



Clinical Staff Executive Committee

MEDICAL CENTER POLICY NO. 0295

- A. SUBJECT: Patients Leaving Inpatient Care Units
- B. EFFECTIVE DATE: November 1, 2011
- C. POLICY:

The University of Virginia Medical Center is committed to providing an environment which fosters safety for its patients while preserving personal dignity and autonomy. As a general rule, all inpatients are expected to remain on their assigned patient care unit so that they may be appropriately observed and treated unless they have orders to receive a specific therapeutic intervention or diagnostic test in an off-unit location.

A Licensed Independent Practitioner (LIP)'s¹ order for a specific therapeutic intervention or diagnostic test in an off-unit location constitutes authorization that the patient may leave the unit, provided he/she is accompanied by appropriate Medical Center staff.

The Medical Center recognizes that patients on inpatient units may desire to leave their assigned units for reasons other than therapeutic intervention or diagnostic testing. This policy provides standards for ensuring the safety of patients, staff, visitors, and other persons at the Medical Center when patients leave their assigned patient care units for reasons other than therapeutic intervention or diagnostic testing.

For patients in isolation, Isolation Precautions as outlined in this Policy must be taken before the patients are allowed to leave the unit for reasons other than therapeutic intervention or diagnostic testing. Patients who meet any Exclusion Standard identified in this Policy are discouraged from leaving their assigned units.

Staff shall ensure that patients leaving the unit for other than specific therapeutic intervention or diagnostic testing have a patient identification band attached to their wrists or ankles. Patients should be appropriately dressed, wearing a garment which covers them from front to back, closed/non-skid footwear, and a robe or blanket if weather requires.

¹ For the purposes of this policy, licensed independent practitioner includes physicians, nurse practitioners, and physician's assistants.

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Children under the age of 18 (except emancipated minors) must have written permission from their legal guardians or care partners to leave the patient care unit alone for reasons other than for therapeutic intervention or diagnostic testing.

Patients who leave their units without an order or without notifying unit staff or who fail to return to the unit within two hours of notifying staff of their departure are considered missing/eloped (see [Medical Center Policy 0206, "Missing/Eloped Patients"](#)).

D. PROCEDURE:

1. All patients will be asked to inform unit staff if they wish to leave their assigned inpatient unit for reasons other than for therapeutic intervention or diagnostic testing.
2. **Patients on Isolation Precautions:** The following precautions must be taken before patients on isolation precautions are allowed to leave the unit for reasons other than therapeutic intervention or diagnostic testing:
 - a. **Contact/Droplet:** Ambulatory patients must wear a cover gown and mask and cleanse their hands. The patients can walk in the common hallways outside of the units (common east-west hallway). The patients may not go to the day room, cafeteria, chapel or other common areas of the hospital and may not visit other patient's rooms.
 - b. **Contact:** Ambulatory patients must wear a cover gown and cleanse their hands well. The patients can walk in the common hallways outside of the units (common east-west hallway). The patients may not go to the day room, cafeteria, chapel or other common areas of the hospital and may not visit other patient's rooms.
 - c. **Droplet:** Ambulatory patients must put on a mask before leaving the room.


Patients on Airborne or Contact/Droplet **plus** negative pressure precautions shall not leave their rooms for reasons other than therapeutic intervention or diagnostic testing.

3. **Exclusion Standards:** Patients meeting the following criteria shall not leave their assigned unit other than for therapeutic interventions or diagnostic reasons:
 - a. Patients on:
 - Telemetry
 - Patient controlled analgesic ("PCA") pumps (*Exception:* Patients with PCA pumps who have been on home PCA or other long term opiate therapy may leave the unit)
 - Oxygen therapy (*Exception:* Patients with oxygen therapy who have been on home oxygen and whose recent oxygen saturation levels are stable and who are able to manage the portable tank without assistance.)
 - Suicide precautions
 - b. Patients with vacuum assisted wound care devices

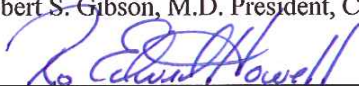
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- c. Patients receiving initial doses of I.V. antibiotics
 - d. Patients actively receiving: chemotherapy, or blood/blood products
 - e. Patients who have received sedative-hypnotic agent(s) within the past hour or who are considered sedative agent-naïve individuals
 - f. Patients who are disoriented or exhibit behavior which could cause harm to themselves or others.
 - g. Patients with orders for bed rest
 - h. Patients who have been assessed to be at risk for fall
4. The unit manager (nursing supervisor after-hours and on weekends) and a Licensed Independent Practitioner caring for the patient shall be notified if a patient leaves his/her assigned inpatient unit after being advised not to leave. The patient's non-compliance shall be documented in his/her medical record with a description of interventions taken. The Office of Patient Safety and Risk Management may be consulted for guidance.
 5. If a patient returns more than two hours after leaving a unit for reasons other than therapeutic intervention or diagnostic testing, he/she shall be reassessed to determine the need for continued hospitalization. See also [Medical Center Policy 0206 – Missing/Eloped Patients](#).

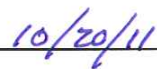
SIGNATURE:



Robert S. Gibson, M.D. President, Clinical Staff



R. Edward Howell, CEO, UVA Medical Center



DATE:

Medical Center Policy No. 0295
Approved October 2011
Approved by Patient Care Committee
Approved by Clinical Staff Executive Committee