Ashford and St. Peter's Hospitals NHS
NHS Trust

WOMEN'S HEALTH AND PAEDIATRICS
PAEDIATRIC DEPT

Guidelines for the Self-Discharge of a Child (0-18years inclusive) Against Medical Advice

Amendments			
Date	Page(s)	Comments	Approved by
March 2007	New Guideline		
March 2018		Whole document review – Age range updated to 0-18. Contact numbers updated	Paediatric Guideline Group

Compiled by:	Elaine Welch, Named Nurse for Child Protection Dagmar Gohil, Matron for Paediatrics
In Consultation with:	
Ratified by:	Paediatric Guidelines Group
Date Ratified:	March 2007
Date Reviewed:	December 2019
Next Review Date:	December 2023
Target Audience:	Doctors, nurses and support staff working in Paediatrics
Impact Assessment Carried Out By:	
Comment on this document to:	Dr Claire Hill Consultant Paediatrician

Part A: Guidelines for the Parental Discharge of a Child (<16 years or a child between 16-18 who is not deemed competent) against medical advice.

Parent refuses to keep the child in hospital:
Any child subject to

i) Police Protection,
ii) EPO (Emergency Protection Order)
iii) Section 47 Investigation
iv) Registered on CPP (Child Protection Plan)
v) Care Orders/Looked After Child by Local Authority

1.0 If the child is removed from hospital against medical advice:

1.1. Inform Attending Consultant (out of hours On Call Consultant).
1.2. Inform Paediatric Registrar and Nurse in Charge.
1.3. Contact Police.
1.4. Contact Social Worker 9.00-17.00 or EDT (Emergency Duty Team)
1.5. Contact Named Nurse/Named Midwife (During working hours)
1.6. Document in child's medical and nursing notes.

2.0 **Low Risk Discharge:** the child can receive necessary treatment at home via community resources OR lack of medical treatment will not cause harm to the child:

3.0 Inform Attending Consultant (out of hours On Call Consultant).

3.1. Inform Paediatric Registrar & Nurse-in-Charge.
3.2. Agree treatment plan with parents + record parental signature
3.3. File copy in medical and nursing records.
3.4. Give copy to parents.
3.5. Inform Paediatric Liaison HV
3.6. Inform patients GP

4.0 **High Risk Discharge**: the child is at risk of significant actual or potential harm due to lack of medical treatment:

4.1. Inform Attending Consultant (out of hours on call consultant).
4.2. Inform Paediatric Registrar & Nurse-in-Charge.
4.3. Paediatric Registrar & Nurse-in-Charge highlight concerns with parents, clearly document risks to the child and recommendations for treatment in medical and nursing records.
4.4. If child removed from hospital inform Police.
4.5. Contact Social Worker 9.00-17.00 or EDT (Emergency Duty Team).
4.6. Contact Named Nurse/Named Midwife (During Working Hours)
4.7. Inform parents of all actions taken, if unable to inform parents, document reasons in medical records.
4.8. Inform patient's GP& HV.

Part B: Guidelines for the Self-Discharge of a child 16years and over or <16 but deemed competent against medical advice.

1) Parent refuses to keep the child in hospital OR
Child refuses to remain in hospital:

Any child subject to
- **i) Police Protection,**
- **ii) EPO (Emergency Protection Order)**
- **iii) Section 47 Investigation**
- **iv) Registered on CPP (Child Protection Plan)**
- **v) Looked After Child by Local Authority**

If the child is removed from hospital against medical advice:

1.1 Inform Attending Consultant (out of hours On Call Consultant).
1.2 Inform Paediatric Registrar & Nurse- in-Charge.
1.3 Contact Police.
1.4 Contact Social Worker 9.00-17.00 or EDT (Emergency Duty Team).
1.5 Inform Parents (liaise with Social Care part v)
1.6 Contact Named Nursed/ Named Midwife.
1.7 Document in child's medical and nursing records.

2) Low Risk Discharge: the child can receive necessary treatment at home via community resources OR lack of medical treatment will not cause harm to the child:

2.1 Inform Attending Consultant (out of hours On Call Consultant)
2.2 Inform Paediatric Registrar & Nurse in Charge.
2.3 Agree treatment plan with parents + record parental signature.
2.4 File copy in medical and nursing records
2.5 Give copy to parents
2.6 Inform Paediatric Liaison HV
2.7 Inform patients GP

3) High Risk Discharge: child at risk of significant actual or potential harm due to lack of medical treatment:

3.1 Inform Attending Consultant (out of hours on call consultant).
3.2 Inform Paediatric Registrar & Nurse-in-Charge.
3.3 Paediatric Registrar & Nurse-in-Charge highlight concerns with parents and child (16+) clearly document risks to the child and recommendations for treatment in medical and nursing records.
3.4 If child removed from hospital inform Police.
3.5 Contact Social Worker 9.00-17.00 or EDT (Emergency Duty Team).
3.6 Contact Named Nurse/Named Midwife
3.7 Inform parents of all actions taken, if unable to inform parents document reasons in medical records.
3.8 Inform patient's G.P.

Doctors may wish to contact their Defence Societies for medico legal advice:

For further advice please contact the following:

Title	Name	Contact
Named Doctor for Safeguarding Children	Dr Clare Hill	Via Swithboard
Named Nurse for Child Protection ASPH	Eileen White	01932 722407 Pager 8154
Named Midwife for Child Protection ASPH	Sarah Legg	01932 726546 Mobile 07824865227
Childrens Social Services **Surrey MASH (Working hours Monday –Friday 9am-5pm)** **Emergency Duty Team (EDT) Out of hours after 5pm or Weekends**		 **0300 4709 100** **01483 517 898**

Guidelines are informed by the following legislation:
Parental Neglect
Children and Young Person's Act 1933 section 1: parental neglect can be grounds for criminal proceedings. Failure by parents to arrange for the necessary treatment for a child can constitute the crime of murder or manslaughter should the child die as a result.

Children Act 1989: The local authority may take care proceedings in the civil courts to remove a child from the care of its parents if there is evidence of parental neglect including failure to obtain appropriate medical treatment.

Emergency Treatment
Children Act 1989 section 3(5) provides scope for the treatment of a child in the absence of parental consent to do 'what is reasonable in all the circumstances of the case for the purposes of safeguarding or promoting the child's welfare'.

Consent
Family Law Reform Act 1969 section 8: 'a child is deemed competent to make decisions about medical treatment unless there is evidence of a lack of capacity, consent can be gained from either child or parent'. The Act only refers to consent not the right to refuse treatment; hence, the rights of the child are restricted.

Conflict with Medical Opinion
Refusal of treatment, whether by the parents, child or both is not in accordance with the practitioner's view of the patient's best interests the courts can be asked to intervene and if necessary overrule the decision made by the 'key-holders.
NB Key-holder = each person with the right to consent.

References:

Children and Young Person's Act 1933 section 1
Children Act 1989
Family Law Reform Act 1969 section 8
Surrey Safeguarding Children's Board Procedures Manual