

LRI Emergency Department and Children's Hospital

Patients who self-discharge in the paediatric emergency medicine department

Staff relevant to:	Medical and Nursing staff working with Children within the UHL Children's Hospital and Children's Emergency Department
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Contents

Patients who self-discharge in the paediatric emergency medicine department	1
1. Introduction and Who Guideline applies to	2
2. Definitions:	2
3. Flowchart for management of children that do not wait	3
4. Flowchart for management of children who left before treatment	4
5. Flowchart for management of children who abscond.....	5
6. Education and Training	6
7. Monitoring Compliance	6
8. Supporting References	6
9. Key Words	6
10. List of abbreviations	6

1. Introduction and Who Guideline applies to

This guideline is intended for use by Medical and Nursing staff working with Children within the UHL Children's Hospital and Children's Emergency Department. This guideline has been developed for the management of children under 16 years who attend the Paediatrics Emergency Department and do not wait to be assessed medically or who leave the Department before finishing treatment.

This guideline covers children less than 16 years who have absconded from the Emergency Department. Always refer to safeguarding policies on InSite for further information.

In patients considered high risk refer to UHL Missing Patients Policy – Adults, Children and Infants (excluding maternity services).

2. Definitions:

- **Did Not Wait / Left without being seen** - left before assessment by a decision-making clinician
- **Left Before Treatment** – left before treatment without informing staff but has been assessed by a decision-making clinician
- **Self-Discharge** – left ED after informing staff
- **Absconds** – left ED at any time without informing ED staff and is at risk of harm to self or others either through neglect or deliberate means

One of the quality indicators in the Emergency Department is the percentage of patients who did not wait. Sometimes the patient who does not wait to be seen by a decision-making professional poses the greatest clinical risk. There is variation worldwide on the rates of patients who did not wait to be seen ranging between 15% to 0.36%. The most quoted common cause of patients not waiting was long waiting times usually in overcrowded Emergency Departments.

Systems must be in place in all emergency care settings to review cases where children and young people leave before being assessed as per RCPCH Facing the Future: Standards for Children in Emergency Care Settings document.

3. Flowchart for management of children that do not wait

Did not want to wait and informs
VAC Nurse

If minor complaint and
child stable provide safety
net advice/ leaflet and
document on NerveCentre.

If child not stable or there are
concerns escalate
appropriately and document
on NerveCentre.

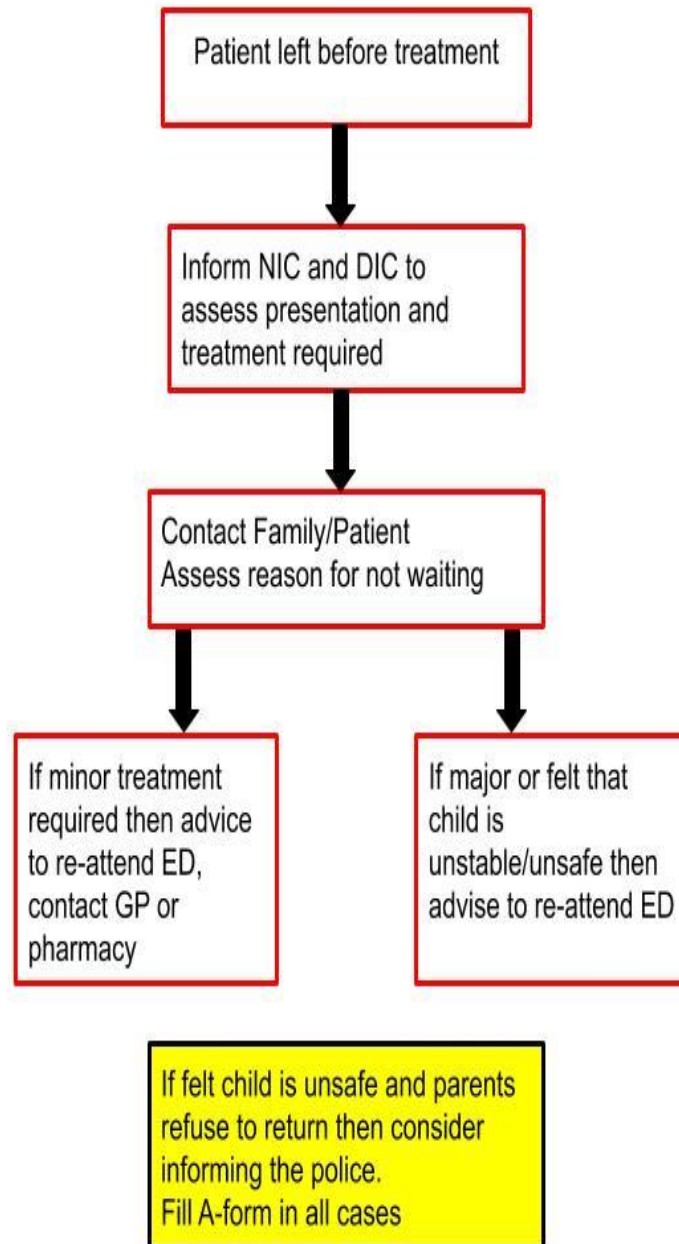
- Inform Nurse in Charge and Doctor in Charge.
- If there are concerns fill in A-form and notes for Consultant of the week DNW box.
- Notes to be reviewed by PCOTW within 48 hrs and call back if appropriate.

