



Purpose:

- Outline required steps for pass medications when patients have been granted a temporary leave of absence from the hospital or facility in alignment with the Pass Medications Policy.
- Align with Accreditation Canada’s [Medication Management Standard](#).

Context:

Island Health offers programs and services on the unceded and traditional territories of the Coast Salish, Nuu-chah-nulth, and Kwakwaka’wakw Peoples.

As a signatory to the 2015 Declaration of Commitment to Cultural Safety and Cultural Humility, Island Health is committed to addressing the ongoing impacts of colonialism and Indigenous-specific racism in order to provide a culturally safe, inclusive, healthy and respectful environment.

The organization is committed to strengthening diversity, equity and inclusion to enable excellence in health and care for everyone, everywhere, every time. Through these commitments, Island Health strives to deliver the highest possible standard of care and to promote safe workplaces.

Scope:

- Audience: This policy applies to all health care professionals (HCPs) and respective student populations who are authorized to administer, handle and dispense medications in Island Health. This includes:
 - Pharmacists and pharmacy technicians
 - All nurses: registered nurse (RN), licensed practical nurse (LPN), and/or registered psychiatric nurse (RPN)
 - Students authorized to perform medication administration as part of their clinical rotation or practicum or as an employed student nurse, with the required regulatory supervision.
- Environment:
 - Island Health-wide
 - The following care environments: acute care, ambulatory acute, long-term care, hospice, respite, and mental health rehabilitation
- Exceptions:
 - [Emergency Discharge Medications](#) (Also known as To-Go Medication)

Outcomes:

- Patients requiring temporary leave from an Island Health facility are supplied with pass medications safely when:
 - Medication dispensing is completed according to regulatory standards;
 - The patient record accurately reflects medications dispensed for the pass;
 - Patients receive education about medications required during the pass to enable safe continuity of therapy.

1.0 Equipment

Paper-based and/or Downtime	Electronic Health Record (EHR) Computerized Provider Order Entry (CPOE) activated sites
<ul style="list-style-type: none"> • Paper chart • Approved paper/computerized medication administration record (cMAR) if Cerner medication administration process has not yet been implemented • Patient labels 	<ul style="list-style-type: none"> • Access to a computer (e.g., integrated medication cart (IMC) etc.) • Access to electronic health record (EHR) • Electronic medication administration record (eMAR) • Cerner-generated Pass Medications report

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Paper-based and/or Downtime	Electronic Health Record (EHR) Computerized Provider Order Entry (CPOE) activated sites
<ul style="list-style-type: none"> Site-specific Pharmacy Pass Medication Form (where applicable) Medication containers: child-resistant safety container(s) Prescription Label Format 	<ul style="list-style-type: none"> Barcode medication administration enabled armband Patient labels Medication containers: child-resistant safety container(s) Prescription Label Format

2.0 Procedure

Step	Key Points
1. HCP reviews the medication order(s). <ul style="list-style-type: none"> The exact duration of the pass must be specified, including a start and end date and time. PRN orders must stipulate the number of doses. 	
2. HCP reviews allergies and sensitivities.	
3. HCP determines if pharmacy request is needed (greater than 24 hours of medications AND at least 24-hour notice) or if nursing will be preparing and dispensing the medications.	
4. If pharmacy dispensing (overnight pass), the nurse faxes a pharmacy request at least 24 hours before the pass, during normal business hours. <ul style="list-style-type: none"> Some passes require at least 48 business hours to fulfill pass medication requests: <ul style="list-style-type: none"> Weekend pass: by Wednesday 1330. Some long-term care sites may require greater than 48 hour's notice during periods where a high number of resident are going on pass (E.g., Christmas). When the pharmacy prepares the pass medications, narcotic and controlled drugs may be delivered or may need to be picked up and signed for by a nurse at the inpatient pharmacy. Follow site specific guidelines. 	<ul style="list-style-type: none"> The pharmacy request may be: <ul style="list-style-type: none"> A printed site-specific Pass Medication Form or report; A prescriber order sheet; or For CPOE sites, the Cerner Custom CCL report (in development).
5. If nurse preparing and dispensing for a Day Pass, less than 24 hours' notice and most rural and remote locations, the nurse: <ol style="list-style-type: none"> Determines which medication(s) the patient will require based on the pass order and current medication orders. Obtains medication from the patient's medication drawer and/or wardstock (e.g., Automated Dispensing Cabinet (ADC)). 	<ul style="list-style-type: none"> Instructions for nurses dispensing greater than a 24-hour quantity worth of medication: <ul style="list-style-type: none"> Separate and label medications by date and time so they're not taken all at once. Bulk items such as: topical medications, eye and ear drops, inhalers, and patient's own medication (verified/labelled by pharmacy), shall be supplied directly from the patient care area to the patient

