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Subject: Leave of Absence/Pass Medication Policy	Date Issued: Date Reviewed: 06/2008 Date Revised: 02/2020
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Issued by: Pharmacy	Approved by: P&T
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POLICY


During regular operating hours, the Pharmacy Department will prepare leave of absence (LOA, or ‘pass’) medications for inpatients who are temporarily leaving the inpatient unit. After hours, this will be done by nursing staff.

PROCEDURE

1. Pharmacy requires 24 hour advance notice to prepare LOA medications. For statutory holidays, pharmacy requires 48 hours notice to prepare LOA medications.
2. A physician written order, noting the date and time of the patient’s departure and return, is required for the dispensing of LOA medications.
 - 2.1. The order must contain the following information for each medication to be dispensed as LOA medication:
 - Drug name (generic)
 - Strength or concentration
 - Direction of use (dose, route, and frequency)
 - Indication for use for ‘prn’ medications
 - Quantity to dispense
3. Pharmacy will process the LOA medications by using the ‘Convert Order’ function in Meditech; this will dispense the correct number of doses based on the patient’s departure/return times and generates a prescription label containing the necessary prescription information. Specific administration times will be noted on the label, using the administration times already noted in the patient’s profile. This information will be added to the Label comments in Meditech.

Example: A patient is receiving metformin 500mg twice daily (at 0800 and 1700) in hospital.

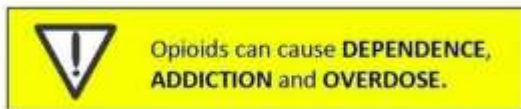
 - If 2 or more doses are being dispensed, the label should read ‘Take one tablet twice daily with breakfast and supper’ or ‘Take one tablet twice daily at 0800 and 1700’.
 - If only 1 dose is being dispensed (e.g., the patient will only be away from hospital for the supertime dose), the label should read ‘Take one tablet at supper’ or ‘Take one tablet at 1700’.

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4. Pharmacy will dispense the LOA medications in amber vials with child-proof safety caps. The vials will be placed in a bag also labeled with the patient’s name and delivered to the inpatient unit in time for the patient’s departure.
5. NOTE: Narcotics/controlled medications will NOT be dispensed by Pharmacy.
 - An empty labeled vial will be sent to the unit and the nurse will sign out the required number of doses from the medication dispensing unit (MDU) under the patient’s profile just prior to the patient’s departure.
 - This will be documented by the nurse on the Narcotics and Controlled Drugs Record and double checked by a second nurse, pharmacist or pharmacy technician.
- 5.1. When a narcotic (Appendix A) is issued, attach a mandatory warning sticker to the outside of the medication vial and ensure a mandatory patient information handout (Appendix B) accompanies the medication to be issued.



6. Typically, only scheduled (not ‘PRN’) medications will be supplied by pharmacy unless otherwise requested. ‘Bulk’ medications (such as inhalers or creams) already dispensed to the patient will not be re-dispensed by pharmacy, so nursing should ensure that these items are sent with the patient as well. Special provision for insulin will need to be made on a case-by-case basis.
 - Pharmacy will provide labels with medication directions for the “bulk” items. Nursing is to label the items before the patient leaves
7. If pass medications are required outside of regular pharmacy department operating hours, prescription vials and blank patient labels are available on the nursing unit to prepare the medications. This should be performed by a nurse and double-checked by a second nurse.
 - 7.1. The nurse will:
 - 7.1.1. Retrieve the prescribed medication from the medication dispensing unit under the patient’s profile.
 - 7.1.2. Clearly handwrite the following information on the label using a ball point pen, if not already present:
 - Hospital’s name and phone number
 - Patient’s full name
 - Drug name (generic)

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- Strength or concentration of the medication
- Quantity issued
- Direction of use (dose, route, and frequency)
- Indication for use for 'prn' medications
- Physician's name
- Date issued

7.1.3. Initial the label

7.1.4. Attach the label to the outside of the medication vial or bottle.

7.1.5. Complete the Leave of Absence Medication Log (Appendix C)

7.1.6. Obtain a second nurse to double check and ensure all above procedures are completed correctly.

7.1.7. Both nurses sign the Leave of Absence Medication Log

7.1.8. Issue the medication to the patient with patient instructions


7.1.9. Complete necessary charting procedures. Document:

1. Time of last administered dose
2. Number of doses sent
3. Time of first dose administered upon return

7.1.10. Send the completed Leave of Absence Medication Log to Pharmacy by the end of the shift.

8. The nurse will educate the patient on proper and safe medication administration

- Special attention should be given in education to dose manipulation eg. administration of ½ tablets
- Concurrent doses of same medications. Eg. warfarin 2mg +warfarin 2.5mg= 4.5mg po once daily
- Device training especially if initiated in hospital eg. inhalers
- Transdermal Patches, especially if initiated in hospital

