

Section 4 – The Adult Patient (>18 years) possesses mental capacity and has no serious mental health disorder.

The patient should be permitted to leave. All efforts should be made to ensure the discharge is as safe as possible. The following factors should be addressed;

- Clothing Accommodation Transport Safeguarding / Risk Identification
Completion of e-Discharge (consider duress/external influences)

The Younger Person (16 - 17 years) possesses mental capacity and has no serious mental health disorder.

REMEMBER THE CHILD’S WELFARE IS PARAMOUNT – Children’s Act (1989)

You must consider safeguarding in ALL cases. Seek expert guidance from psychiatry if required. Ensure safe discharge and address factors for discharge as highlighted above.

Has an out-patient appointment been arranged or GP follow-up advised? **No** **Yes**
(Please give details)

.....

Document any specific advice given to patient at time of discharge, alternative medical plans and safety netting:

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Document in clinical notes the details of the discharge plan, alternative medical plans and safety netting. (Proceed to **Section 5**)

Section 5 – Complete Datix form and inform relevant agencies, including members of the Derriford Liaison Team if appropriate.

In order to facilitate early follow-up action please inform relevant agencies known to patient, the Derriford Liaison team if appropriate and ensure GP is aware. A Datix form should be completed whenever a patient leaves hospital against medical advice.

Datix Form Incident No.

Nurse in charge of clinical area informed of self-discharge (Proceed to **Section 6**)

Section 6 - Patient Statement & Disclaimer

The named patient should be given the opportunity to record any comments in this section before signing the disclaimer below.

Patient Comments: (optional)

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This is to certify that I am leaving this hospital at my own request, at my own risk, and on my own responsibility, against the advice of the medical staff.

Patient signature: **Date:**

(Please tick if patient refuses to sign before leaving hospital premises)(Proceed to **Section 7**)

Section 7 – Details of healthcare professional

Name : **Ward / Dept:**.....
(please sign and print)

Position held:..... **Contact No/Bleep:**.....