A Policy to Support Adult Patients Wanting to Self-Discharge Against Medical Advice

V3.0
August 2017
Key Messages;

- Self-discharge Checklist completed including capacity assessment.
- Patient signs the self-discharge form, and this is recorded in medical notes.
- Datix completed.
- If the adult is at risk as a result of self-discharge; Contact GP and the RCHT safeguarding adults team 01872 254551. Out of hours the Council safeguarding adults team 0300123413.
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This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.
1. Introduction

1.1 The safety of patients in our care is of paramount importance to the Trust. This Policy is to be used to support both the patient and the staff members involved when a patient expresses a wish to self-discharge from hospital against medical advice. In this event the involved staff will endeavour to elicit from the patient the reasons why he/she wants to self-discharge against medical advice and will ensure all relevant information is made available to assist the patient in this decision making process.

1.2 This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

2.1 The aim of this policy is to establish a process and offer guidance and support for the patient and staff involved in the event of a patient expressing a wish to self-discharge against medical advice. It is intended to ensure a consistent approach in reducing the risks that may be associated with patient’s self-discharging against medical advice and equip staff to follow the correct procedure for the self-discharge of a patient. On occasions, for a variety of reasons, patients decide that despite being advised that their continued admission to hospital is necessary, they will discharge themselves. In this event it is important that staff adhere to agreed guidelines to ensure that patients understand why medical opinion advises a continued hospital stay and understand the possible implications of their decision to ignore medical advice.

2.2 If a patient has been assessed, as per the guidance in the RCHT Mental Capacity Act Policy, as having capacity to make this decision and is not detained under the Mental Health Act of 1983 then they must not be detained or apprehended. Other considerations to be taken into account when a patient expresses a wish to self-discharge include that the patient may either actively or passively harm themselves or others, or suffer harm due to an inability to care for themselves whilst they are away from the clinical environment, and if this is the case consideration must be given that the patient may require detention under the Mental Health Act.

3. SCOPE

3.1 This policy applies to all adult patients (over the age of 18) admitted to any hospital within the Royal Cornwall Hospital Trust, including patients that have been assessed by a Doctor or a Nurse Practitioner in the Emergency Department on the Treliske site and the Casualty Department at West Cornwall Hospital.

4. Definitions/Glossary

Self-discharge – adult wanting to discharge against medical advice.
5. Ownership and Responsibilities

5.1 Role of the Safeguarding Adults Operational Group

The Safeguarding adults’ operational group is responsible for:
- Ensuring that the policy is suitable for purpose and is reviewed as required and at least every three years from implementation
- Ensuring the policy is disseminated and training is identified to support implementation.

5.2 Role of the Managers:

5.2.1 Divisional Management Teams are responsible for:
Divisional Management Teams that include the Divisional Director, Divisional General Manager and the Divisional Senior Matron are responsible for ensuring their clinical workforce are capable to deliver the requirements of this policy.

5.2.2 Line managers are responsible for:
- Ensuring that all staff are aware of and adhere to this Policy within their clinical areas
- Acting accordingly when they are contacted and advised on the need for further action.
- Escalating the patients request to self-discharge as required to the relevant clinicians dependant on the level of assessed risk to he/she so doing against medical advice
- Ensuring that staff involved with the care of a patient assessed as not having capacity to make the decision to take his/her self-discharge are supported through adherence to relevant RCHT policies and procedures to remain as an in-patient

5.3 Role of the Consultant / Medical Team

The Consultant or other clinicians in that medical team are responsible for:
- Utilising the Policy to support and minimise the risks associated with the self-discharge of any patient in their care against medical advice.
- Establishing the reason(s) for the patient wishing to take their self-discharge and addressing any issues that can be resolved at this point.
- Explaining to the patient the reasons for, and the benefits of, the patient remaining in hospital and giving the patient all relevant information, in order for him/her to make an informed decision.
- Ensuring that if there are concerns that the patient may harm themselves or others that their mental health has been assessed.
- Ensuring that the RCHT Mental Capacity Policy guidance is followed where applicable to the patients’ decision to self-discharge.
- Ensuring that the patient wishing to self-discharge has been assessed using the two stage test for capacity prior to undertaking a capacity assessment (See page 16).
- Ensuring that the patient wishing to self-discharge who has been deemed to have capacity is made fully aware of the medical implications and associated risks to self of self-discharge against medical advice.
- Ensuring that a safe discharge process from a medical perspective is completed with the patient wishing to self-discharge whenever possible
5.4 Role of Ward Sister/Charge Nurse / Registered Nurse in charge

