Discharge against Advice
(Self discharge where a Healthcare Professional has recommended that you stay in hospital for investigation or treatment)

What you need to know

MOST IMPORTANT

IF YOU FEEL WORSE THAN YOU EXPECTED SHORTLY AFTER GOING HOME, PLEASE SEEK HELP STRAIGHT AWAY:

RING NHS DIRECT
0845 46 47
YOUR GP OR
OUT OF HOURS GP
There are times when staying in hospital may seem impossible. You are not alone in making a decision to go home at a time when the medical & nursing team would prefer that you didn’t.

This information is designed to help you find answers to some of the questions which people who go home against medical advice may ask.

**Will I be “reported” to my GP or anyone else?**

The hospital will have contacted some key people after you left. This isn’t to cause trouble for you, but it is important that your early departure is known about so that you can be helped & supported if you need to be.

**Can I be made to come back?**

No. Occasionally, patients can be kept in hospital even although they want to leave. If you have gone home no-one can make you come back against your will. Sometimes, however, the hospital will ask your GP, a nurse or social worker to ring or come and visit you to make sure that you are ok.

**Will my leaving mean that I can’t come back again?**

No. If you feel worse and need to be readmitted now or in the future because of your medical condition you will be able to return. We understand that there are many reasons why people decide to leave, but that doesn’t mean that you are not entitled to treatment and care if you need it.

**Am I in trouble with the hospital because I left?**

No. If you were spoken to before you left, you will know that the healthcare staff who talked to you about your plans were concerned about your health. They should have explained to you the reasons why they would have preferred that you stay – the reasons they had will be based on your overall health. For example:

There are treatments such as intravenous antibiotic therapy that can’t be given at home.

Some patients have serious medical conditions that really need further investigation or specialist help not available in the community.

**I would be too embarrassed to come back now even if I need to.**

Please don’t be. Most staff understand that there are times when being in hospital becomes overwhelming or may seem impossible. If you are unwell enough to be in hospital then that is where you need to be.

**I didn’t sign the form they asked me to – does that matter?**

No. The form is designed to “document” that you were spoken to about the reasons why the hospital didn’t want you to leave. If you didn’t sign it don’t worry, one of the staff will have made a note to explain what advice they gave you.
I did sign the form – will that count against me?

No. The form is designed to just keep a note of your understanding about why the staff didn’t want you to go home at the time you left. It is also useful as a quick way for other staff to understand why you went home so that they know their colleagues didn’t let you down.

I expect that I won’t get any follow up or medication now that I have gone home against medical advice.

You were unwell enough to be admitted to hospital and that hasn’t changed, you may still need the medication which was prescribed and if necessary you will need to be followed up in the out patient clinic. *Your leaving does not alter this*

How can I get the medication & follow up I should have?

Some patients will be asked to come back or send someone in to collect their medication on their behalf. In other circumstances, the medication may be sent out to you or the GP contacted to organise a prescription. You should be contacted about what will happen, but if you haven’t heard within 24 hours do ring the ward that you were on who should be able to give you further advice.

The medical team looking after you should have made a follow up appointment for you.

If you were told or expected that you would have a hospital follow up and have heard nothing 7-14 days after you left.

Ring the hospital you were in and ask to be put through to the Consultant’s secretary or the Customer Contact Centre for the speciality you were admitted under who will be able to direct your call.

Thank you for reading this. We want you to feel better. We are here to help.
Discharge Against Advice Form

Assessment of the patient’s medical risk (please indicate below the working diagnosis or presenting complaint, and any immediate or long term risk that may be associated with non treatment)

Diagnosis:

Proposed Medical Treatment:

Risks Associated with Self Discharge:

Assessment of the patient’s ability (capacity) to decline treatment
(all criteria must be satisfied and the patient must be over the age of 16, if not seek senior advice)

1. Does the patient UNDERSTAND the proposed medical treatment? (its purpose, justification, benefits, risks and alternatives)
2. Does the patient understand the RISK ASSOCIATED with not receiving the treatment? (for example risks that are very specific to them at this time)
3. Is the patient able to retain the information for long enough to make an informed decision?
4. Is the patient able to make a free choice without coercion or duress?
5. Is the patient able to communicate their decision?

Outcome

Advised of important features to be aware of, when to seek medical attention, alternative treatment
Advised to return to .................................................. for re-assessment if symptoms persist
Self management advice given verbally / advice sheet (delete as applicable)

Follow up arrangements and other agencies informed

General Practitioner   □  Relatives   □  Social Services   □  Police   □  Other   □
Please state

I understand that I am taking my discharge from the hospital against advice and have had an explanation of the risk that I am taking.

Patient's signature _____________________________ Witness Signature _____________________________

Name Please print _____________________________ Name please print _____________________________

Dr's Signature _____________________________ Name please print _____________________________

Title _____________________________ Date / /

NB: Please record all details in patients medical record

Top copy: Case Notes/White Copy: Patient
Copy accepted by patient Yes/No