CHAPTER 26

“LEAVE OF ABSENCE” (LOA) MEDICATIONS
Pass Medications in the Nursing Home

1. Need an order from the physician

2. a. Send the whole container home with the resident - control and non-control medications (no repackaging)

   b. Have another supply at home

   c. Vendor pharmacy provide a take home package

3. Problems:

   a. Coming back without the meds

   b. Contaminations

   c. Shortages

4. Accountability for medications sent home and received back

5. Document - Instructions for use

6. Document - Any problems regarding medications not given when home and shortage of medications returned.
NURSING HOME

SAMPLE POLICY & METHODS

Leave of Absence Medications

POLICY:

Residents going out on a pass must have a physician’s order to take medications away from the facility.

METHODS:

1. Send the entire container of medication with a responsible party. List the medications on the Medication Release form, listing the amounts (number of pills, etc.) and have responsible party sign for them.

2. Make sure the responsible party understands the amount of the medication to be taken and the time it is to be taken and frequency.

3. Upon return of the resident, count all medication and have the responsible party sign back in with the nurse.

4. The medication release form remains as part of the resident’s record.

5. If there is a discrepancy in a control drug, please notify the charge nurse immediately. The director of nursing shall also be notified.

6. If significant problems occur, you may obtain an order from the physician that only enough medication be sent with the resident as to be used for the length of time the resident will be away from the facility. This order shall be filled at the vendor pharmacy.
SAMPLE POLICY & METHODS

Pass Medication Form

PATIENT ___________________________________________________________

DEPARTURE TIME__/__/ (__:_AM/PM) ESTIMATED RETURN TIME__/__/ (__:_AM/PM)

PERMANENT DISCHARGE ___YES ___ NO

RESPONSIBLE PARTY WITH PATIENT:
NAME ______________________________ RELATIONSHIP ___________________

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<thead>
<tr>
<th>Medication &amp; Number</th>
<th># Sent</th>
<th># Returned</th>
<th>Discrepancy</th>
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Control class drugs may be sent with patient while on pass. Any prn medications may be sent if the nurse feels it is necessary.

CHILD RESISTANT CONTAINERS MAY BE REQUESTED.

I accept full responsibility for the administration and the return of the above drugs. I acknowledge that the resident will be charged for a refill of these medications if they are not returned with them. If i desire to have child resistant packaging, i realize that the drugs must be sent back to the pharmacy for repackaging.

SIGNATURE OF RESPONSIBLE PARTY _______________________________________

SIGNATURE OF CHARGE NURSE SENDING _________________________________

SIGNATURE OF CHARGE NURSE RECEIVING _______________________________

DATE ______________