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Policy Area: *Acute Care*  
References:

## Admission of a Patient

### Policy:

Every effort will be made to provide health care in the local facility. The lack of specialized equipment, medical and/or nursing personnel may make it necessary to transfer a patient to another facility. Age, sex, ethnic background, creed or ability to pay will not be a limiting factor. All patients will be admitted by a member of the active medical staff.

### Scope:

Business Office—Admitting Staff, Emergency Department, Medical Staff, Nursing Staff

### Responsibilities:

The Nursing **Supervisor** will determine room assignments in accordance with the patient's admitting diagnosis, acuity of illness and age; The **Ward Clerk** will notify the attending physician of the patient's admission if the patient was admitted on the weekend or after clinic hours; The **Registered Nurse** is to complete the nursing assessment and nursing care plan including the initiation of the discharge planning process; **Nursing Staff** will carry out the nursing measures and physician's orders. The **Acute Care Manager** ensures compliance.

### Control:

Acute Care Manager, Director of Patient Care Services, Administrator, Board of Commissioners

### Purpose:

- A. 1. To ensure the patient a courteous welcome to the hospital.
2. To help the patient make the transition from home to hospital.
3. To give the patient confidence and allay his/her fears.
4. To secure the safety of the patient and his/her belongings.
5. To reassure patient's relatives and friends as to his/her care.
6. To give equal consideration to patients of all races, creeds, genders, ages, and financial situations.

# Admission of a Patient: Procedures

## Equipment and Room Preparation:

- A.
  1. Bed (fan fold the covers back).
  2. Patient's gown or hospital gown.
  3. Patient care kit.
  4. Nursing care plan.
  5. Envelope for valuables, if needed.
  6. Blood pressure cuff and stethoscope, thermometer.
  7. Scales.
  8. Suction Equipment, oxygen supplies and IV Pump, if needed.
  9. Identification bracelet with patient's name, ID number, DOB and doctor's name.

## Procedure:

- A.
  1. Admission of new patients may be through the Business Office (Admitting) or Emergency Room.
  2. Assignment of room will be made by the Nursing Supervisor.
  3. Greet patient cheerfully; introduce yourself and other patient in the room. Make sure the admission paper is signed.
  4. Help patient undress and put on hospital gown or own gown, as indicated by patient's condition and desire.
  5. Admission and assessment is completed by the Registered Nurse as soon as possible and no later than two hours of admit time. The admission forms include: age/department appropriate History, age/department appropriate admission assessment, home medications with Medication Reconciliation, Allergies, and MRDO/Initial Profile. For patients admitted for Same Day Surgery the History Short Form may be used. For patients admitted for local procedures, transfusions or infusions the Fast Track Assessment may be used for the physical assessment.
  6. Weigh all patients able to stand. If unable to stand, use bed scales or W/C scale. If not appropriate then ask approximate weight. Ask for height. Document on appropriate intervention.
  7. Make patient comfortable in bed. Explain use of call system, side rails, telephone, and location of bathroom and light switches.
  8. Take patient's temperature, pulse, respirations, blood pressure and oxygen saturation (for baseline).
  9. If patient not already wearing an identification bracelet, fasten patient identification and allergy band, if appropriate, to wrist, following appropriate verification procedures.
  10. Care of patient's clothing: Send as much as possible home!!!!
    - a. Send all wet or soiled clothes home with relatives if possible. Note disposition of clothing on Patient Belongings List.
    - b. Store patient's clothing in closet that is assigned to his/her bed.

- c. Have patient sign the Patient Belongings List to acknowledge they are releasing the hospital of liability for patient's valuables.

B. Care of valuables (see also Valuables policy):

- 1. Encourage patient to send large amounts of money (over \$5.00) home with the family. Large amounts of money are not to be kept at the bedside.
- 2. Patient will sign Patient Belongings List stating the hospital is not responsible for valuables. If unable to send valuables home, they are to be inventoried by two nurses and placed in the Patient Valuables Envelope (both nurses are to initial/sign the envelope).

**Narcotics should be double signed by counted by 2 RN'S and placed in pharmacy with proper identification label affixed and placed in pharmacy per protocols. Multiple meds are to be put in a white bag with label affixed and sent to pharmacy per protocol. NO medications are to be left at bedside with patient.**

C. Admission of the unresponsive patient:

- 1. **Two** nurses shall list clothing and valuables. Both nurses must sign the Patient Belongings list and Patient Valuables envelope.
- 2. Examine all articles carefully. Listings must be explicit and complete.

D. Check physician orders for prescribed/ordered treatments (be especially perceptive to those that need to be started immediately).

E. Give each new patient a patient care kit and ice water, **if allowed**.

F. Make an effort to help the patient feel at home.

- 1. Explain briefly the hospital routine.
- 2. Adjust the light and temperature for his comfort.
- 3. Be sure the patient has enough bed clothing to keep him warm.
- 4. Adjust side rails as a safety measure, if necessary.

G. Document vital signs, observations of patient's condition, patient's reaction to hospitalization and any treatments done, including the family's response if applicable.

