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • Agitation <input type="checkbox"/> • Aggression <input type="checkbox"/> • Risk of absconding <input type="checkbox"/> • Disinhibited behaviour <input type="checkbox"/> • Intruding/impacting on care of other <input type="checkbox"/> 	Was there evidence that the need for ongoing use of a special was undertaken each shift? Yes <input type="checkbox"/> No <input type="checkbox"/>
Safety issues / concerns <input type="checkbox"/>	Was continuation of a special required due to unavailability of a specialised bed (for example no bed a mental health unit available) Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • Risk of self-harm <input type="checkbox"/> • Risk of harm to others <input type="checkbox"/> • High risk of falls <input type="checkbox"/> • Risk of absconding <input type="checkbox"/> 	

Appendix 4 – Request for Use of Individual Patient Special

John Hunter Childrens Hospital Request for Use of Individual Patient Special <hr/>
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FAMILY NAME	MRN
GIVEN NAMES	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O. _____
ADDRESS	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

Date:	Time:
Ward/Unit Requesting Special	Diagnosis:

Clinical reason for requiring Special (tick all appropriate)

Acute/deteriorating medical condition	Behavioural condition / cognitive impairment	Safety issues / concerns
Airway management <input type="checkbox"/>	Agitation <input type="checkbox"/>	Risk of self-harm <input type="checkbox"/>
Cardiac monitoring <input type="checkbox"/>	Aggression <input type="checkbox"/>	Risk of harm to others <input type="checkbox"/>
Haemodynamic monitoring <input type="checkbox"/>	Disinhibited behaviour <input type="checkbox"/>	High risk of falls <input type="checkbox"/>
Altered level of consciousness <input type="checkbox"/>	Intruding or impacting on care of other <input type="checkbox"/>	Risk of absconding <input type="checkbox"/>
Overdose <input type="checkbox"/>		Treatment compliance <input type="checkbox"/>
Acute confused state / delirium <input type="checkbox"/>		
Medication management / infusion <input type="checkbox"/>		

Have supportive measures been considered: Yes No

Has the management plan been reviewed Yes No

Describe management plan/strategies implemented thus far: _____

Document care need not met by current staffing level/skill mix or management plan: _____

Skill set required: AIN EN EEN RN

Is a security presence required: Yes No Other considerations Yes No

Has an urgent medical review been requested? Yes No

Name of person requesting special: _____ Signature: _____

Senior Nurse Manager approving to complete: Use of special approved: Yes No

Name: _____ Signature: _____ Role: _____

Date: _____ Time: _____

Reason for approving / not approving special: _____

Hunter New England Local Health District

Request for Use of Individual Patient Special

Facility: _____

FAMILY NAME		MRN
GIVEN NAMES		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. _____ / _____ / _____	M.O.	
ADDRESS		
LOCATION		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Assessment of ongoing need for Special: A review of the need for ongoing use of an individual patient special is to be undertaken each shift by a medical officer or senior nurse and the clinician providing the special. Consideration should be given to the outcomes of assessments undertaken during the previous shift. In some instances, the use of a special may only be required for a particular period of time only. If there is indecision/disagreement on the need for continuation of the special, the after-hours Nurse Manager or Senior Nurse Manager/Co- Manager Director JHCH will assist in the decision making process.

A new 'Request for Use of individual Patient Special' form is to be completed every 24 hours.

Need for continuation of Special	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> For next shift <input type="checkbox"/> For a specific time _____ <input type="checkbox"/> 		
Description of ongoing need for use of Special: _____		
Name/Signature of clinician requesting continuation: _____		
Designation: _____	Date / Time: _____	
Name/Signature of Manager approving continuation: _____		
Designation: _____	Date / Time: _____	

Need for continuation of Special	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> For next shift <input type="checkbox"/> For a specific time _____ <input type="checkbox"/> 		
Description of ongoing need for use of Special: _____		
Name/Signature of clinician requesting continuation: _____		
Designation: _____	Date / Time: _____	
Name/Signature of Manager approving continuation: _____		
Designation: _____	Date / Time: _____	

Is the special required for a further 24 hour period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, complete new 'Request for use of Special' form		