Clinical Practice Policy:	Care of Families Considering or Requesting Discharge of their Newborn Against Medical Advice
Effective Date:	March 20, 2017
Approved By:	Department of Pediatric Newborn Medicine Clinical Practice Council _March 9, 2017_ CWN PPG _March 8, 2017_ BWH SPP Steering _March 15, 2017_ Nurse Executive Board/CNO March 22, 2017__

I. Definition
   1. On rare occasions, families request the medical team to discharge their infant against the medical advice of the care team. This protocol outlines the processes and resources that are available to handle these situations.

II. Prevention
   1. There are almost always clues that a family is dissatisfied with care prior to the actual request for AMA departure. Sometimes, parents are receiving advice from non-hospital individuals that conflicts with the evidence-based medicine practiced at BWH. In these situations, a "*Promise of Partnership"* should be considered early in the hospital course. *Promises of Partnership* should specifiy:
      i. Who will participate in conversations about the infant's care
      ii. Restrictions on non-hospital providers who attempt to provide counterproductive medical care or advice.
   2. Referral to **Social Work** for full assessment is indicated to determine safety of newborns discharge and parents' responsibility to manage care.
   3. Consultation with **Patient and Family Relations** should be strongly considered.
   4. Good communication among all members of the care team, unified messages regarding care plans, and a limited number of providers managing all communication are critical in these situations.

III. Management
   1. As soon as a potential AMA departure is identified, a STAT call should be made to the attending physician. The baby's **attending** physician is responsible for ALL communication with and management of families threatening to take their baby out of the hospital AMA. A trainee may observe but should not be directly responsible for any aspect of management.
      i. For NICU babies, the primary or in-house neonatologist is responsible.
      ii. For Well Nursery babies, the attending pediatrician is responsible.
         1. If the pediatrician caring for the baby in the well nursery is not present in the hospital, she/he may request the in-hospital neonatologist's assistance by calling the neonatologist with direct attending-to-attending communication.
   2. If the family is actively leaving the hospital and the attending physician of record is unavailable, the NICU Birth & Transition attending neonatologist and BWH Security should be summoned STAT to the patient's location.
   3. A STAT call should also be made to the Nurse Director or her designee (Nurse Administrator on Call – Partners Pager 11876 - during off-hours). **The Nurse Director and the Attending Physician will partner in taking responsibility for and delegating communication with all of the necessary parties, providing mutual support, and ensuring smooth coordination of care.**

When the family cannot be dissuaded from leaving the hospital, the attending physician should decide how to proceed based upon the following three possible scenarios:

Scenario 1: The infant is **at risk of imminent harm** and cannot leave the hospital*:

1. Unit coordinator should summon Hospital Security STAT via a Code Gray
2. An emergency call to the hospital social worker should be made. The hospital social worker will place an emergency call to the Massachusetts Department of Children and Families (DCF) to file a 51A report and request an emergency 51B (emergency court determination of Care and Protection custody)
3. An emergency call should be made to the Office of General Counsel (OGC) to discuss the case
4. An emergency call should be made to Risk Management (RM)
5. Patient and Family Relations should be notified
6. The attending obstetrician caring for the mother should be notified if the mother is an inpatient.
7. The attending physician should carefully document the event in the infant's medical record, including her/his rationale for the medical decision, the nature of the risk to the infant, and a summary of her/his communication with the family, DCF, and OGC.
8. A notification with the name and MR# should be sent by e-mail to the NICU Medical Director on call (NICU babies) or the Well Newborn Care Medical Director (well nursery babies)

Scenario 2: The infant is **at uncertain risk of lesser harm** and the attending physician will allow the infant to depart AMA*:

1. An emergency call should be made to the OGC to discuss the case
2. An emergency call should be made to RM
3. An emergency call to the hospital social worker should be made and a 51 A should be filed on behalf of the infant
4. Patient and Family Relations should be notified
5. The attending obstetrician caring for the mother should be notified if the mother is an inpatient.
6. The BWH Discharge Against Medical Advice form should be signed by the attending physician and the parent.
7. An effort should be made to ensure that the MA Newborn Screen, Hearing Screening, CCHD screening, and jaundice screening have been performed, the Hepatitis B vaccine given, and the Birth Certificate signed prior to the baby's departure.
8. Verbal sign-out should be made and a written discharge summary should be faxed to the baby's pediatrician.
9. The attending physician should carefully document the event in the infant's medical record, including her/his rationale for the medical decision, the nature of the risk to the infant, and a summary of her/his communication with the family and the baby's pediatrician and recommendations for outpatient follow up.
10. A notification with the name and MR# should be sent by e-mail to the NICU Medical Director on call (NICU babies) or the Well Newborn Nursery Medical Director (well nursery babies)

Scenario 3: The attending physician determines the infant is at **minimal or no risk of harm** and will allow the infant to be discharged per the family's request*:

1. Verbal sign-out should be made and a written discharge summary should be faxed to the baby's pediatrician
2. Consultation with Social Service and/or Patient and Family Relations should be considered
3. Consultation with RM and the OGC should be considered as necessary
4. The attending obstetrician caring for the mother should be notified if the mother is an inpatient.
5. An effort should be made to ensure that the MA Newborn Screen, Hearing Screening, CCHD screening, and jaundice screening have been performed, the Hepatitis B vaccine given, and the Birth Certificate signed prior to the baby's departure.
6. The attending physician should carefully document the event in the infant's medical record, including her/his rationale for the medical decision and a summary of her/his communication with the family and the baby's pediatrician and recommendations for outpatient follow up.

The DPNM Chair, Vice Chair, NICU and Well Newborn Care Medical Directors are always available for assistance and support in these difficult situations.

* The infant's attending physician may consult the NICU attending, NICU Medical Director, or Well Newborn Care Medical Director to discuss the level of risk for baby, if there is any uncertainty about which scenario is most appropriate for the infant.