Leaving Against Medical Advice (AMA)

**POLICY:** Parents/legal guardians and patients who state they intend to leave, or tell staff they intend to leave following an inpatient admission against medical advice will be provided information by the Attending Physician or their designee and nurse regarding potential medical consequences of their action and the responsibility they assume when leaving the hospital before completing their hospital care.

**PURPOSE:** Parents/legal guardians and patients will be provided relevant medical information and asked to reconsider their decision to leave AMA. If they choose to leave, they will be given information on what care is required at home, when a return to the hospital would be indicated and when they should seek follow-up medical care. *(Note: Contrast with the application of a Medical Hold. The criterion for medical hold is imminent danger to a child’s safety if left in a parent/legal guardian's care and custody. For further information see Clinical P&P, [Medical Hold: Temporary Protective Detention or Custody](https://example.com)).*

**PROCEDURE:**

I. Guidelines for When the AMA Policy Applies:
   A. Procedure to be followed when a Parent/Legal Guardian states the intention to take child out AMA.
   B. It is anticipated a parent/legal guardian will take a patient out AMA.
   C. An emancipated minor or patient over the age of 18 states intention to leave AMA.
   D. A child states intention to leave AMA without agreement by the parent/legal guardian.
   E. A parent/legal guardian takes a child from the hospital AMA without time to intervene.

II. Procedures for Handling an AMA Situation:
   A. Immediately notify the Attending Physician, Resident Physician and Charge Nurse.
   B. Immediately notify the Unit Manager or Nursing Supervisor.

III. If the child’s departure AMA has not yet occurred the Attending Physician will be notified and the Resident and/or Attending physician will assess the patient’s status and explain the medical risks to patient and parent/legal guardian.
   A. If the physician suspects that there is an imminent danger to the child's safety, Social Work is to be called for an emergent protection assessment, including any information that will assist the team in determining potential risk to the patient (e.g. parent’s mental health or substance issues).
   B. Every effort is to be made to obtain the cooperation of the patient and parent/legal guardian to continue in hospital care.
   C. Consider if a Medical Hold and/or a CASPER is warranted:
      1. See Clinical P&Ps:
         a. [Medical Hold: Temporary Protective Detention or Custody](https://example.com)
         b. [Clinical Action Safety Plans Evaluating Risk (CASPERs)](https://example.com)
         c. [Code CHAMP](https://example.com)
2. Clearly communicate possible consequences to the patient and/or family
guardian.
3. Document these communications in the progress notes.

IV. If the child has already left AMA without receipt of AMA information, the physician is to
document in the CIS the patient status upon departure AMA, the medical risks to the
patient given the departure and steps taken subsequent to departure AMA to communicate
this information to the patient, parent/legal guardian, and community provider.
A. Consider whether Child Protective Services and/or Law Enforcement should be
notified.
1. If there is a need for an immediate intervention Social Work and Law
Enforcement in the child’s community to request a welfare check of the
child.

V. If the child has not yet left, the Parent/Legal Guardian or patient is asked to sign **Discharged
Against Advice of Doctor Form (F44414)**.
A. If parent/legal guardian or patient refuses to sign or patient has left AMA prior to the
receipt of information, two witnesses must document the refusal or departure on the
form.
B. If someone other than the legal guardian leaves with the patient it should be
considered an abduction and Security should be contacted immediately.
C. Use eFeedbackNOW to notify Risk Management regarding concerns about a
departure AMA (See **Administrative P&P, Incident Report for Patient and
Visitor**) and, if appropriate, a **Child Abuse/Neglect Report** form (also known as
the Black Border Form) to document the protection assessment/plan.

**See Also:**
**Administrative P&P:** Incident Report for Patient and Visitor

**Clinical P&Ps:** Medical Hold: Temporary Protective Detention or Custody
Clinical Action Safety Plans Evaluating Risk (CASPERs)
Code CHAMP

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