

Checklist if a client self-discharges from hospital - Created March 2020

It is important action is taken to try and safeguard the client's wellbeing when a client self-discharges from hospital. This **checklist** provides a list of actions to complete when a client self-discharges from hospital that could help manage the situation.

Action	Additional notes	Done?
If it is unclear whether the client has self-discharged, ask them if they have a copy of their discharge notes. Check the client for ECG stickers on chest / cannula in arm.	If the client is unwell call 111 or 999, even if they are not agreeing to treatment. Ambulance staff will be able to assess capacity on arrival. https://www.scie.org.uk/files/mca/directory/mca-college-of-policing-guidance-2.pdf?res=true	Y N
Check client's risk assessment for any immediate risks around substance use	If client has had a period of abstinence: there will be an increased risk of overdose. Locate project's naloxone and/ or the local defibrillator	Y N
Find out which hospital & department the client has self-discharged from. A&E department/ Ward	Ask the client, check whether the client has a hospital wrist band. Check handover note.	Y N
Call up the hospital to establish what happened and if there is any further treatment needed / any medication required. Explain that you are a support worker in supported accommodation and that it is essential you know whether there are any risks surrounding the client's health.	If the hospital refuses to share information, you will either need to provide a copy of the client's consent form to share information (if your service requests this to be completed via booking in). If you don't have written consent to share information, complete the information sharing consent form (see p3)	Y N
Encourage client to return to the hospital to get treatment. If they refuse, support them to see their GP the next day.	If the client is unwell call 111 or 999.	Y N
If during the night, call the on-call manager.	If during the day consult the service manager.	Y N
Consider hourly checks.	Agree with the person how these will be done and what you are checking for.	Y N



Action	Additional notes	Y	N
Update client’s risk assessment as needed	If the client has been given medication at hospital, check whether they need any support with it. If there are any support needs, follow your organisation’s medication procedure.	Y	N
If the client is still refusing medical treatment try to agree how they can receive the medical treatment they require.	If needed, consider whether the client has capacity around their health. Discuss with manager.	Y	N
If the client still refuses to get medical treatment, ask them to sign the Refusal of medical treatment form (see p4).	Even if they sign the Refusal of medical treatment, it is important to give the client the opportunity to change their mind and seek medical advice.	Y	N

Advice after self-discharge – scenarios

After an overdose

Naloxone causes withdrawal, so the person may want to use again straight away. The effect of naloxone lasts only 20-60 minutes, so the risk of overdose is present after that, especially if they use again. Overdose can last for 8 hours or more (especially if using methadone or when the person has a compromised liver). Best practice will be to have spare naloxone in the office in case needed if a client self-discharges after an overdose. The Regulations do not allow people who have been given the naloxone by a drug treatment service to supply it on to others for their possible future use. **However, in an emergency, anyone can use any available naloxone to save a life.**

For further information read: <https://www.homeless.org.uk/our-work/resources/naloxone-in-homelessness-services>. If naloxone is not available and the client overdosed within the last 8 hours, consider where you can get naloxone from quickly (substance use service close by, or by calling 111 / 999).

After a head injury

Please refer to this page on the NHS [website](#) for advice around what to do after a head injury. Call 999 immediately if any of the complications listed take place. Increase the amount of welfare checks.

Cannula still in arm

This needs to be taken out urgently – contact the hospital or GP to see if they can help remove. If they can’t help, contact the Homeless Health Service to see if they can visit to take it out. You will need to assess the risk and increase the amount of welfare checks e.g. in case of IV drug use. Ensure you have access to the project’s naloxone.



INFORMATION SHARING CONSENT FORM

Sharing your information

If you would like to access additional support, we can assist you with this by sharing your information. We will not do this without your consent and will only share information for the stated purpose. You can ask for more information about the agencies / services we share information with at any time. They may be new to us and therefore not in Privacy Notice for your service. If you have signed your consent for us to do so, and it is relevant to your support, we will share information with the person / organisation named below.

Please sign below to show your consent. You can withdraw your consent preferences at any time.

I [Full name of client] _____, consent for information, as outline below, to be:

Shared

Received

By _____ and

Name of external organisation: _____

Name of person or department (if relevant): _____

The following information can be shared:

Specifically for the following reason(s)

I understand that I can withdraw this consent at any time, and that it will not affect the service I receive from (_____ (add name of your Project/Service).

Name of client _____

Signature _____

Date _____

Name of support worker _____

Signature _____ Date _____



REFUSAL OF TREATMENT FORM

Date: _____

Client Name: _____

(Health professional) _____ has recommended that I undergo the following test/treatment/procedure:

I acknowledge the following (please tick all that apply):

- My medical condition has been explained to me by a health professional and/or my key worker
 - The reason for and/or purpose of the recommended test/treatment/procedure have been explained to me
 - The nature of the recommended test/treatment procedure has been explained to me
 - The risks and benefits of the recommended test/treatment/procedure have been explained to me
 - All of my questions about the recommended tests/treatment/procedure have been answered
 - I have been advised by paramedics to attend hospital
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The risks of refusing the recommended test/treatment/procedure/hospital attendance have been explained to me. They include but are not limited to:

Potential delay in diagnosis and treatment of health conditions.

I also understand there could be risks of refusing the recommended test/treatment/procedure/hospital attendance that are not known yet. Although my refusal to follow _____ (insert name of health professional here) advice and undergo the recommended test/treatment/procedure/hospital attendance could seriously impair my health or even result in death. I choose to refuse the recommended test/procedure/treatment and accept the risks and consequences of my decision. I understand that I could change this decision at any time by contacting _____ and taking action to cancel this refusal.

Patient signature: _____ Date: _____

Patient name (printed): _____ Date: _____

Staff Signature: _____ Date: _____

Health professional signature (if present) _____

