

University of Kentucky / UK HealthCare Policy and Procedure	Policy # A06-115
Title/Description: Patients Who Leave Against Medical Advice or Without Being Discharged	
Purpose: To outline procedures to be followed when a patient requests to leave or leaves against medical advice or without being discharged.	

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Policy

An adult patient who is conscious and has decisional capacity has a right to refuse any medical treatment. The treating physician shall advise the patient of the risks involved in discontinuing treatment or leaving before being discharged, and encourage the patient to continue in his or her prescribed course of medical treatment. The Office of Legal Counsel is contacted when a patient who is not decisional and who does not have a surrogate requests to leave against medical advice or without being discharged.

If the patient insists on leaving against medical advice, the physician shall document the patient-physician consultation where the patient was advised against leaving UK HealthCare and discontinuing treatment, shall secure the patient's signature as acknowledgement of the patient's awareness of the risks on the appropriate form, and complete a discharge order.

If a patient leaves UK HealthCare before being discharged or treated, the appropriate documentation, as outlined below, is completed.

Definition

Emancipated Minor

An emancipated minor is defined as any minor who has married, borne a child, or is emancipated per court order, and is hence considered to be an adult for the purposes of this policy.

Procedure

Patients Who Request to Leave Against Medical Advice

1. If a patient expresses a desire to leave UK HealthCare against medical advice, nursing staff shall notify the Hospital Operations Administrator (HOA) or the Divisional Charge Nurse (DCN), the attending physician or appropriate house staff officer, and the social worker assigned to the unit, if the social worker has been involved in the care of the patient.
2. The attending physician, resident, or responsible provider shall visit the patient and advise the patient of the potential consequences of discontinuing medical treatment. The attending physician, resident, or responsible provider shall make a good faith attempt to persuade the patient to stay and receive treatment. If after this discussion the patient still decides to leave against medical advice, the attending physician or house staff officer shall have the patient read and sign a release form. See, [CN0059, Authorization for Leaving Hospital Against Medical Advice](#).

If the patient refuses to wait to speak with a physician, resident, or responsible provider, a nurse or social worker shall advise the patient of the potential consequences of discontinuing medical treatment, and shall have the patient read and sign the release form.

3. If the patient refuses to sign the release form, the attending physician, nurse, house staff officer, or social worker shall read the form to the patient and document the patient's refusal to sign the form in the progress notes. Another staff member shall also sign the progress note to attest that the patient decided to leave AMA after being informed of the possible consequences of such a decision.

The attending physician shall also complete a discharge order immediately, regardless of whether the patient or, in the case of a minor (see below), parent or guardian, completed or refused to complete the release form. In addition, a discharge summary shall be dictated and signed for any patient who leaves against medical advice.

4. The nurse shall report the event through [adverse event reporting](#). See [A10-130, Adverse Event Reporting](#).
5. If a physician concludes that the patient is mentally ill¹ and presents a danger or threat of danger to himself or herself, family, and/or others, a 72-hour involuntary admission pursuant to [KRS 202A.031](#) shall be considered. See [A02-010, 72 Hour Involuntary Hospitalization](#).

If such a patient leaves the floor before the 72-hour involuntary admission is executed, Security and the Lexington-Fayette County police shall be called.

6. If the patient poses a threat because he or she carries a potentially life-threatening contagious disease, the attending physician, nurse, house staff officer, or social worker shall notify Infection Control. See [A03-060, Reporting Communicable Diseases](#).

¹ See [KRS 202a.011](#)(9)

7. If the patient is an unemancipated minor, the parent or guardian shall sign the release form pursuant to the guidelines outlined under the Treatment of Minors section in [A06-000, Consent to Treatment](#).
 - (a) If an unemancipated minor requests to leave against medical advice and without the knowledge and consent of the parents, the social worker, the HOA/DCN, nurse, or physician shall make every effort to notify the parents and request assistance in locating the minor and returning the minor to UK HealthCare.
 - (b) If an unemancipated minor attempts to leave against medical advice but with the knowledge and consent of the parents, the physician shall determine the extent of the medical danger to the child.² If the child's health is seriously jeopardized by discontinuation of treatment, the social worker shall contact Child Protective Services to request that the agency seek protective custody of the child. Security and the Lexington-Fayette County police shall be called. The child may be hospitalized without parental permission for up to 72 hours while a protective custody order is sought, if authorized by a physician or Hospital administrator pursuant to [KRS 620.040\(5\)\(b\)](#) and [A02-010, 72 Hour Involuntary Hospitalization](#). No elective procedures are undertaken without a court order in a case where the parents refuse to grant consent for treatment.
8. If a parent or other person exercising custodial control or supervision of a child who has been hospitalized pursuant to [KRS 645.030](#) files a notice to withdraw the child from the UK HealthCare Hospital and if in the opinion of the treating physician, release of the patient would be seriously detrimental to the child's health, the physician shall either:
 - (a) Discharge the child to the custody of his parent or other person exercising custodial control or supervision against medical advice, after advising them against discharge and seeking their written acknowledgement that they have been so advised;³ or
 - (b) Refuse to discharge the child for a period of no more than 72 hours, exclusive of weekends and holidays, after receipt of the notice of withdraw, provided that the UK HealthCare Hospital or the physician files a petition for certification within the three (3) days, exclusive of weekends and holidays, in which case the UK HealthCare Hospital may hold the child until the court's ruling following the certification hearing.

