



NCCU CLINICAL GUIDELINES
SECTION: 19

TRANSFER AND DISCHARGE

Section 19: Transfer and discharge
Discharge against Medical Advice
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Neonatology Clinical Guidelines
King Edward Memorial/Princess Margaret Hospitals
Perth Western Australia
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DISCHARGE AGAINST MEDICAL ADVICE (SEE FLOWCHART)

In a situation where the mother or father wish to take an infant home and medical concerns exist which may result in harm to the infant, take the following steps:

1. Consult with the Neonatologist. They will make an assessment regarding what observation and treatment the infant needs and will discuss their findings with the parents and SW.
2. Consult with the social worker. They will make an assessment and consult with Department for Child Protection, DCP (office hours) or Crisis Care (after hours/weekends) as necessary.
3. Avoid physical confrontation - Call security if appropriate, you are not expected to physically restrain or prevent them from leaving. Only Crisis Care or a DCP officer / police officer has the authority to remove the infant from the parents and return to the hospital.
4. Explain to the parent(s) of the possible consequences for their infant if they leave. Eg. Risk of deterioration, seizures, withdrawal, hypothermia.
5. Remind parent(s) that their action is contrary to the welfare of their infant and that DCP will be notified and the infant may be brought back to the hospital. DCP hold statutory powers and have the authority under the Children and Community Services Act 2004 to protect the welfare, care and protection of children.
6. Where there remains a threat to remove an infant against medical advice and the infant requires medical care and DCP are involved (and already have a documented plan of action), just call SW or Crisis Care. DCP have the authority to act under a separate section of the Children and Community Services Act 2004.
7. If DCP are involved and the parents wish to act contrary to the plan and leave and the infant does not need to be in Hospital for medical reasons call DCP (office hours) or Crisis Care (after hours/weekends). They will make a decision on how to proceed.

SECTION 40 (ONLY AS MEASURE OF LAST RESORT)

1. **When DCP are not already involved with the family**, the *'officer in charge'* of the hospital (Executive Director) has the power to invoke Section 40 (Children and Community Services Act 2004) to safeguard the infant.
2. Section 40 allows for the infant to be held in hospital for 2 working days for observation, assessment and/or treatment whether or not the parent consents to that action. It would also give DCP and the police the authority to remove the infant from the parents and return the infant to hospital for 2 working days for observation, assessment and/or treatment.
3. Section 40 does not alter any guardianship rights, the parents are still the legal guardians and it does not deny parents' access to their infant, it only determines that the infant needs to remain in hospital.

4. There is a penalty of \$12,000 and imprisonment for one year if they subsequently remove their infant from the hospital without consent and are charged.
5. In the NCCU the Neonatal Consultant has been delegated the authority to invoke Section 40. The Executive Director is then informed by the Neonatologist.
6. Parents must be told verbally and then given notification in writing as soon as practical.
[Template 2 - Letter to Parents.pdf](#)
7. DCP / Crisis care must be notified verbally and then in writing as soon as practicable.
[Template 1 - Letter to DCP.pdf](#)

Also see the following Hospital Corporate policies:

146 - Restraint of Persons.

http://wnhs.hdwa.health.wa.gov.au/data/assets/pdf_file/0003/105663/W146.pdf

151 - Child Protection.

http://wnhs.hdwa.health.wa.gov.au/data/assets/pdf_file/0003/53328/W151.pdf

155 - Family Conflict.

http://wnhs.hdwa.health.wa.gov.au/data/assets/pdf_file/0016/53332/W155.pdf

Flowchart to used in conjunction with written guideline

