


<b>Name of Policy:</b> <u><b>Leave of Absence Medicine Protocol</b></u> <b>Policy Number:</b> 3364-122-08 <b>Department:</b> Nursing Service – Kobacker Inpatient Psychiatric Hospital <b>Approving Officer:</b> Chief Nursing Officer and Medical Director <b>Responsible Agent:</b> Nursing Director Child/Adolescent Inpatient Unit <b>Scope:</b> The University of Toledo Medical Center	       <b>Effective Date:</b> 6/1/2022 Initial Effective Date: 7/1983				
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input checked="" type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy
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### (A) Policy Statement

The parents/guardian and/or the patients shall have adequate instruction regarding medication therapy prior to leaving the hospital on an approved leave-of-absence.

### (B) Purpose of Policy

To provide patient/family with accurate information about his or her medication and ensure that the medication is taken properly.

### (C) Procedure

1. Legal guardian must complete consent for LOA, listing who will take and return patient.
2. In preparation for the leave of absence, patient instruction about medications should be done prior to time of departure. Patient teaching must be documented in the patient's electronic medical record (EMR).
3. Patient teaching must be appropriate to the children/adolescent's developmental level, intellectual ability and readiness to learn.
4. Parents will be responsible for home administration of medication, and this must be reviewed before the child/adolescent will be allowed to leave the unit.
5. Written instructions specifying the medication name, side effects, dosage and times of administration will be given to the patient/parents.
6. The RN will ask the patient/parent to verbalize their understanding of the medication, and document this in the EMR.
7. LOA medications will be ordered from the Pharmacy as soon as LOA orders are written.
8. Medications will be given to parent/guardian. Medications should be identified by name, dosage and time of administration.
9. Parents/guardian will be given unit phone number for use if a concern or problem should arise.
10. Document medication in the EMR by making a notation "LOA".

11. Upon completion of the LOA, assess patient's behaviors. Ask parent/guardian to describe his medication administration at home, any problems, missed/dose dosages, etc.; document in the EMR.

<b>Approved by:</b>  <div> <div>/s/</div> <div> <div>Tamara Cerrone, BSN, RN</div> <div>Nursing Director Child/Adolescent Inpatient Unit</div> </div> <div>Date</div> </div> <div> <div>/s/</div> <div> <div>Tanvir Singh, MD</div> <div>Medical Director, Kobacker Inpatient Unit</div> <div>Professor Psychiatry</div> </div> <div>Date</div> </div> <div> <div>/s/</div> <div> <div>Kurt Kless, MSN, MBA, RN, NE-BC</div> <div>Chief Nursing Officer</div> </div> <div>Date</div> </div> <div> <i>Review/Revision Completed By:</i>  <i>Nursing Director Child/Adolescent Inpatient Unit,</i>  <i>Laurel Hummel BSN, RN,</i>  <i>Kobacker UBC</i> </div>		<b>Review/Revision Date:</b> <div> <div>7/1984</div> <div>5/15/16</div> </div> <div> <div>12/85</div> <div>6/15/2019</div> </div> <div> <div>10/1986</div> <div>6/2022</div> </div> <div>1987</div> <div>1988</div> <div>1989</div> <div>1990</div> <div>6/92</div> <div>5/95</div> <div>4/1996</div> <div>5/97</div> <div>5/98</div> <div>4/99</div> <div>8/2001</div> <div>1/02</div> <div>3/2004</div> <div>3/2007</div> <div>5/17/2010</div> <div>4/7/2014</div>
<b>Policies Superseded by This Policy: 1-M-08</b>		
<b>Next Review Date: 6/2025</b>		