Patients Who Leave Without Being Discharged

1. If a nurse discovers that a patient has left without being discharged, the nurse shall notify the HOA/DCN, the attending physician, or appropriate house staff officer, and document the incident via [adverse event reporting](#).

² Under KRS 600.020 and 620.030, such consent by the parents may constitute neglect that must be reported to a local law enforcement agency, Kentucky State Police, the Kentucky Cabinet for Health and Family Services, the Commonwealth's attorney, or the county attorney.

³ If this occurs, the parent or guardian shall sign the release form as set forth above.

2. The attending physician shall complete a discharge order for the patient. In addition, a discharge summary is dictated and signed for any patient who leaves without being discharged.
3. After an adult patient has left without being discharged, the nurse shall contact Admitting.

Note: If an ICU patient leaves without being discharged, the physician shall notify the family if he or she believes it is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient, an individual, or the public.

4. If it was previously determined that the adult patient who has left without being discharged lacked decisional capacity, the HOA/DCN shall notify Security, law enforcement, and Adult Protective Services. The medical record may need to be reviewed to make this determination.
5. If the patient is a minor, or otherwise is unable to assume responsibility for his or her actions or personal welfare, the nurse shall contact the HOA or DCN. Hospital Administration shall then determine whether to notify law enforcement officers or health department officials.
 - (a) If a minor leaves without being discharged and without the knowledge and consent of the parents, then the social worker, the HOA/DCN, or the physician shall notify the parents and request security and police assistance in locating and returning the minor to the UK HealthCare Hospital.
 - (b) If a minor leaves in anticipation of pending discharge but before discharge orders are written, and if the minor leaves with the knowledge and consent of the parents, the social worker shall be contacted to assist in determining whether to notify Child Protective Services. The parents of the minor are also contacted.

Patients Who Leave Without Being Seen

If a patient leaves the Hospital after requesting treatment but before being seen, the following documentation procedures are followed:

1. If a patient leaves before triage or before registration, the triage nurse shall document the following on the nursing care record:
 - (a) Name, if known;
 - (b) Date and time;
 - (c) Reason the patient left, if known; and
 - (d) Any other pertinent information.

Under these circumstances, the patient shall not accrue a charge. The chart is placed in a designated box at registration for manager review and then forwarded to Risk Management.

2. If a patient leaves after he or she is triaged and registered, the nurse shall give the chart to the discharge clerk to be sent to Health Information Management after documenting the following:
 - (a) Date and time the patient left, if known;

- (b) Reason the patient left, if known; and
- (c) Any other pertinent information.

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Effective Date: 05/05/2014	Review/Revision Dates: 10/11/10, 05/2011, 05/02/2014																																		
Approval by and date: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Signature _____</td> <td style="width: 40%;">Date _____</td> </tr> <tr> <td>Name Cletus Carvalho, MD, Director, Behavioral Health Unit, Review Team Leader</td> <td></td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>Signature _____</td> <td>Date _____</td> </tr> <tr> <td>Name Marcus Randall, MD, Chief, Ambulatory Services</td> <td></td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>Signature _____</td> <td>Date _____</td> </tr> <tr> <td>Name Colleen Swartz, Chief Nursing Executive</td> <td></td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>Signature _____</td> <td>Date _____</td> </tr> <tr> <td>Name Bernard Boulanger, MD, Chief Medical Officer</td> <td></td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>Signature _____</td> <td>Date _____</td> </tr> <tr> <td>Name Anna L. Smith, Chief Administrative Officer</td> <td></td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>Signature _____</td> <td>Date _____</td> </tr> <tr> <td>Name Michael Karpf, MD, Executive Vice President for Health Affairs</td> <td></td> </tr> </table>		Signature _____	Date _____	Name Cletus Carvalho, MD, Director, Behavioral Health Unit, Review Team Leader				Signature _____	Date _____	Name Marcus Randall, MD, Chief, Ambulatory Services				Signature _____	Date _____	Name Colleen Swartz, Chief Nursing Executive				Signature _____	Date _____	Name Bernard Boulanger, MD, Chief Medical Officer				Signature _____	Date _____	Name Anna L. Smith, Chief Administrative Officer				Signature _____	Date _____	Name Michael Karpf, MD, Executive Vice President for Health Affairs	
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