Always consider:

- **Is there a clinical risk to patient?**
- **Is there a safeguarding risk to patient?**
- **Does the patient need to be contacted to return?**
- **Do the police need to be called to find patient and bring back?**

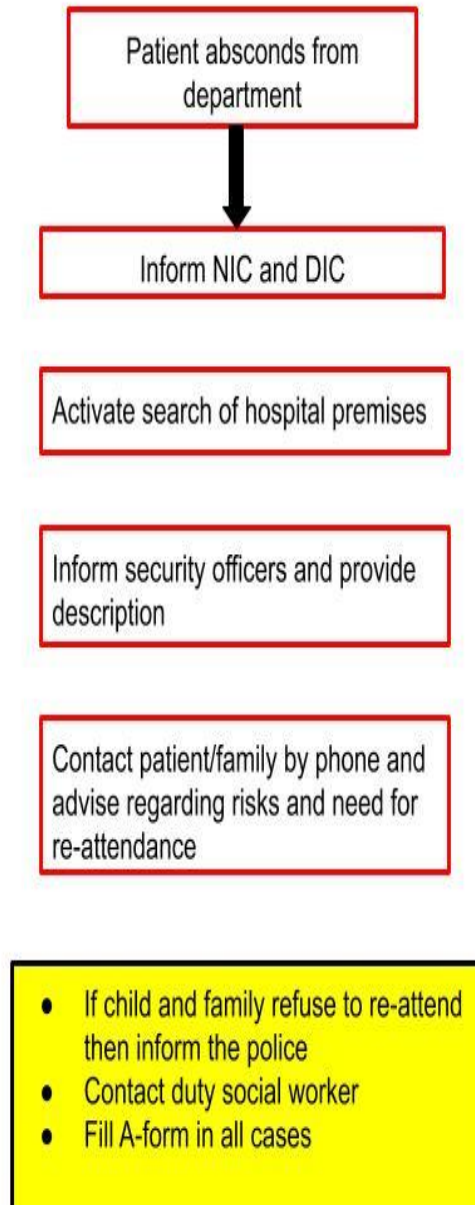
IT to generate daily report from NerveCentre with 'Children that did not wait' or 'left before treatment' discharge codes and email to PED Complaints MailBox

4. Flowchart for management of children who left before treatment



Clearly document and ensure GP discharge letter updated

5. Flowchart for management of children who abscond



6. Education and Training

None required to implement this guideline.

7. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Recall and readmission rates of DNW patients	Audit	H Mekki	Annually	Q&S meeting

8. Supporting References

- The Royal College of Emergency Medicine Best Practice Guideline The Patient who Absconds June 2018
- Gaucher N, Bailey B, Gravel J. Who are the children leaving the emergency department without being seen by a physician? Acad Emerg Med. 2011;18:152–157. doi: 10.1111/j.1553-2712.2010.00989.x
- Clarey AJ, Cooke MW. Patients who leave emergency departments without being seen: literature review and English data analysis. Emerg Med J. 2011;29:617–621
- Safeguarding UHL Policy on INsite
- Safeguarding Children Policies and Procedures APPENDIX 19 Guideline for Managing Paediatric Patients who Leave Hospital prior to medical discharge
- UHL Missing Patients Policy – Adults, Children and Infants (excluding maternity services)

9. Key Words

Did not wait, Self-Discharge, Absconded

10. List of abbreviations

VAC- Visual Assessment Clinician **DNW** - Did Not Wait **NIC/ DIC** - Nurse in Charge/ Doctor in Charge **A-Form** - Safeguarding Referral 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	
Guideline Lead (Name and Title) Dr Habab Mekki - Consultant	Executive Lead Chief Nurse
Details of Changes made during review: No changes	