

Unique Identifier NO: TW.033.2012v2 (Patient ID Sticker) Ward Name: D.O.B: Discharge against NHS No: Hospital No: **Medical Advice** Status: Operational Supplies no: WZM 054X **Patient Section:** I, am leaving hospital against advice of the medical and nursing staff. I take full responsibility for this action. Signed: Witness: (Doctor or Nurse) Date: Staff Section: YES NO Does the patient understand why the Doctors and Nurses would like them to stay and the potential consequences of leaving? Is the patient able to retain the information long enough to make the decision? Can the patient weigh up the information available to make a decision (without input from anyone else)? Can the patient communicate their decision? If the answer to any questions is 'NO', the patient does not have capacity to self-discharge Actions: If patient does not have capacity, the patient can only be given treatment that is in their best interest. If the patient does have capacity and self discharges from the Emergency Department, consider the following actions: Inform GP Contact Police to perform a 'welfare check' In addition to the above, if the patient is 17 years or younger, consider: Contact Parents/Guardians Referral to the Health Visitor

Author: Clinical Director Emergency Care Version / Review Date: October 2020

Complete pink 'Paediatric Liaison Form'