


Name of Policy: <u>Inpatient LOA</u> Policy Number: 3364-110-04-02 Department: Nursing Service Approving Officer: AVP Patient Care Services/CNO Responsible Agent: AVP Patient Care Services/CNO Scope: The University of Toledo Medical Center (UTMC)	 Effective Date: 3.15.2021 Initial Effective Date: 2/1979
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

Inpatients may take a Leave of Absence (LOA) from the hospital with attending physician and Nursing Director/House Supervisor approval.

(B) Purpose of Policy

To provide guidelines for inpatient LOA's.

(C) Procedure

1. The attending physician must authorize the LOA with an electronic/written order.
2. The attending physician must designate a time frame and sign the LOA form.
4. The RN obtains approval from the Nursing Director /House Supervisor.
5. Necessary medications are obtained from Pharmacy and marked with patient name, medication, administration time, dosage, and route.
6. Patient or significant other must verbally acknowledge that they have received, understand, and intend to comply with instructions concerning medical condition, treatments, and medications while on LOA. This information must be documented in the medical record.
7. The unit telephone number is provided to the patient/significant other.
8. Verbal agreement must be obtained from the patient/significant other that they will immediately notify the hospital if their medical condition changes or if they need assistance in any manner, and that they will return within the time frame designated on the LOA form. This information must be documented in the medical record.
9. The patient or responsible party must include printed name, signature, relationship, and contact information on the LOA form.
10. Indicate "patient not on unit" in admin-RX for the medications that are scheduled to be given over the time of the LOA.
11. The condition, appearance, and behavior of the patient upon return from the LOA must be recorded in the medical record.
12. Problems encountered while on the LOA must be recorded in the medical record and the physician must be notified.

13. Verify and document that the patient has taken medication(s) while on the LOA.
14. If the patient does not return by the designated time, notify the House Supervisor.
15. All patients on LOA's must return by 11:00 p.m. Patients who have not returned by midnight are automatically discharged (except patients who have been granted an extended LOA).

<p>Approved by:</p> <p>/s/ _____</p> <p>Monecca Smith, MSN, RN AVP Patient Care Services/Chief Nursing Officer <i>Review: Policy & Standard Committee, 8,2010; 4/12, 2/15, 3/18, 3/21</i> <i>Revision Completed By: Andy Fox, MSN, RN & Nancy Gauger, MSN, RN</i></p>	<p>Review/Revision Date:</p> <table border="0"> <tr><td>1980</td><td>1987</td><td>5/2005</td></tr> <tr><td>1981</td><td>1989</td><td>6/18/2008</td></tr> <tr><td>12/1982</td><td>2/1993</td><td>8/31/2010</td></tr> <tr><td>1983</td><td>1/1995</td><td>4/27/12</td></tr> <tr><td>5/1984</td><td>8/1999</td><td>2.27.15</td></tr> <tr><td>1985</td><td>2/2001</td><td>3.15.18</td></tr> <tr><td>1986</td><td>2/2005</td><td>3.15.21</td></tr> </table> <p>Next Review Date: 3/2024</p>	1980	1987	5/2005	1981	1989	6/18/2008	12/1982	2/1993	8/31/2010	1983	1/1995	4/27/12	5/1984	8/1999	2.27.15	1985	2/2001	3.15.18	1986	2/2005	3.15.21
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<p>Policies Superseded by This Policy: 4-02</p>																						