

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
POLICY AND PROCEDURE DIRECTIVE

SUBJECT: THERAPEUTIC PASSES

NUMBER: NN-PC-PL-15

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ORIGINAL DATE: 01/09/91

REVIEW/REVISE DATE: 01/17/91, 06/08/95, 09/05/96, 06/24/99, 01/8/04

APPROVAL: _____, Director

I. PURPOSE

The purpose of this directive is to establish policies and procedures for the granting of therapeutic passes for patients at the Northern Nevada Adult Mental Health Services.

II. DEFINITION

Therapeutic Pass - a physician authorized patient leave from the facility with or without the supervision of on duty clinical staff.

III. POLICY

It is the policy of the Northern Nevada Adult Mental Health Services to issue therapeutic passes to patients when use of such leave can further the patient's treatment goals.

IV. REFERENCE

1. Instructions for completion of Therapeutic Pass Form (see Appendix 1)
2. Therapeutic Pass Form, MR-133 (see Appendix 2)
3. Nursing Department Policy and Procedure #400-3 entitled, "Documentation Standards for Nursing Process."
4. NNAMHS Policy and Procedure Directive #51103 entitled, "Absent Without Leave (AWOL)."

V. PROCEDURE

1. Only a physician may order the pass.
 - a. All therapeutic passes will be ordered for specific dates and times and include, if appropriate, who will accompany the patient.
2. Once a patient returns to the hospital, the pass will terminate.

3. **Therapeutic passes should NOT be ordered or granted:**
 - a. Until the patient has been evaluated by the attending psychiatrist or O.D.
 - b. If the physician deems that the patient may be harmful to themselves or others.
 - c. To patients presently restricted to the unit unless accompanied by approved, responsible party.
 - d. 24 hour notification is required when a patient is admitted under NRS 433 from a law enforcement agency, parole/probation or jail.
4. Common justifications for the use of therapeutic passes:
 - a. Provide clinical information regarding community skills to the treatment team while the patient continues to be in the hospital.
 - b. Assessment of the patient's function and stress tolerance during brief periods outside of the hospital, (i.e.: degree of improvement as seen in the patient's home environment).
 - c. Comparison of the patient's behavior outside of the hospital with that in the hospital via reports from family, friends, etc. This comparison may lead to adjustments in the treatment plan.
 - d. Determination of the degree of support offered to the patient by the family and/or significant other(s).
 - e. Evaluation and enhancement of the patient's degree of motivation to recover and leave the hospital.
 - f. Discovery of significant conflicts or stressors affecting the patient in her/his usual environment, but not in the hospital, i.e.: marital or family problems which may have been masked by hospitalization.
 - g. Independent evaluation by other professionals at a potential placement facility regarding the patient's appropriateness for that facility.
 - h. Discovery of any medication compliance problems not manifest in the hospital.
 - i. Allow the patient to handle urgent or semi-urgent personal matters in the absence or inability of friends or family, thus relieving anxiety and enhancing the treatment process.
 - j. Allow the patient to fulfill her/his individual spiritual needs by attending services at her/his place of worship.
5. Medication for the patient on pass:
 - a. One (1) dose of each drug can be given to the patient, from the patient's medication drawer in the unit medication cart, to take on the pass if the physician includes this in the pass order.
 - b. If more than one (1) dose of any drug is needed for the patient during the pass, the physician must write a specific prescription for the medication and the medication must be obtained from the NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES Pharmacy during normal work hours.
6. The Therapeutic Pass Form will be completed by nursing staff (see Appendix 1 for instructions on the form).

7. If any untoward event took place during the pass this will be documented. As necessary, incident reports will be completed.
8. The pass can be extended by the attending physician/O.D. when notified of extenuating circumstances.
9. When patients do not return from pass and the hospital is not advised, the RN will contact the person the patient is on pass with, to ascertain the patient's condition and the reason for not returning as scheduled. This will be documented in the medical record and the physician/O.D. will be notified.
10. If a patient does not return from pass as scheduled, she/he will be placed on AWOL status and notification will be made in accordance with the Northern Nevada Adult Mental Health Services Policy and Procedure Directive #1103 entitled, "AWOL - absent without leave".