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Appendix A

Opioids subject to the prescription labeling provisions:

<https://www.canada.ca/en/health-canada/services/drugs-health-products/reports-publications/medeffect-canada/list-opioids.html#a1>

- Buprenorphine (except when authorized and used for the treatment of an opioid use disorder)
- Butorphanol
- Codeine (except for products that can be purchased without a prescription, e.g. Tylenol No. 1)
- Fentanyl
- Hydrocodone
- Hydromorphone
- Meperidine
- Methadone (except when authorized and used for the treatment of an opioid use disorder)
- Morphine
- Normethadone
- Opium
- Oxycodone
- Oxymorphone
- Pentazocine
- Tapentadol
- Tramadol



Opioid Medicines

Information for Patients and Families

You have been prescribed an opioid medicine for the treatment of pain or for another condition.

Talk to the health professional who prescribed your opioid, or your pharmacist if you:

- Have questions about your opioid medicine.
- Do not understand the instructions for using the opioid medicine given to you.
- Develop side effects or your condition worsens.

SERIOUS WARNINGS

- **Opioid overdose can lead to death.** Overdose is more likely to happen at higher doses, or if you take opioids with alcohol or with other sedating drugs (such as sleeping pills, anxiety medication, anti-depressants, muscle relaxants).
- **Addiction** may occur, even when opioids are used as prescribed.
- **Physical dependence** can occur when opioids are used every day. This can make it hard to stop using them.
- **Life-threatening breathing problems or reduced blood pressure** may occur with opioid use. Talk to the health professional who prescribed your opioid about whether any health conditions you have may increase your risk.
- **Your pain may worsen** with long-term opioid use or at higher doses. You may not feel pain relief with further increases in your dose. Talk to the health professional who prescribed your opioid if this happens to you, as a lower dose or a change in treatment may be required.
- **Withdrawal symptoms**, such as widespread pain, irritability, agitation, flu-like symptoms and trouble sleeping, are common when you stop or reduce the use of opioids.
- **Babies born to mothers taking opioids** may develop life-threatening withdrawal symptoms.
- **Use only as directed.** Crushing, cutting, breaking, chewing or dissolving opioids before consuming them can cause serious harm, including death.

SIGNS OF OVERDOSE

- Hallucinations
- Confusion
- Difficulty walking
- Extreme drowsiness/dizziness
- Slow or unusual breathing
- Unable to be woken up
- Cold and clammy skin

Call 911 or your local emergency response provider right away if you suspect an opioid overdose or think you may have taken too much. *

* Naloxone has been approved by Health Canada to temporarily reverse known or suspected opioid overdoses.

POSSIBLE SIDE EFFECTS

- Reduced physical and/or mental abilities, depression
- Drowsiness, dizziness, risks of falls/fractures
- Heart palpitations, irregular heartbeat
- Problems sleeping, may cause or worsen sleep apnea
- Vision problems, headache
- Low sex drive, erectile dysfunction, infertility
- Severe constipation, nausea, vomiting

YOUR OPIOIDS MAY BE FATAL TO OTHERS

- **Never give your opioid medicine to anyone.**
- Store opioids (including used patches) in a secure place to prevent theft, problematic use or accidental exposure.
- Keep opioids out of sight and reach of children and pets. Taking even one dose by accident can be fatal.
- Never throw opioids (including used patches) into household trash where children and pets may find them.
- Return expired, unused or used opioids (including patches) to a pharmacy for proper disposal.

This handout is a summary and will not tell you everything about opioid medicines.

More information about the opioid you have been prescribed (or naloxone) can be found online in the Product Monograph: <https://health-products.canada.ca/dpd-bdpp/index-eng.jsp>

Date: 2019/03/15



Patient Name: _____ Patient Date of Birth: _____ (Attach Patient Addressograph)

Appendix D

LEAVE OF ABSENCE MEDICATION ORDER

Duration of Leave of Absence

- Patient to leave hospital at _____ h on _____ (yyyy/mm/dd)
- Patient to return to hospital at _____ h on _____ (yyyy/mm/dd)

	Medication Name (Generic)	Medication Strength or Concentration (e.g. 100 mg tablet, 1% cream)	Dose (e.g. 200 mg, 2 puffs, 10 units)	Route (e.g. PO)	Frequency (e.g. daily) Include indication for prn medications	Quantity to Dispense Indicate patient's own supply if applicable
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Multi-dose medications (e.g. inhalers, topical preparations) will not be re-dispensed from Pharmacy for Leave of Absence Medications. The nurse should ensure that the previously dispensed inpatient supply is sent with the patient

Physician Name: _____

Physician Signature: _____

Date: _____