The ward manager or registered nurse in charge is responsible for:

- Utilising the policy guidance to support and minimise the risks associated with the self-discharge of patients in their care.
- Immediately informing the Consultant or one of their team when a patient expresses a wish to self-discharge against medical advice.
- Out of hours contacting the Site Co-ordinator when advice and/or information regarding self-discharge processes is required.
- Establishing the reason(s) for the patient wishing to take their self-discharge and addressing any issues that can be resolved at this point.
- Explaining to the patient (along with the doctor) the reasons for, and the benefits of, the patient remaining in hospital and giving the patient all relevant information, in order for him/her to make an informed decision.
- Ensuring that the RCHT Mental Health Act and Mental Capacity policy guidelines are followed where applicable to the patients’ decision to self-discharge (If unsure request support from a senior nursing or medical colleague).
- Ensuring, whenever possible that a safe discharge process is completed with the patient who has been deemed to have capacity to make the decision and continues to express a wish to self-discharge.
- Ensuring details of the self-discharge and the self-discharge documentation is completed and filed in the patient’s medical record.
- Ensuring that their direct line manager is made aware as soon as possible that a patient has taken their self-discharge.
- Ensuring that all details of the self-discharge are documented in the patient’s medical record and reported on DATIX, the Trust’s incident reporting system.
- Please ensure that the safeguarding adults team have been made aware of the self-discharge of any adults at risk, if out of hours, please leave a message on their telephone – 01872 254551.

5.5 Role of the Site Co-ordinator Registered Nurse out of hours

The role of the site co-ordinator is to:

- Give advice and information regarding out of hours available support to the Registered Nurse and other involved RCHT professionals who may make contact from any RCHT hospital regarding a patient wishing to self-discharge against medical advice particularly when the patient may be presenting with mental health or mental capacity issues.

5.6 Role of the Occupational Therapist undertaking a home visit with a patient
A patient being taken on a home visit prior to their discharge from hospital may express the wish to self-discharge against medical advice whilst away from the hospital. In that eventuality the role of the Occupational Therapist is:

- Establishing the reason(s) for the patient wishing to take their self-discharge and addressing any issues that can be resolved at this point.
- Explaining to the patient (along with the doctor) the reasons for, and the benefits of, the patient returning to hospital and giving the patient all relevant information, in order for him/her to make an informed decision.
- Ensuring a supply of the self-discharge release from responsibility for discharge form is available when any home visit is being undertaken and asking the patient to sign it if he/she is refusing to return to the hospital against advice.
- Ensuring that any agencies who were to be involved in the formulation of a discharge care plan are informed of the patients’ self-discharge decision and endeavour to restart services that were planned to support a safe discharge from hospital as soon as possible.
- All details of actions taken to minimise the risks associated with the unplanned self-discharge, including when the patient refuses to sign the self-discharge release from responsibility for discharge form must be documented on return to the hospital and retained in the patient’s medical record.
- The Occupational Therapist must inform their line manager that a patient has taken their self-discharge during a home visit and a debrief regarding the self-discharge during a home visit will take place as soon as is practicable on return to the hospital.
- The incident must be reported on DATIX, the Trust’s incident reporting system as soon as is practicable by the OT who undertook the home visit.

NOTE: Refer to the Mental Capacity Act and guidance regarding capacity issues within this policy.

5.7 Role of Individual RCHT Staff

To demonstrate their responsibility for:

- Ensuring that their individual practice reflects this policy and other relevant RCHT policies and procedures.

6. Standards and Practice

Practical steps to follow once it has been established that a patient wishes to take his/her self-discharge from hospital against medical advice.

