



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Provision of Care		
Document:	Multidisciplinary Policy and Procedure		
Title:	Out On Pass Policy and Procedure		
Applies To:	All Healthcare Provider		
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1. PURPOSE:

- 1.1 To establish a procedure for temporary absence of any patient from Maternity and Children Hospital, Hafer Al Batin.

2. DEFINITIONS:

- 2.1 **Out On Pass** – is a temporary permission of a patient to leave the hospital in a specified time.

3. POLICY:

- 3.1 Patient must pass through the admission procedure and completed pre – operative work up before being allowed to leave the hospital.
- 3.2 A patient is allowed to leave the hospital for 2 – 4 hours maximum and comes back within the agreed time frame.
- 3.3 A written physician order is required stating the exact hours and date that patient is allowed to leave the hospital.
- 3.4 Failure to return after the allowed time is considered discharge.

4. PROCEDURE:

- 4.1 Inform the attending physician about the patient is requesting to leave the hospital.
- 4.2 Attending physician or his designee shall write his/her order in the patient file.
- 4.3 Prepare the out pass form indicating the following:
 - 4.3.1 The name of the patient (4 names for the Saudi/complete name for the Non – Saudi and Medical Record Number)
 - 4.3.2 Record number
 - 4.3.3 Date
 - 4.3.4 Physician's name and signature
 - 4.3.5 Date and time patient allowed coming in
- 4.4 Full assessment of the patient before he is allowed to leave the hospital.
- 4.5 Explain to the patient regarding the routine procedure of out on pass.
- 4.6 Give patients oral medicine during his/her leave from the hospital.
- 4.7 Instruct patient to come back for due IV medications if present.
- 4.8 Remove the patient IV cannula.
- 4.9 Document in the nurse progress notes the time patient left on pass condition, accompanied by whom and medications provided.
- 4.10 When the patient returns from pass:
 - 4.10.1 Carry out physician order.
 - 4.10.2 Perform the pre – operative care procedure for patients scheduled for surgery
 - 4.10.3 Update the diet list.
- 4.11 Document in the nurses progress notes, patient returns, the time and patient condition. Any pertinent changes in patient condition, nursing supervisor and physician must be notified.

- 4.12 If the patient did not return after 4 hours, he/she shall be considered absconded.
- 4.13 The social worker will be informed if the patient did not return and they shall attempt to contact the patient to find the reason for not returning to the hospital and document it in the file.
- 4.14 The nurse shall inform the treating physician that his/her out on pass patient, did not return, document it in the nurse's progress notes, and shall write an incident report. The treating physician team shall also document this in the physician's progress notes.
- 4.15 Should the patient intend his/her out on pass to be extended, it is a must that patient shows – up to the physician and nurse for re – assessment, and to decide if the patient requires to stay in the hospital, extend out on pass or to be discharged.

5. MATERIALS AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse

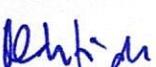
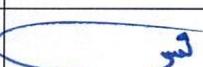
7. APPENDICES:

- 7.1 Out on Pass Form

8. REFERENCES:

- 8.1 Ministry of Health Policies and Procedure, 2013.
- 8.2 Prince Mutaib Bin Abdulaziz Hospital, 1439.

9. APPROVALS:

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 <p>KINGDOM OF SAUDI ARABIA الجَمَاهِيرِيَّةُ الْعَاصِمَةُ الْمَهْمَلَةُ جَمِيعُ الْمُسْلِمِينَ</p> <p>Hospital: _____ مستشفى: _____</p> <p>Region: _____ المنطقة/المحافظة: _____</p> <p>Dept./Unit: _____ القسم/الوحدة: _____</p>		<p>MRN: _____ رقم الملف الطبي: _____</p> <p>Name: _____ الاسم: _____</p> <p>Nationality: _____ الجنسية: _____</p> <p>Age: _____ سن: _____ Years سنوات: _____ Months شهور: _____ Days أيام: _____ العمر: _____</p> <p>Date of Birth: _____ / 14 / 20 _____ H _____ / 20 _____ تاريخ الميلاد: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female جنس: _____</p>
OUT ON PASS		
<p>Upon my own request to get out of the Hospital for these reasons:</p> <p>I am: _____ صلة القرابة: _____</p> <p>(<input type="checkbox"/> Patient) (<input type="checkbox"/> Legal Guardian /or/ <input type="checkbox"/> Next of Kin , specify relation) أنا (<input type="checkbox"/> المريض) (<input type="checkbox"/> ولد الأعمى / <input type="checkbox"/> الغريب الثاني)</p> <p>Obligated to come back to the Hospital on the time frame decided by my treating team, and to follow the Medical instructions prescribed during the leave. I am responsible for any change in medical condition outside the Medical City as it is released from all responsibilities during this absence.</p> <p>I know that the patient's bed will be cancelled if the patient does not return at the ordered time as each leave of absence should not exceed 48 hours.</p> <p>Date Out: _____ / _____ / _____ تاريخ الخروج: _____ / _____ / _____</p> <p>Time Out: _____ وقت الخروج: _____</p> <p>Date In: _____ / _____ / _____ تاريخ العودة: _____ / _____ / _____</p> <p>Time In: _____ وقت العودة: _____</p> <p>Total Allowed Hours: _____ عدد الساعات المصرح بها: _____</p> <p>Patients Contact Numbers: _____ أرقام هواتف المريض: _____</p> <p>Patient / Legal Guardian / Next of Kin Name: _____ توقيع المريض/ ولد الأعمى/ الغريب الثاني: _____</p> <p>Signature: _____ Date: _____ / _____ / _____ التوقيع: _____ التاريخ: _____ / _____ / _____</p> <p>Head Nurse Name: _____ إسم مستشفي المريض: _____</p> <p>Signature: _____ Date: _____ / _____ / _____ التوقيع: _____ التاريخ: _____ / _____ / _____</p> <p>Attending Physician Agreement: <input type="checkbox"/> I Agree <input type="checkbox"/> Not Agree موافقة الطبيب المعالج: <input type="checkbox"/> أتفق <input type="checkbox"/> لا أتفق</p> <p>Physician Name: _____ اسم الطبيب: _____</p> <p>Signature: _____ Date: _____ / _____ / _____ التوقيع: _____ التاريخ: _____ / _____ / _____</p> <p>Notes of Admission Office: _____ ملاحظات مكتب الدخول: _____</p> <p>Admission Officer Name: _____ إسم موظف مكتب الدخول: _____</p> <p>Signature: _____ Date: _____ / _____ / _____ التوقيع: _____ التاريخ: _____ / _____ / _____</p>		