

Discharge against medical advice (AMA - Psychiatric unit)

Introduction

In some cases, a patient may request to be discharged from a psychiatric unit against the advice of his psychiatrist. In such cases, the nurse must consider:

- a) Is the patient competent to make an informed decision about leaving?
- b) Does the patient present any potential danger to himself or others?
- c) Why does the patient desire an early discharge?
- d) Will the insurance company pay for hospitalization if the patient leaves before his planned discharge date?

Other factors to consider are whether the patient has been voluntarily or involuntarily admitted to the unit. A patient who has been admitted involuntarily can't leave without approval of his psychiatrist. A patient who has been admitted voluntarily may request discharge at any time, even if his psychiatrist believes further inpatient hospitalization would be beneficial. In such cases, the psychiatrist may approve an early or unplanned discharge, but he may specify that the patient sign a Discharge Against Medical Advice (AMA) form, which indicates the discharge was not initiated or approved by the psychiatrist.

If there's concern that a patient who was admitted voluntarily may be too ill to make an informed decision, or if a patient is considered a danger to himself or any other person, the psychiatrist may detain the patient. Each state's mental health code varies, but in most states, a voluntarily admitted patient can be kept on a psychiatric unit, even if he wants to leave, for a period of 24 to 72 hours. This time allows the psychiatrist to determine if the patient can be safely discharged or needs a longer inpatient stay. The psychiatrist may even consider initiating involuntary commitment proceedings.

If a patient requests an early discharge, it's the responsibility of the nursing staff to explain to the patient the risks to his well-being if he leaves before his planned discharge date. Notify the patient's psychiatrist immediately. If the psychiatrist feels it isn't in the best interest of the patient, he will request for the discharge to be handled as AMA.

Equipment

- Discharge AMA form

Implementation

- Verify that the patient wants to leave before his planned discharge date.

For patients admitted voluntarily

1. Discuss with the patient his reasons for wanting to leave.
2. Give the patient positive reasons why he shouldn't leave AMA.
3. Implement actions that will assist the patient to remain in the facility, if possible.
4. Notify the psychiatrist that the patient wants to leave the facility.

5. If the psychiatrist requests to speak with the patient, ask the patient to remain in the facility until the psychiatrist can speak with him.
6. Ask the patient to sign the Discharge AMA form, if requested by the psychiatrist.
7. If the patient refuses to sign the form, sign the discharge form on the line for a witness. Include the date and the time of the patient's departure on the form.
8. If the patient agrees to sign the form, proceed with the discharge procedure. (See the "Discharge from a psychiatric unit" procedure.)
9. Document the procedure.⁵

For patients admitted involuntarily

1. Tell the patient that if he leaves the unit, the police will be notified and he will be brought back to the hospital *because an involuntarily admitted patient can't leave without medical approval*.
2. If the patient still leaves the unit, notify the police, the patient's psychiatrist, and facility administration.

Nursing alert: Avoid physically preventing the patient from leaving unless it's your belief the patient is in imminent danger of harming or killing himself or another person. The best course of action is to allow a patient to leave and immediately notify the police. ♦

- Document the procedure.⁵

Complications

In some cases, an involuntarily committed patient who requests to leave AMA will attempt to leave an open unit. Follow your unit's procedures for handling this type of situation. In many facilities, the patient may be moved to a secured unit against his will. In these instances, notify the psychiatrist and nursing administration before or as soon as possible after the patient is moved to the secured unit.

If a patient leaves the unit before the psychiatrist can make a determination about his competency and safety and before AMA forms can be completed, immediately search the unit, then the facility, and then the facility grounds. Notify the patient's psychiatrist and facility administration. You may also need to notify the police depending on the severity of the patient's mental illness, even if his admission was voluntary.

Documentation

Record all communication with the patient. Document the patient's stated reasons for wanting an early discharge and any actions taken to diffuse this desire. Document the names and titles of all persons you notified (or attempted to notify). Include the time each individual was notified as well as any subsequent communication from anyone involved in the events surrounding the patient during this time.

References

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6. Nettina, S.M. *Lippincott Manual of Nursing Practice*, 9th ed. Philadelphia: Lippincott Williams & Wilkins, 2010.
7. Winburn, E., and Mullen, R. "Personality Disorder and Competence to Refuse Treatment," *Journal of Medical Ethics* 34(10):715-16, October 2008.

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2. Give the patient positive reasons why he shouldn't leave.
3. Implement actions that will assist the patient to remain in the facility.
4. Notify the psychiatrist that the patient wants to leave the facility.
5. Ask the patient to remain in the facility until the psychiatrist can speak with him.
6. Ask the patient to sign the Discharge AMA form, if requested by the psychiatrist.
7. If the patient refuses to sign the form, sign and date the form and include the time of the patient's departure.
8. If the patient agrees to sign the form, proceed with the discharge procedure.
9. Document the procedure.

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1. Tell the patient that if he leaves the unit, the police will be notified and he will be brought back to the hospital.
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