6.1 Consideration regarding mental capacity to make the decision;

The Mental Capacity Act 2005, (MCA) requires us to take the default position of assumption of capacity. The person wishing to take their self-discharge therefore must not to be treated as unable to make that decision unless all practicable steps to help him/her to do so have been taken without success. When a patient expresses a wish to self-
discharge it must be taken into account that they can make unwise decisions and a lack of capacity must never be assumed. If the patient wishing to self-discharge is giving cause for concern regarding their mental capacity and there is a belief that they may lack capacity with regard to their decision to self-discharge the MCA two stage test questions must be answered prior to undertaking a capacity assessment;

1) Does the person have an impairment of the mind or brain and is there some sort of disturbance affecting the way their mind or brain works?
Note: The impairment or disturbance may be temporary or permanent.

2) If so, does that impairment or disturbance mean that the person is unable to make the decision in question, (to take their self-discharge) at the time it needs to be made?

If the answer to the above questions is YES at the time the request to self-discharge is made the patient must then be assessed with regard to his/her mental capacity, as per the Trust Mental Capacity Act Policy and the outcome must be documented alongside other relevant risk assessments in the medical record. To assess mental capacity the Level 3 Mental Capacity Assessment Tool is recommended. However Box 1 of the SELF DISCHARGE OF A PATIENT CHECKLIST on page 16 can also be utilised as the capacity assessment, completed and then retained in the patients’ medical record.

6.2 The patient assessed as lacking mental capacity to self-discharge.

Detaining a patient against their will is a significant act that must be justified. Whilst so doing the registered nurse in charge must ensure that any best interest decision is proportionate to the risks that would otherwise occur and are in keeping with the RCHT Mental Capacity Act Policy guidelines on best interest decisions making and the Deprivation of Liberty Safeguards.

If the patient is assessed as lacking capacity to make the decision to self-discharge and it is within their best interests to remain in hospital or if they are detained under the Mental Health Act the registered nurse in charge utilising the Trusts relevant policies and procedures must take on any further responsibility for initiating subsequent actions to ensure the patient remains as an in-patient under our care.

Box 3 of the SELF-DISCHARGE OF A PATIENT CHECKLIST on page 16 must be completed when a patient wishing to self-discharge against medical advice has been assessed as lacking capacity to make that decision and retained in the patients’ medical record.
6.3 The patient assessed as having mental capacity to self-discharge

If the patient has been assessed as having capacity to decide to take their discharge from hospital against medical advice and is not detainable under the Mental Health Act he/she has the right to make what others may see as an unwise decision, and if they choose to self-discharge their decision, although against medical advice, must be accepted and the procedure as outlined below followed:-

- A doctor and/or the registered nurse must talk to the patient and reinforce the reasons for, and the benefits of, the patient remaining in hospital.
- If the patient still wishes to self-discharge, it may be appropriate to involve friends or family, who may help to dissuade the patient against this course of action. (This can only be done with consent of the patient)
- Prescribed discharge medications are to be supplied.
- Next of Kin or relatives are to be informed, if the patient has given his/her consent.
- Transport is to be arranged for the patient as per the Trust's Patient Transport Policy.
- The patient’s GP is to be informed by telephone, as well as via the usual discharge summary.
- As a best practice standard the patient must be requested to complete the self-discharge release from responsibility for discharge form - Page 17 - which must then be filed in the patient’s medical record.
- If the patient refuses to sign the self-discharge release from responsibility for discharge form or has left the hospital before he/she can be asked to do so this information must be documented in the patient’s medical record.
- All details of the incident must be documented in the patient’s medical record and reported on DATIX, the Trust’s incident reporting system by a Registered Nurse.
- The safeguarding team must be informed of the self-discharge; if out of hours, please leave a message on the office answerphone 01872252446.

Box 2 of the SELF-DISCHARGE OF A PATIENT CHECKLIST on page 16 must be completed and retained in the patients’ medical record.

7. Dissemination and Implementation

This policy will be disseminated through the organisation immediately following ratification and will be published on the organisations intranet site (document library). Access to this document is open to all. Implementation will be undertaken by Ward Managers and Heads of Departments following publication.

8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>The number of self-discharges in the Trust every 6 months and presented to the Safeguarding operational group for adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>The safeguarding named nurse for adults</td>
</tr>
</tbody>
</table>

A policy to support Adult Patients wanting to Self-Discharge against medical advice

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### 9. Updating and Review

9.1 This process is managed via the document library; review will be undertaken every three years unless best practice dictates otherwise. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval and dissemination processes.

