



Health

FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

Facility:

D.O.B. ____ / ____ / ____ M.O.

ADDRESS

DISCHARGE AGAINST MEDICAL ADVICE (PARENT/GUARDIAN OF MINORS)

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Instructions for Use of This Form

- This form should be used following discussions with the parent/guardian of the patient regarding discharge against medical advice. The form documents the decision of a parent/guardian to discharge a patient at their own risk notwithstanding the knowledge of risks to the patient (as specified on the form) which have been explained to the parent/guardian by the most senior available Health Practitioner (medical practitioner or registered nurse). It also alerts the parent/guardian to the potential for notification to the Child Wellbeing Unit where there are concerns regarding risks to the safety, welfare and wellbeing of a child or young person.
- This form is relevant to all clinical settings including admitted and non-admitted settings where an assessment of the patient has been made by a Health Practitioner.
- This form should **not be used** in the following circumstances:
 - o **Risk of significant harm to patient:** where the relevant Health Practitioner reasonably suspects that the discharge of the patient against advice will put the patient at risk of significant harm. Such circumstances require mandatory notification to the Child Protection Helpline and where necessary, the Police in accordance with NSW Health Child Protection Policies and legal advice;
 - o **No risk of harm to patient:** where the Health Practitioner reasonably considers that the discharge of the patient against advice does not pose any additional real health risk to the patient;
 - o **Mental Health Act 2007 (NSW):** where a patient should be admitted as an involuntary patient under the Mental Health Act;
 - o **Patient with capacity aged 14-17 years discharging at their own risk:** these patients should complete the Discharge Against Medical Advice (Adult with Capacity) form (NH700071). However, it is recommended that the parent/guardian also complete this form. If in doubt about the capacity of a minor, refer to section 8 of the Consent Manual for more information and/or escalate to a more senior colleague;
 - o **Adult without capacity:** please consult the Consent Manual.

Provision of information to parent/guardian by the most senior available Health Practitioner

Print name:

Designation:

I have informed the parent/guardian of the risks of discharge against advice as follows:
(HEALTH PRACTITIONER TO COMPLETE - IDENTIFY SPECIFIC RISKS OF LEAVING THE FACILITY)

.....
.....

I have provided the patient's parent/guardian with the following ongoing care information:

.....
.....

I have considered my obligations under the *Children and Young Persons (Care and Protection) Act 1998 (NSW)* and NSW Health Policies which require mandatory reporting by health care workers where there are reasonable grounds to suspect a child or young person is at risk of significant harm. I have also considered my obligations to contact the Child Wellbeing Unit where there are concerns regarding risks to the safety, welfare and wellbeing of a child or young person.

Signature: Date / / Time: : am/pm

Interpreter* / /20..... : Emp ID/Prov No.

PRINT NAME

SIGNATURE

DATE

TIME

Emp ID/Prov No.

* Delete where not appropriate



SMR010071

Holes Punched as per AS2828.1: 2012
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NH700136_031019

DISCHARGE AGAINST MEDICAL ADVICE (PARENT/GUARDIAN OF MINORS)

SMR010.071

NO WRITING

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FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____		M.O.
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

**DISCHARGE AGAINST
MEDICAL ADVICE
(PARENT/GUARDIAN OF MINORS)**

Parent/Guardian Acknowledgement (To be completed by parent/guardian)

I, of
GIVEN NAME FAMILY NAME

ADDRESS OF PARENT/GUARDIAN

am the parent/guardian of and
GIVEN NAME OF PATIENT FAMILY NAME OF PATIENT

I am removing the patient from the Facility at my own insistence and against the advice of the Health Practitioner specified on this form. I have been informed by the Health Practitioner of the risks for the patient associated with leaving the Facility at this time, which include a deterioration of the patient's condition and health generally. These risks include, but are not limited to those specified on this form.

I understand that NSW Health Policy requires a Health Practitioner to report to the Child Wellbeing Unit where they have concerns regarding risks to the safety, welfare and wellbeing of a child or young person.

Despite this information and advice, I agree to accept these risks and I wish to discharge the patient from the Facility. I agree that the Facility and its staff will not be liable for any harm or damage that may occur due to my decision to remove the patient from the Facility. I confirm that I have been provided with ongoing treatment information for the patient and I understand that I should seek medical advice and treatment at the Facility or elsewhere should I have any concerns whatsoever in relation to the patient's health/medical condition.

At the time of signing this form I was advised by:
NAME AND DESIGNATION OF HEALTH PRACTITIONER

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

Signature of Parent/Guardian:

Print Name of Parent/Guardian:

If the Parent/Guardian chooses not to sign the form, place the partially completed form in the health care record and document in the progress/clinical notes.

Holes Punched as per AS2828.1: 2012
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