Leaving against medical advice (LAMA / DAMA)

Filled by the treating doctor before the patient leaves. Write the risks in the words you used with the patient, not a printed list.

Patient

Name · age · sex · UHID / IP no.	
Address · mobile	
Ward / bed · admitted on (date, time)	
Consultant	

What is happening

Type: LAMA / DAMA / refusing a specific treatment (which)	
Diagnosis · condition now (vitals, at the time of leaving)	
Treatment advised and what remains (e.g. surgery not done, IV antibiotics day 2 of 5)	
Risks of leaving, as explained to the patient	
Alternatives offered (stay, change of plan, transfer, referral)	
Reason given: personal / financial / not satisfied / second opinion or other hospital / other	
Explained by (doctor) · language used · interpreter (name)	
Doctor's note on capacity: oriented, understands the risks, can repeat them back	

Declaration (read to the patient; Hindi and Gujarati on the next page)

I, _____ (patient / guardian), relationship to the patient _____, declare that Dr _____ has explained to me, in a language I understand (_____), the patient's illness, the treatment now being given, the risks of leaving the hospital (including worsening and danger to life) and the other options. Having understood this, I am leaving the hospital by my own choice, against medical advice. I have received the discharge summary, the list of medicines and the advice to go to the nearest hospital at once if the condition worsens. I may come back for treatment at any time.

Signatures

Patient, or parent / guardian / legal representative: name, relationship, signature or thumb impression, date, time	
If someone other than the patient signs, why the patient is not signing	
Witness: name, relationship or designation, signature, time	
Doctor: name, registration no., signature, date, time	

Before the patient leaves

Free format from MedStream, hospital & clinic software · Free demo on WhatsApp +91 89802 03030 · medstream.in

Discharge summary given (Y/N, time) · medicines and advice given · reports handed over	
Warning signs and 'come back any time' explained · hospital phone number given	
Ambulance / transfer offered (Y/N) · accepted (Y/N)	
Bill: settled / dues recorded (amount). The patient is not held back for dues.	
Medico-legal case (Y/N) · police informed (station, date, time, by)	
PM-JAY / insurer / TPA informed of the deviation (portal, date, time, by)	

A record of an informed choice, not a waiver. Follow your hospital's written LAMA policy (NABH AAC.12) and medico-legal policy. Template by MedStream · medstream.in · free to use and adapt.

Free format from MedStream, hospital & clinic software · Free demo on WhatsApp +91 89802 03030 · medstream.in

Declaration in Hindi and Gujarati

Unofficial translation aid: no official Hindi or Gujarati LAMA form was found. Read the declaration in the language the patient understands and write that language on the form.

हिंदी

मैं, _____ (रोगी / अभिभावक का नाम), रोगी से संबंध _____, घोषणा करता/करती हूँ कि डॉ. _____ ने मुझे मेरी समझ की भाषा (_____) में रोगी की बीमारी, अभी चल रहा इलाज, अस्पताल छोड़ने के खतरे (हालत बिगड़ना और जान का खतरा भी) और दूसरे विकल्प समझा दिए हैं। यह सब समझने के बाद भी मैं अपनी इच्छा से, डॉक्टर की सलाह के विरुद्ध, अस्पताल छोड़ रहा/रही हूँ। मुझे डिस्चार्ज समरी, दवाइयों की सूची और यह सलाह मिल गई है कि तबीयत बिगड़ने पर तुरंत नज़दीकी अस्पताल जाएँ। मैं कभी भी इलाज के लिए वापस आ सकता/सकती हूँ।

हस्ताक्षर / अँगूठे का निशान: _____ दिनांक: _____ समय: _____

ગુજરાતી

હું, _____ (દર્દી / વાલીનું નામ), દર્દી સાથેનો સંબંધ _____, જાહેર કરું છું કે ડૉ. _____ એ મને મારી સમજની ભાષા (_____) માં દર્દીની બીમારી, હાલ ચાલતી સારવાર, હોસ્પિટલ છોડવાના જોખમો (તબિયત બગડવી અને જીવનું જોખમ પણ) અને બીજા વિકલ્પો સમજાવ્યા છે. આ બધું સમજ્યા પછી પણ હું મારી મરજીથી, ડૉક્ટરની સલાહ વિરુદ્ધ, હોસ્પિટલ છોડું છું. મને ડિસ્ચાર્જ સમરી, દવાઓની યાદી અને તબિયત બગડે તો તરત નજીકની હોસ્પિટલમાં જવાની સલાહ મળી છે. હું ગમે ત્યારે સારવાર માટે પાછો/પાછી આવી શકું છું.

