

CENTRAL STATE HOSPITAL
PROCEDURE

SUBJECT: TEMPORARY LEAVES AND TRIAL VISITS

ANNUAL REVIEW MONTH: September

RESPONSIBLE FOR REVIEW: Chief Medical Officer

LAST REVISION DATE: April 2005

The purpose of this procedure is to provide guidelines for the release of clients on temporary leaves or trial visits.

Participants

- Division Chief
- Social Worker, Team Leader Or Other Staff Members Designated By Unit Director
- Unit/Ward Nurse
- Attending Physician
- Unit Director/Designee
- Chief Medical Officer

Division Chief

Maintain internal procedures to assure compliance with this procedure and assure that clients are informed of the requirements of Policy #4.19.

Social Worker, Team Leader or Other Staff Member designated by Unit Director

1. Present client request for temporary leave or trial visit to treatment team for review.
2. Record treatment team's decision in the Progress Notes of the client's medical record.
3. Advise the client of approval or disapproval of temporary leave or trial visit.

Attending Physician

Issue order for temporary leave or trial visit in the client's medical record and assure that medication is ordered as appropriate.

Unit/Ward Nurse

1. Assure that medication ordered by physician is obtained for client.
2. Complete form CSH-365 (Rev. 2/ 03), Trial Visit/Temporary Leave Instruction Form. A copy is given to the client or the client's representative, place the original in the client's medical record.
3. Provide client's representative with instructions for administration of medication, possible side effects and other information as appropriate for the care of the client.
4. Have the date, time and condition of the client entered into Progress Notes when the client returns from temporary leave or trial visit.
5. Notify the attending physician upon the client's return from temporary leave or trial visit.
6. Notify the attending physician and the unit director if the client does not return from temporary leave or trial visit.

Attending Physician

Examine the client upon return from temporary leave, trial visit, or day pass and make an entry in Progress Notes of the client's condition.

Unit/Ward Nurse (Designee)

Examine all of the client's personal effects to ensure the absence of contraband items (see CSH policy 5.02 Control of Firearms and Contraband Items.) Any contraband items as described in CSH policy 5.02 discovered in the client's possession upon return from temporary leave/trial visit shall be confiscated and provided to the CSH P.D. in accordance to the policy.

Unit Director/Designee

1. Notify division chief if the client fails to return from temporary leave or trial visit.
2. Assure that CSH Policy and Procedure, 4.26/4.26A - CUSTODY, DISCHARGE, INVOLUNTARY COMMITMENT AND RELEASE OF PATIENT/RESIDENT is followed when client fails to return from temporary or trial visit.

Approved:

This procedure has been approved by the CMO and CEO on 5/17/05.

Attachment:

Attachment I: Trial Visit/Temporary Leave Instruction Form

**TRIAL VISIT/TEMPORARY LEAVE INSTRUCTION FORM
CSH-365**

The physician must write an order for the client to be placed on TV/TL.

This form must be imprinted with the client's stamp plate by ward personnel.

1. Trial Visit/Temporary Leave instruction Form must be completed at the time the client goes on trial visit/temporary leave (TV/TL).
2. Medications should be listed with instructions for administration by LPN/RN.
3. Special treatments, diet or other instructions should be listed.
4. This information/instruction should be explained to the client or client's representative.
5. The client or client's representative should sign and date this form agreeing that they have been informed of the information/instructions.
6. Forensic Services are required to complete TV/TL Instruction Form each time a client is released but not discharged to the legal authorities.

The original form must be kept in the medical record and a copy must be given to the person picking up the client.*

*In some cases the client may leave by himself, then he/she should receive a copy of the form.

Trial Visit/Temporary Leave

Instruction Form

Medication Prescribed and/or Dispensed for Trial Visit/Temporary Leave of

_____ to _____
Beginning Date Ending Date

Medication	Amount	How Often	Special Instructions

Diet: _____

Special/Treatment: _____

Other Instructions: _____

LPN/RN: _____ Date: _____

Other discipline's instructions, if applicable _____

Signature Date

The person/agency accepting responsibility for the patient is

Name/Agency City/State

The undersigned agrees that he/she has been instructed in the treatment and/or administering of medication as per above stated instructions.

Signature Date

Stamp Plate

The above stated instructions are still applicable to the
Visit/Temporary Leave of _____
Date _____

The person/agency accepting responsibility for the patient is

Name/Agency City/State

The undersigned agree that he/she has been instructed in the treatment and/or

administering of medication as per above stated instructions

Signature Date

The above stated instructions are still applicable for the Trial
Visit/Temporary Leave of _____.
Date

The person/agency accepting responsibility for the patient is

Name/Agency City/State

The undersigned agrees that he/she has been instructed in the treatment and/or
administering of

medication as per above stated instructions _____
Signature

Date

The above stated instructions are still applicable for the Trial
Visit/Temporary Leave of _____.
Date

The person/agency accepting responsibility for the patient is

Name/Agency City/State

The undersigned agrees that he/she has been instructed in the treatment and/or
administering of medication as per above stated instructions

Signature Date