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Step	Key Points
<p>3. Places medications (still in packaging where applicable) into child-resistant safety container(s) unless:</p> <ul style="list-style-type: none"> • The prescriber, the patient or the substitute decision maker (SDM) directs otherwise; • In the prescriber or nurse’s judgment, it is not advisable to use a child-resistant container; • A child-resistant package is not suitable because of the physical form of the drug or the manufacturer’s packaging is designed to improve patient compliance; or • Child-resistant packaging is unavailable. <p>4. Labels the container(s) according to Prescription Label Format and British Columbia College of Nurses & Midwives (BCCNM) Medication Practice Standard. The label must contain:</p> <ul style="list-style-type: none"> • Patient name and second identifier; • Medication name, dosage, route, and strength; • Directions for use; • Quantity dispensed; • Date dispensed; • Initials of the nurse dispensing the medication; • Name, address, and telephone number of the agency from which the medication is dispensed; • Name and designation of the prescribing practitioner; and • Any other information that is appropriate and/or specific to the medication. 	<p>provided they are appropriately labelled for self-administration.</p>
<p>6. The nurse stores the medications securely before the patient leaves on pass.</p> <ul style="list-style-type: none"> • For controlled drugs, store in the controlled drug cupboard or in a secured, locked location until the patient is ready to leave the facility. 	<p>The Institute for Safe Medication Practices has reported patients self-administering pass medications while still in the inpatient environment. Provide the pass medications when the patient is ready to leave.</p>

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Step	Key Points
<p>7. The nurse meets with the patient or SDM, provides education:</p> <ul style="list-style-type: none"> • Current medication schedule; • How to properly take/administer the medication according to the ordered route; • How to properly store the medication; • Any potential medication side effects; • Who/how to contact if the patient or SDM have concerns or questions while on pass; and • To return any unused or partially used medications to the HCP. • For opioid medications provide Opioid Medicines: Information for Patients and Families or see Appendix A: Opioid Medicines Information for Patients and Families 	<ul style="list-style-type: none"> • Consider whether translation services may be needed for patient and/or SDM education. • For sites activated with CPOE, consider printing the list of pass medications from PowerChart. • Consider printing medication information from online platforms such as e-CPS, Lexicomp or Health Canada Drug Product Database Search. • Consider adding patient-specific written instructions to print-outs. • Ensure the patient has the correct equipment for administration (i.e., spacer for puffers).
<p>8. Before dispensing medications, the nurse performs Positive Patient Identification (PPID) and the Rights of Medication Administration.</p> <ul style="list-style-type: none"> • Verbally confirm PPID when possible. • Check patient armband. 	
<p>9. The nurse hands the medication to the patient or substitute decision maker (SDM).</p>	
<p>10. The nurse documents the dispensing process in the patient record according to the BCCNM Medication Practice Standard:</p> <ul style="list-style-type: none"> • Date medication(s) dispensed; • Name, strength, dosage of medication; • Quantity of medication dispensed; • Intended duration of therapy, specified in days (if applicable); • Education shared with patient and/or SDM; • Name of prescribing practitioner; and • Signature and title of the person dispensing the medication. 	<ul style="list-style-type: none"> • For CPOE activated sites, document in Powerforms in the EHR (In development): <ul style="list-style-type: none"> ○ Patient Pass Check-out ○ Communication While on Pass ○ Non-Return from Pass • For non-CPOE activated sites, document in paper progress notes.
<p>11. While the patient is on pass the nurse documents each dose on the MAR.</p>	<ul style="list-style-type: none"> • cMAR <ul style="list-style-type: none"> ○ Use specific code to denote pass • eMAR/MAW <ul style="list-style-type: none"> ○ Right click on the medication task ○ Select Chart Not Done ○ Select Reason Not Done <ul style="list-style-type: none"> ▪ Patient Out on Pass ○ Add comment if necessary

