

Checklist for Departure Prior to Completion of Treatment

Task	Signature	Title/Position	Date Completed
Nursing Supervisor or DON investigates cause for early departure			
Physician/PA/NP Determines capacity			
Patient or POA has capacity			
APS or Police called if patient deemed unsafe or without capacity <input type="checkbox"/> APS called <input type="checkbox"/> Police called <input type="checkbox"/> Not necessary			
Healthcare Professional Offers and explains alternative treatment plan			
Prescriptions written by provider or called in by floor nurse			
Discharge Summary given			
Social Worker makes follow up appointment with PCP			
Administrator/Admissions office explains process of re-admission to facility if desired			
Patient or POA signs "Departure Prior to Completion of Treatment" Release form, Cosigned by Nursing Supervisor and Medical Provider			
Nursing Supervisor documents departure process			
Healthcare provider documents <input type="checkbox"/> capacity evaluation <input type="checkbox"/> Discussion of benefits/risks of treatment adherence or refusal <input type="checkbox"/> Efforts to convince patient to remain <input type="checkbox"/> Patient reason for refusal <input type="checkbox"/> Discharge Instructions			