

Title: Admission of A Patient	Procedure
Patient Age Group: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> All Ages <input type="checkbox"/> Newborns <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult	

DESCRIPTION/OVERVIEW

This procedure outlines the admission procedure for inpatients. The admission of a patient is the formal process of entry into the Hospital. During this process, the patient is introduced to the unit environment, to the nursing care system, and to his/her role within that system. This process also serves as a method to collect data in order to assess the patient’s clinical condition and nursing needs.

REFERENCES

None

AREAS OF RESPONSIBILITY

Division of Nursing
Admitting

PROCEDURE

1. Bed Management is responsible for the assignment of beds after contacting the unit Charge Nurse.
2. For elective admissions, the patient presents to the Admitting Department to furnish financial and demographic information. The patient is then given directions and/or a map to the unit of admission. Admitting personnel will contact the inpatient unit to alert the staff of the patient’s impending arrival.
 - 2.1. Admitting staff enters the financial and demographic information into Cerner. At that time, the admission face sheet and patient identification labels will automatically print on the inpatient unit.
3. Admitting forms include:
 - 3.1. Conditions of Admissions and request for General Treatment (signed and witnessed by the Admitting personnel).
 - 3.2. Face Sheet
 - 3.3. Patient Identification Labels
 - 3.4. Copy of patient’s valuables list.
4. *Non-elective patients will remain in the Emergency Department (ED) or clinic only until a bed assignment is expeditiously made and report is given to the inpatient unit. The ED or on-site clinic staff will accompany the patient to the nursing unit.*
 - 4.1. Admitting staff will contact the patient on the unit to obtain financial and demographic information.
 - 4.2. Non-elective admissions with physician orders for CT or MRI scans will be carried out before the patient arrives on the unit, if at all possible.
 - 4.2.1. Physician orders for lab work, x-rays, EKGs, etc, may be carried out after

admission to the inpatient unit.

5. When admissions must be prioritized, those decisions will be made in conjunction with the Administrative Supervisor.
6. Each adult patient or their legally authorized decision-maker will be informed upon the patient's admission, or at the earliest possible time, of the patient's right to make informed decisions about their medical care, and to formulate advance directives. Discussions with a patient regarding advance directives will be documented in the medical record. When an advance directive is formulated in the hospital or when it is brought in with the patient, a copy of the advance directive will be placed in the medical record. Advanced Directives may be delegated to nursing support staff for completion.
7. The collection of information for the Nursing Database and the placement of the patient identification bracelet on the patient may be delegated to a Licensed Practical Nurse (LPN) or Nursing Technician and then reviewed by the RN.
 - 7.1. The RN will generate referrals for follow-up as directed in the database.
 - 7.2. The RN will use the database to develop the patient's plan of care and to initiate the patient teaching record.
 - 7.3. Admission packet consists of:
 - 7.3.1. Physician Request Sheet
 - 7.3.2. Physician History and Physical Form
 - 7.3.3. Patient Progress Notes
 - 7.3.4. Admission Database
 - 7.3.5. Patient Care Flow Sheets
 - 7.3.6. Patient Education Tracking Record (Multidisciplinary Teaching Record)
 - 7.3.7. Medication Record- unit specific
 - 7.3.8. Clothing List
 - 7.3.9. Discharge Summary
 - 7.3.10. Kardex/Plan of Care/Patient Outcomes
 - 7.3.11. Nursing Assessment Forms
 - 7.3.12. Laboratory Report Sheet- unit specific
 - 7.3.13. Side rail Release form
 - 7.3.14. Advance Directives
 - 7.3.15. Patient Valuables List
 - 7.3.16. Other forms as applicable to the specific nursing unit
8. Refer to Clothing and Personal Possessions procedure for management of personal belongings.
9. A member of the patient's family should take the patient's personal medications home. If the patient's family is not available to take medications home, place patient's medications in a personal medication envelope (obtained from Pharmacy) and seal the envelope, with the patient's identification label affixed, and send to the Pharmacy. Keep receipt from envelope taped on chart.
10. All patients will wear an identification bracelet at all times. Patients admitted to the hospital from the ED will have an orange patient identification bracelet, which will be replaced by an inpatient ID band on arrival to the receiving unit. If the patient was typed and crossed for blood in the ED, then both bracelets must remain on the patient. If the band is removed for any reason, a new ID band must be placed on another

extremity. Multiple Bands may be clipped together to accommodate an edematous extremity, cast, etc. Blood Bank must be notified to place the Blood Bank ID sticker on the new ID band.

11. Age or Developmental Variations
Child Life must be notified for any pediatric admission to an adult unit to facilitate pediatric activities and to assess school needs.
12. Unit or Area Specifics
 - 12.1 Pediatric patients are not admitted through the admitting office.
 - 12.2 At a time when admissions must be prioritized in the pediatric areas, (PICU, PSAC & GPU) those decisions will be made in conjunction with the Administrative Supervisor, Charge Nurse and the Attending physician of the admitting unit.
 - 12.3 Bed management will be notified via telephone of a physician's request for patient admission.
 - 12.4 If possible, ambulatory patients or infants accompanied by adults will be brought to the admissions office with a request for admission.
 - 12.5 When specifically ordered by the physician, home medications may be given until medications are available through pharmacy.

SUMMARY OF CHANGES

Replaces "Admission of a Patient," 2003.

RESOURCES/TRAINING

Resource/Dept	Internet/Link
Clinical Education	
Unit Based Educators	

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Ginny Keenan, Senior Director		
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