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Step	Key Points
	<ul style="list-style-type: none"> ○ Click the green checkmark to sign ● During downtime, nurses at CPOE sites follow the Electronic Health Record (EHR) Downtime Procedure.
<p>12. If the pass is extended while the patient is out on pass, and there are essential medications for the patient to receive during that time, the HCP will contact the prescriber to send a prescription to a community pharmacy.</p>	
<p>13. When the patient returns to the hospital or facility the nurse:</p> <ul style="list-style-type: none"> ● Verifies that medication was administered as instructed. ● Documents: <ul style="list-style-type: none"> ○ The effectiveness of the PRN medication, as appropriate; ○ Any medication safety concerns while out on pass. ○ For CPOE sites, complete Patient Pass Check-In Documentation PowerForm. 	
<p>14. All medications that have left the facility must be disposed of or wasted in the appropriate waste receptacle.</p> <ul style="list-style-type: none"> ● Document the disposal in the patient record. ● Waste controlled drugs according to the Narcotics, Controlled Drugs and Substances Handling Procedure. 	<ul style="list-style-type: none"> ● Medications that did not leave the facility can be returned to pharmacy. If the pharmacy is closed, the medications must be wasted. ● Medications that have left the facility are not to be returned to inventory or used for any other patients. ● Patient's Own Medication (POM) that left the facility must be re-evaluated according to the Patient's Own Medication Procedure.

2.1 Medication Safety Events While On Pass

1. Address the immediate clinical needs of the patient.
2. Notify the supervisor on shift.
3. Notify the Most Responsible Practitioner (MRP) and prescriber (if different from MRP).
4. Take action to reduce any risk of imminent recurrence.
5. Document appropriately, following the [Patient Safety Incident Management Policy](#).
6. Complete a [Patient Safety and Learning System \(PSLS\)](#) report soon as possible, preferably by the end of the shift.

3.0 Definitions

- **Adverse Drug Event (ADE):** Harm caused by appropriate or inappropriate use of a medication or lack of an intended medication. Includes adverse drug reactions, medication errors, allergies, dosing issues, drug interactions, and issues around non-adherence.
- **Adverse Drug Reaction (ADR):** An unwanted, unintended reaction experienced following the administration of a drug or combination of drugs under normal conditions of use, which is suspected to be related to the drug. The

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reaction may be a known side effect of the drug, or it may be new and previously unrecognized. The reaction is seen at normal doses used clinically (to distinguish ADRs from ‘toxicity’ which is used to describe the symptoms of overdose or poisoning).

- **Serious adverse drug reaction (SADR):** An adverse drug reaction is considered serious if it:
 - Is life threatening; or
 - Requires hospitalization or prolongation of existing hospitalization; or
 - Results in persistent or significant disability or incapacity; or
 - Causes congenital malformations; or
 - Results in death.
- **Controlled Drugs:** All drugs listed in the *Controlled Drugs and Substances Act*, which include narcotics, benzodiazepines, barbiturates, amphetamines, cannabis/marijuana for medical purposes, or other substances as defined by the Act and its regulations.
- **Computerized Medication Administration Record (cMAR):** Pharmacy-generated paper medication administration record provided on a monthly, 7 day or 24-hour basis depending on care area.
- **Day Pass:** A temporary leave of absence with less than 24 hours of medication.
- **Dispense(-ing):** Dispensing includes the preparation and transfer of a medication for a client, taking steps to ensure the pharmaceutical and therapeutic suitability of the medication for its intended use, and taking steps to ensure its proper use.
- **Electronic Medication Administration Record (eMAR):** A comprehensive and complete summary of all medications ordered, administered and documented in the electronic health record.
- **Employer Controls:** Island Health standards, policies and procedures, and limits and conditions that define the activities that each HCP can or cannot do.
- **Health Care Professional (HCP):** Refers to all HCPs authorized to administer medications in Island Health. This includes:
 - Regulated HCPs: individuals who are part of a regulated health discipline, as defined by the *Health Professions Act*, and for whom administration of medication is within scope of practice and Island Health employer controls.
 - Students authorized to perform medication administration as part of their clinical rotation or practicum or as an employed student nurse, with the required regulatory supervision.
- **Medication:** Refers to prescribed and non-prescribed medications (e.g., over-the-counter medications and behind-the-counter medications).
- **Medication Administration Record (MAR):** A paper or electronic list of specific medications based on current prescriber orders. The healthcare professional documents on the MAR immediately after the drug or device is administered. The MAR is a permanent part of the health record and serves as a legal record of medications administered to a patient by a healthcare professional. Refers to cMAR, eMAR.
- **Non-Prescription Medications:** Medications that do not require a prescription for sale are called non-prescription medications, over-the-counter (OTC) or behind-the-counter medications. Non-prescription medications are classified as Schedule II, Schedule III and Unscheduled under the BC Drug Schedules Regulation. Examples include acetaminophen, ibuprofen, antacids, decongestants, antihistamines, laxatives, emergency birth control drugs, iron products and certain heartburn drugs.
- **Nurse:** Refers to a registered nurse (RN), licensed practical nurse (LPN), and/or registered psychiatric nurse (RPN).