સહી / અંગૂઠાનું નિશાન: _____ તારીખ: _____ સમય: _____

A record of an informed choice, not a waiver. Follow your hospital's written LAMA policy (NABH AAC.12) and medico-legal policy. Template by MedStream · medstream.in · free to use and adapt.

Free format from MedStream, hospital & clinic software · Free demo on WhatsApp +91 89802 03030 · medstream.in

Refused to sign, or absconded

When there is no signature, the record has to be made by staff, at the time.

Refused to sign the LAMA form

Date and time · who refused (patient / relative, relationship)	
What was explained, by whom, in which language	
Discharge summary and advice still given (Y/N, time)	
Staff witness 1: name, designation, signature	
Staff witness 2: name, designation, signature	
Noted in the case sheet (Y/N) · police informed if medico-legal (time)	

Absconding report

Patient · UHID / IP no. · ward / bed	
Found missing at (date, time) · by	
Last seen by (name) · at (date, time)	
Condition when last seen · treatment due · IV line or drains in place	
Search done (where, by whom) · relatives informed (name, number, time)	
Police informed (station, date, time, by) · medico-legal case (Y/N)	
Belongings and valuables (list, kept by)	
PM-JAY / insurer informed (time) · noted in the case sheet	
Medical superintendent / RMO: name, signature	

A record of an informed choice, not a waiver. Follow your hospital's written LAMA policy (NABH AAC.12) and medico-legal policy. Template by MedStream · medstream.in · free to use and adapt.

Free format from MedStream, hospital & clinic software · Free demo on WhatsApp +91 89802 03030 · medstream.in

Staff checklist: when a patient wants to leave

In order

☐ Call the treating consultant; the decision and the conversation are the doctor's.
☐ Ask why. A billing worry, a bed or a family need can often be solved.
☐ Explain the risks in the patient's language, specific to their condition; write them on the form in those words.
☐ Offer the alternatives: stay, a change of plan, a transfer or referral, an ambulance.
☐ Check the patient can understand and decide; if a minor or unable to decide, the parent, guardian or representative signs.
☐ Get the form signed and witnessed, or record the refusal with two staff witnesses.
☐ Give the discharge summary, the medicines, the reports and the warning signs, even if they will not sign.
☐ Do not hold the patient back for the bill; record the dues.
☐ Medico-legal case: inform the police as per your hospital's policy.
☐ PM-JAY: report the deviation on the portal within 24 hours; upload case sheets, OT notes and the signed note.
☐ Write LAMA in the discharge summary, the case sheet and the IPD register's result column, and enter the register.

A record of an informed choice, not a waiver. Follow your hospital's written LAMA policy (NABH AAC.12) and medico-legal policy. Template by MedStream · medstream.in · free to use and adapt.

Free format from MedStream, hospital & clinic software · Free demo on WhatsApp +91 89802 03030 · medstream.in

LAMA, DAMA and absconding register

One row per patient. Count the month from these rows.

Register

Sl. · date, time	UHID / IP no. · name, age, sex	Ward / bed · admitted on	Diagnosis	Type (LAMA / DAMA / absconded / refused treatment)	Reason	Risks explained by (doctor)	Signed by (name, relation) or refused	Witness	Summary given (Y/N)	MLC (Y/N) · police informed (time)	PM-JAY / insurer informed (time)	Dues (amount)	Came back within 72 hours (Y/N)

Monthly summary

LAMA rate = LAMA count x 100 / admissions. NQAS (the national quality standard for public hospitals) prints the formula for the emergency department with patients seen at emergency as the denominator; use admissions for wards and say which you used.

Month	Admissions	LAMA / DAMA	Absconded	LAMA rate %	Absconding rate %	Top reason	Reviewed by

Free format from MedStream, hospital & clinic software · Free demo on WhatsApp +91 89802 03030 · medstream.in

A record of an informed choice, not a waiver. Follow your hospital's written LAMA policy (NABH AAC.12) and medico-legal policy. Template by MedStream · medstream.in · free to use and adapt.

Free format from MedStream, hospital & clinic software · Free demo on WhatsApp +91 89802 03030 · medstream.in