9.2 Any revision activity is to be recorded in the Version Control Table as part of the document control process.

### 10. Equality and Diversity:

10.1 This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

10.2 Royal Cornwall Hospitals NHS Trust is committed to a Policy of Equal Opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

### 10.3 Equality Impact Assessment

10.4 The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>A policy to support Adult Patients wanting to Self-Discharge against medical advice.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>August 2017</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>August 2017</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>August 2020</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Zoe Cooper – Safeguarding Lead nurse and Adults Named Nurse</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 254551</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>This Policy is to be used to support both the adult patient and the staff members involved when a patient expresses a wish to self-discharge from RCHT against medical advice</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Self-discharge against medical advice, mental health act, mental capacity act.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>Date revised:</td>
<td>August 2017</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Policy to Support the Self Discharge of Adult Patients Against Medical Advice from the Royal Cornwall Hospitals Trust</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Safeguarding Operational Group for Adults</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Kim O'Keeffe, Chief Nurse</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not required.</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td></td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Safeguarding Adults documents</td>
</tr>
<tr>
<td>Links to key external standards</td>
<td>CQC Outcome 7</td>
</tr>
</tbody>
</table>
### A policy to support Adult Patients wanting to Self-Discharge against medical advice

**Related Documents:**
- RCHT Mental Capacity Act Policy
- RCHT Missing Persons Policy
- RCHT Policy and Procedure for the Safeguarding Vulnerable Adults
- RCHT Safe and Supportive Observations Procedure
- RCHT Restrictive Practice Policy
- RCHT Patient Identification Policy
- RCHT Standards of Record Keeping Deprivation of Liberty Safeguards

**Training Need Identified?**
Yes. Cascade training following launch of the Policy undertaken by Departmental Heads, Line Managers and Ward Managers

**Version Control Table**

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2011</td>
<td>V1.1</td>
<td>Initial version</td>
<td>Mary Mallet Safeguarding Adults Named Nurse.</td>
</tr>
<tr>
<td>May 2014</td>
<td>V2</td>
<td>Change policy to Trust template, added safeguarding team as contacts.</td>
<td>Zoe Cooper Safeguarding Adults Named Nurse.</td>
</tr>
<tr>
<td>August 2017</td>
<td>V3</td>
<td>Review, no changes</td>
<td>Zoe Cooper Safeguarding Lead nurse</td>
</tr>
</tbody>
</table>

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2. Initial Equality Impact Assessment Form

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.
**Name of the strategy / policy / proposal / service function to be assessed**

A policy to support Adult Patients wanting to Self-Discharge against medical advice.

<table>
<thead>
<tr>
<th>Directorate and service area:</th>
<th>Is this a new or existing Policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate</td>
<td>existing</td>
</tr>
</tbody>
</table>

**Name of individual completing assessment:**
Zoe Cooper

**Telephone:**
01872 254551

1. **Policy Aim***

   *Who is the strategy / policy / proposal / service function aimed at?*

   To provide all staff groups with a guide to their roles and responsibilities in the management of patients who express a wish to self-discharge from RCHT against medical advice.

2. **Policy Objectives***

   To ensure all staff groups know the procedures to be followed when patients express a wish to self-discharge from RCHT against medical advice.

3. **Policy – intended Outcomes***

   RCHT patients who express a wish to self-discharge against medical advice are supported through this Policy to come to a decision whereby they either remain as an in-patient or by taking their self-discharge the risk of doing so is minimised as much as possible.

4. *How will you measure the outcome?*

   Evidence from MDT documentation that this Policy is utilised when a patient expresses a wish to self-discharge against medical advice.

5. **Who is intended to benefit from the policy?**

   Patients and RCHT staff.

6a **Who did you consult with**

   b). Please identify the groups who have been consulted about this procedure.

<table>
<thead>
<tr>
<th>Workforce</th>
<th>Patients</th>
<th>Local groups</th>
<th>External organisations</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please record specific names of groups**

RCHT  Safeguarding Adults Operational Group
RCHT Senior Matrons & AHP Forum
RCHT Occupational Therapists
RCHT Site Co-ordinators

**What was the outcome of the consultation?**
7. The Impact

Please complete the following table. If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.

Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability -</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and Civil partnership</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. or
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

9. If you are not recommending a Full Impact assessment please explain why.

Not required in this case
A policy to support Adult Patients wanting to Self-Discharge against medical advice

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Names and signatures of members carrying out the Screening Assessment</th>
<th>1. Human Rights, Equality &amp; Inclusion Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Human Rights, Equality &amp; Inclusion Lead</td>
</tr>
</tbody>
</table>

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust’s web site.

Signed __ ________________

Date _________________
# SELF-DISCHARGE OF A PATIENT CHECKLIST

![Hospital \...\...\... Date](image)

**Affix patient label**

## BOX 1

<table>
<thead>
<tr>
<th><strong>Capacity assessment to be completed if patient requests self-discharge from hospital against medical advice</strong></th>
<th><strong>Yes/ No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Can the patient understand the information relevant to the decision?</td>
<td></td>
</tr>
<tr>
<td>Can the patient retain that information?</td>
<td></td>
</tr>
<tr>
<td>Can the patient use or weigh that information as part of the process of making the decision?</td>
<td></td>
</tr>
<tr>
<td>Can the patient communicate his/her decision?</td>
<td></td>
</tr>
</tbody>
</table>

If **YES** to all 4 criteria above the patient has capacity

If **NO** to ANY of the 4 criteria above the patient lacks capacity & must be prevented from leaving the hospital as per BOX 3

## BOX 2

<table>
<thead>
<tr>
<th><strong>To be completed when the patient has been assessed as having capacity to decide to self-discharge against medical advice</strong></th>
<th><strong>TICK</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Explanation of the necessary treatment required and the consequence of the patient refusing the treatment have been given and are understood</td>
<td></td>
</tr>
<tr>
<td>Other options which may be acceptable to both the clinicians and the patient have been explored with the patient</td>
<td></td>
</tr>
<tr>
<td>Where the consequences of refusing treatment are serious or life threatening discussion and assistance has been sought from the Consultant and other relevant professionals such as the Psychiatric Liaison Service</td>
<td></td>
</tr>
<tr>
<td>The <strong>self-discharge release from responsibility for discharge form</strong> is completed by the patient <em>whenever possible</em> and retained in their medical record</td>
<td></td>
</tr>
<tr>
<td>Refer to safeguarding adults team if the adult is at risk.</td>
<td></td>
</tr>
</tbody>
</table>

## BOX 3

<table>
<thead>
<tr>
<th><strong>To be completed when the patient has been assessed as lacking capacity to decide to self-discharge against medical advice</strong></th>
<th><strong>TICK</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff involved prevent the patient from leaving the ward</td>
<td></td>
</tr>
<tr>
<td>Staff utilise persuasion, calming and de-escalation techniques</td>
<td></td>
</tr>
<tr>
<td>Referral to the Psychiatric Liaison team is considered as appropriate</td>
<td></td>
</tr>
<tr>
<td>Referral to the IMCA Service and DoLS is considered as appropriate</td>
<td></td>
</tr>
<tr>
<td>If the patient has left the ward staff utilise the RCHT Missing Persons Policy</td>
<td></td>
</tr>
<tr>
<td>Refer to safeguarding adults team</td>
<td></td>
</tr>
</tbody>
</table>

* All relevant sections of this form must be completed and retained in the patient’s Medical records.
SELF DISCHARGE RELEASE FROM RESPONSIBILITY FOR DISCHARGE

To be completed with the patient whenever possible prior to the patient taking his/her self-discharge from this hospital

I, the undersigned hereby declare that I am discharging myself from this hospital and that I understand the consequences of failing to follow the medical advice given to me which might result in significant disability or even death.

I understand I can change my mind at anytime and return for treatment.

Patient signature: .................................................................

Witness: ....................................................................................

Designation of witness: ............................................................

Date: ....../....../.....

* This form when completed must be retained in the patient’s Medical record and a DATIX of the SELF-DISCHARGE event completed in every case by the relevant involved multi-disciplinary team member.