



## GUIDELINE

# Discharge Against Medical Advice

<b>Scope (Staff):</b>	Nursing and Medical Staff
<b>Scope (Area):</b>	NICU KEMH, NICU PCH, NETS WA

### Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

## Aim

To outline the correct process and considerations when caring for families that wish to discharge from the health care service against medical advice

## Risk

Failure to complete health treatment may result in adverse patient outcomes

## Key point

For PCH 3B, also refer to PCH Policy – [Discharge Against Medical Advice](#)

For KEMH, also refer to [Discharge of a Neonate against Medical Advice – Social Work](#)

In a situation where the mother, father or carer wish to take an infant home and medical concerns exist which may result in harm to the infant, take the following steps:

- Infant **MUST** be reviewed by Consultant Neonatologist. They will make an assessment regarding what observation and treatment the infant needs and will discuss their findings with the parents and social worker.
- As parents cannot be prevented from taking their baby home, if parents will not wait for a consultant to review then the next most senior medical staff member immediately available should attempt to speak to the parents.
- Consult with the social worker. They will make an assessment and consult with Department for Communities, Child Protection and Family Support, CPFS (office hours), PCH Child Protection Unit or Crisis Care (after hours/weekends) as necessary.

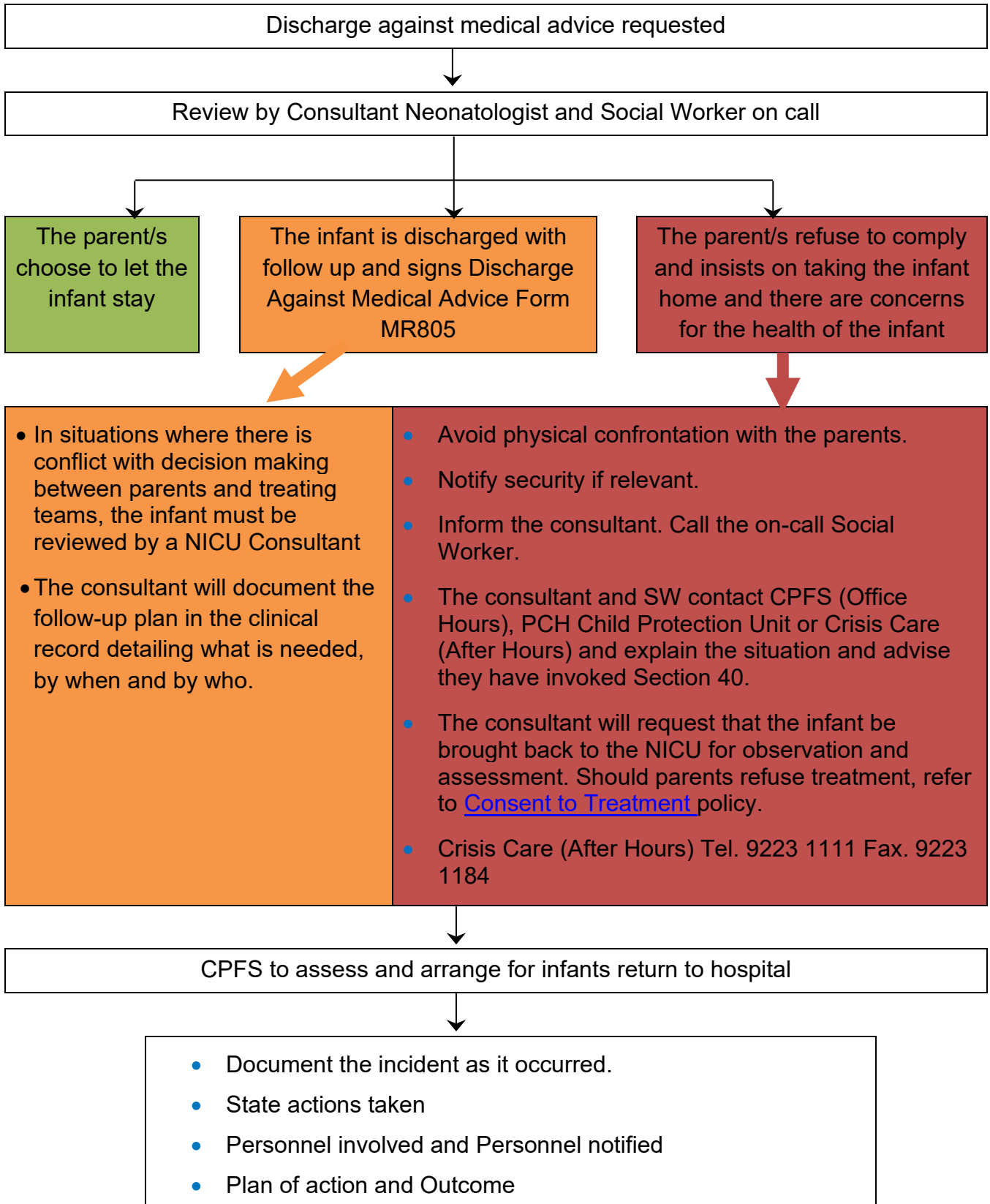
- Avoid physical confrontation - Call security if appropriate, you are not expected to physically restrain or prevent them from leaving. Only Crisis Care or a CPFS officer/police officer has the authority to remove the infant from the parents and return to the hospital under the Children and Community Services Act 2004.
- Explain to the parent/s of the possible consequences for their infant if they leave e.g. Risk of deterioration, seizures, withdrawal, hypothermia.
- Remind parent/s that their action is contrary to the welfare of their infant and that CPFS will be notified and the infant may be brought back to the hospital.
- All efforts must be made to provide adequate discharge information including advice on follow up options and how to return/seek medical attention. In situations where there is a conflict with decision making between parents and the treating teams, including forced /unplanned discharge, a NICU Consultant must review and document a follow-up plan in the clinical record detailing what is needed, by when and by who
- Where there remains a threat to remove an infant against medical advice and the infant requires medical care and CPFS are involved (and already have a documented plan of action), CPFS have the authority to act under The Children and Community Services Act 2004.
- If CPFS are involved and the parents wish to act contrary to the plan and leave and the infant does not need to be in Hospital for medical reasons call
  - Office Hours: CPFS (KEMH) or for PCH Child Protection Unit
  - After Hours / Weekends: Crisis Care

