

## PURPOSE

Where possible, discharge documentation is commenced e.g. discharge summary, transfer letter and the discharge information explained and given to the patient.

## STANDARDS TO BE MET

Tasks / Standards	Responsibility
<b>1. Patient wishes to self discharge</b>	
<ul style="list-style-type: none"> <li>Decision to be discussed with patient and family / whanau</li> <li>Health professionals attempt to dissuade patient</li> </ul>	Health professionals
<b>2. Patient informs staff of intention to discharge</b>	
<ul style="list-style-type: none"> <li>Inform Consultant or their delegated medical authority</li> <li>Explain Self Discharge form to patient</li> </ul>	Registered Nurse (RN) or delegated authority
<b>3. Prepare for discharge</b>	
<ul style="list-style-type: none"> <li>Patient education is provided and documented</li> <li>Education is targeted to the level of understanding of the patient</li> <li>Complete Self Discharge form</li> <li>Remove any invasive devices</li> </ul>	Health professionals / interpreters / Regional Maori Health Services
<b>4. Document</b>	
<ul style="list-style-type: none"> <li>Completed Self Discharge form placed in patient's health record</li> <li>Events surrounding self discharge to be documented in health record</li> </ul>	RN or delegated authority
<b>5. Patient does not inform staff of intention to discharge</b>	
<ul style="list-style-type: none"> <li>Ascertain that the patient has definitely left the inpatient facility</li> <li>Inform the Consultant or their delegated medical authority</li> </ul>	
<b>6. Notify</b>	
<ul style="list-style-type: none"> <li>Security or Duty Nurse Managers / Clinical Nurse Manager (CNM) / Cluster Leader</li> <li>Contact next of kin</li> <li>Notify Police if patient considered risk or whereabouts needs to be ascertained</li> </ul>	RN or delegated authority  CNM / Cluster Leaders or Duty Nurse Manager

## ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 6.5.1 Discharge Planning – Inpatient
- Bay of Plenty District Health Board Form FM.S4.1 Self Discharge

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Protocol Steward: Director of Nursing	Authorised by: Medical Director	