

INPATIENT ABSENCE AGREEMENT

The University of Texas Medical Branch at Galveston (“UTMB”) encourages all patients to practice safe mobility. Mobility is both the level and type of activities you can do safely. To support this goal, your doctor will suggest a safe level of activity. You will then be notified about which activities you can do safely. This will include instructions about how and when to walk safely on the unit and/or campus. For safety, patients must follow the activity restrictions that are ordered by their physicians. Patients with ambulation (walking) privileges are asked not to leave their unit for more than 1 hour for any reason without permission from their doctor.

If you choose to leave the unit for any reason, UTMB has provided the following instructions:

1. Neither UTMB nor its staff will be responsible for your transport or for any injuries you may have while away from your unit.
2. You must notify your nurse and/or healthcare provider each time you leave the unit and when you return. This will help your healthcare team to be informed and to plan your assessment and care times.
3. If you are taking any form of narcotic or sedative medicine, you must wait one hour after taking the medicine before you are allowed to leave the unit. Patients on pain medicine systems such as PCA or PCEA pumps will not be allowed to leave the unit until the pump has been detached.

Notice to patients who smoke: All of UTMB’s campuses are tobacco-free. UTMB recommends the use of smoking alternatives. These include nicotine gum, a nicotine patch, or prescription medicines. Please discuss these options with your healthcare provider or physician. Please also ask for more information.

If I choose to leave the unit at any time during my stay I accept that this absence is at my own risk. I also recognize and understand that if I choose to leave the unit for a smoke break, this absence is against medical advice. I understand that there may be health risks and hazards that occur when leaving the unit for any reason. I know that I am responsible for any events or injuries that occur as a result of leaving the unit. By my signature below, I accept and agree to the above terms. I release UTMB and its staff from any and all liability that occurs as a result of leaving my unit. I further accept that failure to follow the above instructions may result in being considered absent without official leave (AWOL). I then may be discharged Against Medical Advice (AMA). I understand that this means I may no longer have a bed at this facility.

I have read the above agreement or the above agreement has been read to me and I understand the instructions as written.

Patient Signature

Date/Time

Anonymous health information may be used for quality assurance, health improvement and research studies.

IF PATIENT ID CARD OR LABEL IS UNAVAILABLE, WRITE DATE, PT NAME AND UH# IN SPACE BELOW

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Medical Record Form 8099–8/16
The University of Texas Medical Branch Hospitals
Galveston, Texas

Original–Medical Record