CHILDREN’S SERVICES

Guidelines for the Self-Discharge of a Child (0-17 years inclusive) Against Medical Advice

Part A: Guidelines for the Parental Discharge of a Child (<16 years and not a competent child) against medical advice.

1) 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 CPR (Child Protection Register)
   v) Care Orders/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 and Nurse in Charge.
1.3 Contact Police.
1.4 Contact Social Worker 9.00-17.00 or EDT (Emergency Duty Team)/part v Social Care to contact parents.
1.5 Contact Named Nurse/Named Midwife
1.6 Document in child’s medical and nursing notes.

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**: the child is 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, 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 GP& HV.

**Part B: Guidelines for the Self-Discharge of a child 16 years and over or <16 but a competent child 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 CPR (Child Protection Register)
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 Nurse/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:**

Medical Protection Society: 0845 605 4000
Medical Defence Union: 0800 716 646

**Child Protection Advisors**

**For further advice please contact the following:**

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<tr>
<th>Title</th>
<th>Name</th>
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<tbody>
<tr>
<td>Named Paediatrician for Child Protection</td>
<td>Dr W. Nackasha</td>
<td>8428</td>
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<tr>
<td>Named Nurse for Child Protection ASPH</td>
<td>Elaine Welch</td>
<td>8154</td>
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<td>Paediatric Liaison</td>
<td>Michelle Wolfendale</td>
<td>5135</td>
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<td>Named Midwife for Child Protection ASPH</td>
<td>Theresa Spink</td>
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<td><strong>Paediatric Social Worker (Currently none appointed)</strong></td>
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<td>Out of Hours (5.00pm-9.00am)</td>
<td>Direct to West Assessment</td>
<td>01483</td>
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<td>Team EDT: 01483 517989</td>
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<td>517345</td>
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<tr>
<td>Named Paediatrician SHAWPCT</td>
<td>Sharmalene Fernando</td>
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<td>Named Nurse for Child Protection NSPCT</td>
<td>Chris Robjohn</td>
<td>01784</td>
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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**

Surrey Safeguarding Children’s Board 7.10.11 Medical Assessment ‘A child who is of sufficient understanding may refuse some or all of the medical assessment though refusal can potentially be overridden by a court’.

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 2006*