## Section 40

- **When CPFS are not already involved with the family**, the 'officer in charge' of the hospital (Executive Director) has the power to invoke Section 40 (Children and Community Services Act 2004) to safeguard the infant.
- In the Neonatal Unit the Neonatal Consultant has been delegated the authority to invoke Section 40. The Executive Director is then informed by the Neonatologist.
- Section 40 allows for the infant to be held in hospital for 2 working days for observation, and assessment whether or not the parent consents to that action. Where a parent continues to refuse consent for treatment then follow the [CAHS Consent to Treatment](#) Policy.
- If a parent removes the infant CPFS should be advised and a plan of how to proceed made.
- Section 40 does not alter any guardianship rights, the parents are still the legal guardians and it does not deny parents' access to their infant, it only determines that the infant needs to remain in hospital.


- There is a penalty of \$12,000 and imprisonment for one year if they subsequently remove their infant from the hospital without consent and are charged.
- Parents must be told verbally and then given notification in writing as soon as practical. [Letter to Parents](#) (Section 40)
- DCP/Crisis care must be notified verbally and then in writing as soon as practicable. [Letter to Department for Communities, Child Protection and Family Support](#) (Section 40)
- Please see flow chart on next page

**Flowchart to be Used in Conjunction with Written Guideline**



Related CAHS internal policies, procedures and guidelines
<a href="#">Code Black: Aggressive Incidents</a> (Neonatal Guideline) <a href="http://health.wa.gov.au">Consent to Treatment (health.wa.gov.au)</a> <a href="#">Discharge Against Medical Advice</a> (PCH Policy) <a href="#">Family Conflict Management</a> (CAHS Policy)
References and related external legislation, policies, and guidelines
<a href="#">Children and Community Services Act 2004</a> – Section 37 and 40 <a href="#">WA Health Consent to Treatment Policy OD657</a>

This document can be made available in alternative formats on request.

Document Owner:	Neonatology		
Reviewer / Team:	Neonatology		
Date First Issued:	August 2006	Last Reviewed:	February 2025
Amendment Dates:	Feb 2025 SAC 1 Recommendations	Next Review Date:	February 2028
Approved by:	Neonatal Coordinating Group	Date:	25 <sup>th</sup> February 2025
Endorsed by:	Neonatal Coordinating Group		
Standards Applicable:	NSQHS Standards:  Child Safe Standards: 1,10		

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## Healthy kids, healthy communities

Compassion
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