

Standard Operating Procedure:
**Self-Discharge (against clinical or
medical advice)**
Maternity Assessment Units MAU

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1. Introduction and overarching policy/guideline

Our Maternity Assessment Units (MAU) at University Hospitals of Leicester provides services for women who require care for acute obstetric concerns across 2 sites, The Leicester Royal Infirmary (LRI) and the Leicester General Hospital (LGH)

Women are triaged using the Birmingham Symptom specific Obstetric Triage System (BSOTS) to ensure that they are seen in order of clinical priority, based on their presenting symptoms. On average MAU sees 1,500 admissions per month over 2 sites, of which 3.4% of these opt to self-discharge.

This document outlines the procedure for service users who choose to self-discharge or leave the hospital against clinical or medical advice. The aim being, to ensure safety is preserved through appropriate safety netting advice and follow up.

This SOP should be used in conjunction with the [Maternity Assessment Unit Obstetric Guideline.pdf](#) UHL Trust C29/2008

Associated guidelines:

[Discharge and Transfer Care \(Going Home\)](#) (Trust ref B2/2003)

[Deprivation Liberty Safeguards Policy.pdf](#) (Trust Ref: B15/2009)

Abbreviations

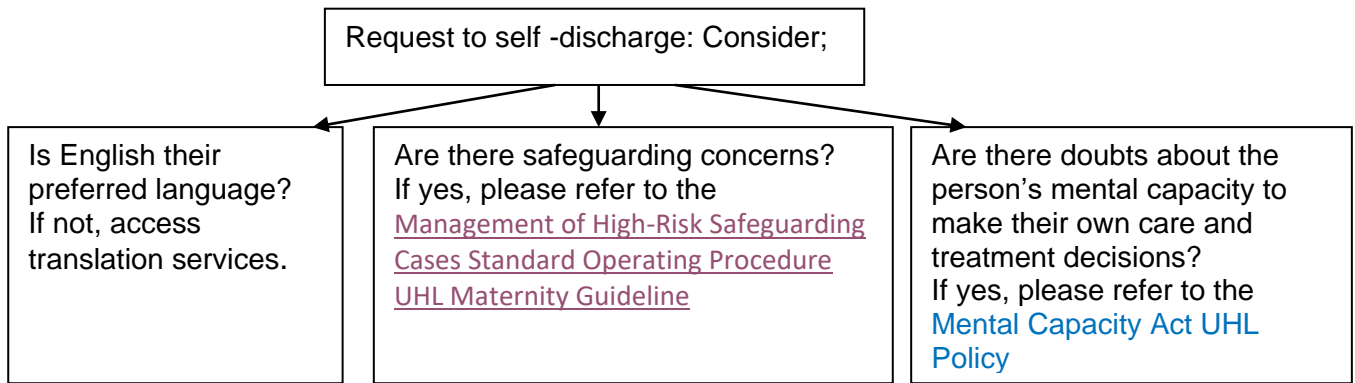
Maternity Assessment Units (MAU)

Leicester Royal Infirmary (LRI)

Leicester General Hospital (LGH)

Birmingham Symptom specific Obstetric Triage System (BSOTS)

2. Request to self-discharge procedure



Self Discharge Against Advice	
Reason for admission:.....	
.....	
Doctor review completed	<input type="checkbox"/>
Discussed risks to individual and fetus	<input type="checkbox"/>
Safety netting advice given	<input type="checkbox"/>
Follow up:.....	
.....	

- Self-discharge against clinical or medical advice may be a significant risk to both the patient and unborn baby.
- Patients are under no obligation to follow the clinical or medical advice, or sign a self-discharge form, but it is crucial that they understand the implications of a decision to self-discharge and whether they have the capacity to refuse treatment.
- Translation services should be accessed using the patients preferred language to ensure full understanding of the advice being offered.
- Patients wishing to self- discharge will be advised by midwifery staff initially to stay. Exploration into the reasoning behind why the patient wishes to self-discharge, listening to concerns and resolving any issues should be considered in the first instance. The medical staff should also be involved in these discussions with the patient, informing them of the risks associated with self-discharge. If they believe leaving hospital is not in the patient's best interest medically a senior decision maker should decide as to whether this constitutes a safeguarding issue.
 - Please complete a safeguarding referral for patients with existing safeguarding concerns and current social care involvement. Ensure that any patients who are considered high risk from a safeguarding perspective are managed through the following- [Management of High-Risk Safeguarding Cases Standard Operating Procedure UHL Maternity Guideline](#).

- The doctor and midwife should make an assessment of capacity in relation to the patients' ability to make a decision to self-discharge and this should be recorded on the 'Discharge against clinical or medical advice form' and filled in the notes. (available from the print room/download from Insite).
- If the patient has capacity and is adamant that they wish to leave hospital by their own means. The most senior decision maker available should provide an explanation of the clinical problem and suggested management plan. Furthermore, any discussion of treatment should mention of not only the complications of treatment, but also the potential consequences of declining treatment. The patient should be asked to, (but under no obligation to) sign the discharge against clinical or medical advice form, which should be countersigned by the doctor or midwife present. This should then be placed in the patient's notes.
- If the patient does not have capacity the doctor will need to make a best interest decision whether the patient needs to be detained in hospital and consider whether an urgent DoLS application is required. For further details refer to the Trust's Deprivation of Liberty Safeguards Policy (Trust Ref: B15/2009).
- Documentation of explained risk and all safety net advice given must be recorded in the patient notes and on the Euroking (E3) electronic patient record.
- The lead responsible clinician or team should be made aware of the self- discharge, including any actions taken, tests or procedures performed during admission. This should be sent to a shared mailbox that is accessed daily for follow up and not to an individually named clinician. e.g. Community Midwifery Mailbox, Antenatal Services mailbox –

CommunityMidwifeOffice@uhl-tr.nhs.uk
PASMAILBOX@UHL-tr.nhs.uk
AAASHAREDMAILBOX@UHL-tr.nhs.uk

- All actions taken, tests and procedures should be documented on the electronic patient record and be followed up and escalated as appropriate.
- Any medications required should be prescribed and actions taken to ensure that the patient is informed of why they have been prescribed, side effects, where and when to collect them from.
- Ensure patient is aware of telephone triage contact details should there be any further concerns.
- All follow up contact should be documented on E3

3. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Follow up contact made post self-discharge	E3 documentation	Ward Manager MAU	Monthly	Quarterly to Women's Board
Reason for self-discharge	BSOTS audit	Ward Manager MAU	Monthly	Quarterly to Women's Board

4. Education & Training

None

5. Supporting References

Discharge and Transfer of Care Policy (Going Home Policy) (B2/2003)

6. Key Words

Mental capacity, Safeguarding, Self-discharge form

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

Contact and review details			
SOP Lead Ellie Tewley – Intrapartum services Matron		Executive Lead Chief Nurse	
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
June 2024	1		NEW