Request to Self-Discharge Against Medical Advice - Adults and Young Person from 16-18 years old

Date of admission: .......................... Ward: ...................... Consultant: ......................

Date and Time of Request to Self-Discharge: ........................................................................

Admission Diagnosis / Problems:
1...................................................... 3..............................................................
2...................................................... 4..............................................................

In the event of a patient requesting to leave hospital against medical advice, the following actions are to be performed by the healthcare team:

Section 1 – Assessment of patient’s mental capacity to understand immediate care needs.

Does the patient have mental capacity?  No □ (Proceed to Section 2)
Yes □ (Proceed to Section 3)

(Record details of assessment in the clinical notes)

MCA principles - Understand the information relevant to the decision, Retain the information sufficient (long enough) to make the decision, Weigh up the information as part of the process of making the decision, To communicate the decision (by any means)

Section 2 – Patient lacks mental capacity to understand immediate care needs.

The patient should remain in hospital in their best interests under the provision of the Mental Capacity Act.

Inform Patient □ Inform NOK / family member / IMCA □
Commence Restraints Policy □ Consider Deprivation of Liberty □

(Document in clinical notes the details of all decisions made in the best interest of the patient).

(Proceed to Section 7)

Section 3 – Mental health assessment

If the named patient is assessed as possessing capacity BUT is known to be / or suspected to be suffering from a mental health illness, is this patient a candidate for detention under the Mental Health Act 2007?

No □ (Proceed to Section 4)
Yes □ Refer to Hospital Policy on detention under MHA pending psychiatric assessment).

(Document in clinical notes all mental health assessments and actions undertaken in best interests of patient).

(Proceed to Section 7)
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:

…………………………………………………………………………………………………………

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)

…………………………………………………………………………………………………………

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:…………………………