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Attachments: No Attachments

	Approver	Date
	Katie Pfitzer: HR Assistant	10/2011
	Rebecca Christoph: Director of Patient Care Services	01/2012
	Lori Koby: Director Patient Care Services	01/2012
	Lori Koby: Director Patient Care Services	01/2012
	Rebecca Christoph: Director of Patient Care Services	05/2013
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References:

## Patient Bill of Rights

### Policy:

Mid-Valley Hospital and Mid-Valley Medical Group consider the basic rights of human beings for independence of expression, decision and action and concern for the personal dignity and human relationships to be the basis for all care provided.

### Scope:

All in patients and out patients at Mid-Valley Hospital and Mid-Valley Medical Group.

### Responsibilities:

Administration and staff members must read and comply with this policy. Administration and Management must ensure compliance. Staff members must ensure patients are aware of the policy and contents.

### Control:

Administrator, Board of Directors

### Procedure:

- A.
  1. The patient has the right to know the names and responsibilities of all of those providing their care.
  2. The patient has the right to receive considerate, respectful, and compassionate care in a safe setting regardless of age, gender, race, national origin, religion, sexual orientation, gender identity or disability.
  3. The patient has the right to receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
  4. The patient has the right to have a family member or designated person and their doctor informed of hospital admission.
  5. The patient has the right to have a support person remain with them during their hospital stay, unless the visitor's presence compromises others rights, safety or health. The patient also has the right to request no visitors.

6. The patient has the right to be informed by their doctor about their diagnosis and possible prognosis, the benefits and risks of treatment, the expected outcome of treatment, including unexpected outcomes.
7. The patient has the right to obtain from his/her/his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. **EXCEPT** in emergencies, such information for informed consent should include, but not necessarily, be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information.
8. The patient has the right to access protective and advocacy services in cases of abuse or neglect. The hospital will provide a list of protective and advocacy resources.
9. The patient (and family/friends as the patient wishes) has the right to participate in discussions about care, treatment and services provided, including: the right to refuse treatment, end of life care decisions, and resuscitation decisions to the extent permitted by law and be informed of the medical consequences of their action.
10. The patient has the right to have their pain assessed and be involved in decisions about treating their pain.
11. The patient has the right to be free from restraints and seclusion in any form that is not medically required.
12. The patient has the right to spiritual services.
13. The patient has the right to voice your concerns about the care received without retribution or denial of care. Patient care concerns will be resolved in as timely a manner as possible.
14. The patient has the right to expect that all communication and records pertaining to their care be treated as confidential unless permitted by law. The patient has the right to see or get a copy of their medical record. The patient may add information to their medical record by contacting the Medical Records Department.
15. The patient has the right to every consideration of his/her privacy concerning his/her own medical program. Case discussion, consultation examination and treatment are confidential and should be conducted discreetly. Those not directly involved in his/her care must have the permission of the patient to be present.
16. The patient has the right to expect that within its capacity, a hospital must make reasonable response to the request of the patient for services. The hospital must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another hospital only after he has received complete information and explanation concerning the needs for and alternatives to such
17. The patient has the right to be involved in their discharge plan. Patients will be informed in a timely manner if discharge planning or transfer to another facility is required. Before discharge, information about follow-up care will be provided.
18. The patient has the right to agree or refuse to take part in medical research studies. The patient may withdraw at any time without impacting standard care.
19. The patient has the right to make an advance directive.

20. The patient has the right to make a decision regarding organ and tissue donation with input from their physician, and when indicated, under the direction of family or surrogate decision maker.
21. The patient has the right to expect reasonable safety insofar as the hospital practices and environments are concerned. The patient has the right to be placed in protective privacy when considered necessary for personal safety. The patient can request a transfer to another room if another patient or visitor is unreasonably disturbing him by their actions.
22. The patient has the right to wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment. The patient has the right to be interviewed and examined in surroundings designed to assure reasonable visual and auditory privacy. This includes the right to have a person of one's own sex present during certain parts of a physical examination, treatment, or procedure performed by a health care professional of the opposite sex and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe.
23. Regardless of the source of payment for his/her care, the patient has the right to request and receive an itemized and detailed explanation of his/her total bill for services rendered in the hospital. The patient has the right to timely notice prior to termination of his/her eligibility for reimbursement by any third party payer for the cost of his/her care when known to the hospital.
24. The patient should be informed of the hospital rules and regulations applicable to his/her conduct as a patient. Patients are entitled to information about the hospital's mechanism for the initiation, review and resolution of patient complaints.

**NOTE:** No record of rights can guarantee for the patient the kind of treatment he has a right to expect. A hospital has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients. All these activities must be conducted with an over-riding concern for the patient, and, above all, the recognition of his/her dignity as a human being. Success in achieving his/her recognition assures success in the defense of the rights of the patient.

**Resources:**

Courtesy of the American Hospital Association, Chicago, Illinois

Courtesy of the Joint Commission on Accreditation of Healthcare Organization, Oakbrook Terrace, Illinois  
 Managers In Health Service Organizations, Jonathon S. Rackich, Ph.D, et al, W.B. Saunders Col, pp 86-89

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	Approver	Date
	Kathy Brown: Informatics, Vascular Access	01/2012
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