



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

UNAUTHORIZED LEAVE PRECAUTIONS

Effective Date: April 19, 2016

Policy #: TX-23

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I. PURPOSE: To establish standard procedures for use of unauthorized leave precautions.

II. POLICY: When it is determined that a patient is at significant risk for unauthorized leave, the patient will be placed on “unauthorized leave precautions” (ULP) to communicate the risk between staff members and to try to prevent the unauthorized leave from occurring.

III. DEFINITIONS:

Unauthorized Leave Precautions – Steps taken to reduce the risk of a patient leaving the Hospital without authorization.

IV. RESPONSIBILITIES:

Licensed Independent Practitioner (LIP): To evaluate patients and write an order initiating or discontinuing unauthorized leave precautions as indicated.

V. PROCEDURE:

- A. Order for Unauthorized Leave Precautions given by LIP and entered into the clinical record.
- B. The patient will be placed under close observation by staff requiring observation at no less than fifteen-minute intervals and summary documentation on each shift. More frequent documentation of staff observation may be required in the LIP’s order.
- C. The patient’s status will be communicated to all staff on the unit at the beginning of each shift.
- D. The patient will be escorted on a one-to-one basis any time it is necessary for the patient to leave the treatment unit (e.g., medical clinic, lab, x-ray, meals, and treatment activities).
- E. Additional measures to ensure the safety of the patient and others may be ordered by the LIP.
- F. Unauthorized leave precautions may be discontinued upon issuance of an order by a LIP. Documentation in the Progress Notes will include the reason(s) precautions were discontinued.

VI. REFERENCES: None

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- VII. **COLLABORATED WITH:** Hospital Administrator; Medical Director
- VIII. **RESCISSIONS:** # TX-23, *Unauthorized Leave Precautions* dated June 1, 2010; # TX-23, *Unauthorized Leave Precautions* dated March 30, 2007.
- IX. **DISTRIBUTION:** All hospital policy manuals
- X. **ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. **FOLLOW-UP RESPONSIBILITY:** Director of Nursing
- XII. **ATTACHMENTS:** None

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, M.D. Date
Medical Director