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- **Order or Prescription:** A written or electronic directive (order) from an authorized prescriber for a specific patient identified.
- **Overnight Pass:** A temporary leave of absence with greater than 24 hours of medications.
- **Pass:** When patients have been granted a temporary leave of absence from the hospital or facility by the prescriber.
- **Pass Medications:** All medication required during a temporary leave of absence to ensure continuity of therapy.
- **Patient:** Refers to patient, client, resident or person in receipt of healthcare services within Island Health.
- **Prescriber:** A healthcare professional permitted to prescribe medications in Island Health facilities, which may include physicians, nurse practitioners, midwives, dentists, pharmacists and respective student populations.
- **Pro re nata (PRN):** Medications ordered without a schedule, administered as needed based upon an assessment.
- **Substitute Decision Maker (SDM):** committee, representative, or temporary substitute decision maker as per [Consent to Health Care and Advanced Care Planning Policy](#).

4.0 Related Island Health Policy Documents

- [Allergy & Sensitivity Identification & Documentation](#)
- [Clinical Documentation Policy](#)
- [Electronic Health Record \(EHR\) Downtime Procedure](#)
- [Emergency Discharge Medications Policy](#)
- [Hand Hygiene Policy](#)
- [Labels and Labelling Medications Policy](#)
- [Medication Administration Policy](#)
- [Medication Storage Policy](#)
- [Narcotics, Controlled Drugs and Substances Handling Procedure](#)
- [Narcotics, Controlled Drugs and Substances Policy](#)
- [Orders Management Policy](#)
- [Patient Safety Incident Management Policy](#)
- [Patient's Own Medication Procedure](#)
- [Positive Patient/Client Identification \(PPID\) at Point of Care](#)
- [Prescription Requirements Policy](#)

5.0 References

- Accreditation Canada. (2021). [Medication Management Standards](#)
- British Columbia College of Nurses & Midwives (2023). [Dispensing Medications](#)
- British Columbia College of Nurses & Midwives (2023). [Medication Practice Standard](#)
- [Health Professions Act – Bylaws Schedule F Part 1 - Community Pharmacy Standards of Practice](#)

6.0 Resources

- [Authorized Leave of Absence or Pass \(Professional Practice Network of Ontario\)](#)

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- [Dispensing Medications to Patients Granted Temporary Leave of Absence from Hospital \(Pass Meds\) \(BC Children’s Hospital and BC Women’s Hospital and Health Centre\)](#)
- [Drug Product Database Online Query \(Health Canada\)](#)
- [e-CPS \(Compendium of Pharmaceuticals and Specialties\)](#)
- [Know Your Medications before Leaving on a "Pass"! \(Institute for Safe Medication Practices\)](#)
- [Lexicomp](#)
- [Medications: Pass Medications \(GFS and UBCH\) \(Vancouver Coastal Health\)](#)
- [Opioid Medicines – Part B: Opioid Patient Information Handout \(Government of Canada\)](#)
- [Pass \(Leave of Absence\) Medications \(Nova Scotia Health Authority\)](#)
- [Patient Safety and Learning System \(PSLS\)](#)
- [Rights of Medication Administration](#)

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Appendix A: Opioid Medicines Information for Patients and Families



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>

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