THERAPEUTIC PASS FORM

INSTRUCTIONS FOR COMPLETION

1. There must be a physician's order in the chart for EACH pass.
2. Nursing staff initiates and completes the form in black ink. Nursing has the patient and responsible party sign specific sections of the form in black ink.
3. Each form must be stamped with the addressograph in the lower right hand section of pages 1 and 2.

“Pass Information”

1. Nursing writes in:
 - a. Name of the ordering physician
 - b. Name of the patient
 - c. Date and time that the pass can begin (i.e.: what time the physician has specified on the order)
 - d. Date and time the patient is to return from the pass
 - e. Destination of the pass. This should include the address (and phone number) of the home to which the patient is going if applicable, or the name and address of the restaurant, or hotel, etc.
 - f. Therapeutic rationale for the pass, from the physician's order
 - g. ACTUAL date and time the patient leaves the patient care unit to go on their pass
2. Nursing staff who lets the patient out on pass will date and time and sign the form
3. Nursing staff will have the patient sign the form BEFORE they leave NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES. Nursing staff can assist by writing in the date and time the patient signs.

“Evaluations by Staff”

1. Nursing staff will document on the patient's physical and mental condition, behavior, response and other significant observations upon the patient's departure from NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES to go on their pass.
2. If the patient's condition is not appropriate for a pass, the patient should not be allowed to leave NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES just because there is an order. The RN will need to contact the physician.
3. The staff who completes the note and lets the patient out will need to sign, date and time the form.

“Medication Instructions”

1. Nursing will write the medication(s) that the patient is taking with them on the pass in this section.
2. An RN or LPN must give the patient instructions on taking the medication while they are on pass. After the instructions are given, the RN or LPN must sign, date and time this section of the form.
3. If the patient is not going to be given any medications to take while they are out on pass, the RN or LPN must check the “not applicable” box, and sign, date and time this section of the form.
4. Any personal property taken on the pass will be noted on the form. When the property returns with the patient, this will be noted on the form.

“Pass Evaluation by Patient”

Nursing staff will help the patient with this section of the form, to be completed upon the patients return to NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES.

1. The patient will rate their pass.
2. The patient will indicate if they took their medications. If this is not applicable, Nursing staff will write in that it is not applicable.
3. If the patient was to take medications, but they did not, an explanation is needed as to why the medications were not taken. The patient can write this or Nursing staff can help write the patient’s statement.
4. Any problems that the patient may have encountered on the pass need to be documented. Examples could include verbal altercations, lost their money, transportation problems, etc. There may have been no problems, so document “no problems”; DO NOT leave a line blank. The patient can write this or Nursing staff can help write the patient’s statement.
5. Include the patient’s statement as to what was positive about the pass. The patient can write this or Nursing staff can help write the patient’s statement.
6. The patient must sign this section of the form. Nursing staff can help the patient complete the date and time line.

“Pass Evaluation by Responsible Party”

This section is for completion by the individual who accompanied the patient upon the patient’s return to NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES. This may be a family member, friend, etc. If the patient went on a pass by themselves, draw one line through this section and document that the patient went on a pass alone. DO NOT leave the section blank.

1. The responsible party will rate the pass.
2. The responsible party will indicate if the patient took their medications. If this is not applicable, Nursing staff will write in that it is not applicable.
3. If the patient was to take medications, but they did not, please write in the responsible party’s explanation as to why the medications were not taken.

4. The responsible party will identify any problems that the patient may have encountered on the pass. Examples could include verbal altercations, lost their money, transportation problems, etc. There may have been no problems, so document “no problems”; DO NOT leave a blank line.
5. The responsible party will state what was positive about the pass.
6. The responsible party will sign the form. Nursing staff can help complete the date time line on the form.

“Pass Evaluation by Staff”

1. Nursing staff will document the patient’s physical and mental condition upon their return to NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES. Include the patient’s behavior, response and other observations upon the patient’s return.
2. Nursing staff will sign, date and time the form.