

HACKETTSTOWN REGIONAL MEDICAL CENTER
Administrative Policy & Procedure

Patients Leaving Against Medical Advice or Without Being Seen

Effective Date: 05/05	Policy No: AD012A
Cross Referenced: Elopement	Origin: Administration
Reviewed Date: 04/13	Authority: Chief Medical Officer, Chief Nursing Officer
Revised Date: 06/13	Page: 1 of 2

SCOPE:

All in-patients and individuals seeking outpatient care at Hackettstown Regional Medical Center

PURPOSE:

To ensure actions are in accordance with patients' rights and to comply with applicable laws

POLICY:

Adult patients who have capacity and wish to leave the Hospital against medical advice must be permitted to do so. Minors and patients lacking capacity are not allowed to leave the Hospital unless formally discharged by a physician or released by an authorized representative through the outlined procedure.

PROCEDURE:

I. IN-PATIENT SETTING

- A. Adult Patients with Capacity or Patients with Authorized Representatives (includes Minors)
1. If a patient indicates that s/he wishes to leave the Hospital, the patient (and/or his/her authorized representative) should be asked to stay until a physician is available to discuss his/her intentions. The nurse should immediately notify a physician.
 2. The physician shall inform the patient (and/or his/her authorized representative) of the potential risks and consequences to his/her health and medical condition of leaving against medical advice. The physician shall also advise the patient (and/or his/her authorized representative) of his/her opinion as to what would be in the patient's best interest and will provide all necessary follow-up instructions and/or appropriate prescriptions. If the patient is unwilling to stay to speak with a physician, a nurse should explain these things to the best of his/her professional ability.
 3. The physician and/or nurse shall document the discussion with the patient (and/or his/her authorized representative) in the medical record. Documentation should include a statement as to the patient's (and/or his/her authorized representative's) understanding of what s/he was told.
 4. The patient (or his/her authorized representative) shall be asked to sign the appropriate form ("Departure Against Medical Advice") to be placed in the medical record. If the patient (or his/her authorized representative) refuses to sign, that should also be documented in the medical record.

Approved: President's Council 6/11/2013

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B. In the event that there is any question of the patient's ability to understand the potential ramifications of his/her decision to leave, the physician should immediately request a psychiatric consultation.

C. Unless represented by an authorized individual, minors or adults who lack capacity and do not fully understand the ramifications of the decision, should be detained. (see Elopement policy)

D. If any patient leaves the Hospital and the decision carries a substantial risk to his/her health and/or welfare, the physician should attempt to contact the patient and/or his/her family. The patient's departure and attempts to contact the patient and/or the family should be documented in detail in the medical record.

II. OUT-PATIENT SETTING

A. The procedure in I.A-D also applies to outpatient settings, with the following exceptions:

1. If a patient who appears to have capacity wishes to leave prior to being seen by a physician, the patient should be encouraged to stay until a physician has been able to make an assessment of his/her condition. If a patient is unwilling to stay, document same in the medical record or log.
2. If a patient appears obviously ill but has not yet been formally assessed by a physician, the patient should be informed in a general way that there may be substantial risks associated with his/her leaving. This should be documented in the medical record or log.
3. Reasonable efforts should be made to detain the patient who appears to be in need of treatment but whose judgment is temporarily impaired due to the influence of drugs or alcohol. This will afford him/her the opportunity to make an informed decision about leaving the Hospital.
4. In the event an out-patient is suspected of being suicidal, homicidal, or a threat to his/herself or others, the patient shall be detained pending an assessment and disposition by a psychiatrist. This should occur within one-half hour of the patient's detention. Additional detention shall be pursuant to the further psychiatric consultation.

REFERENCE: The Joint Commission: RI.01.02.01, 3

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