

<i>Title</i>	Admission Policy	<i>Policy No.</i>	100.3.175
<i>Department</i>	Patient Care	<i>Page No.</i>	1 of 3
<i>Approved By</i>	Director of Nursing	<i>Effective Date</i>	06/06/2016
<i>Last Review</i>	06/21/2019	<i>Next Review</i>	06/21/2022

SCOPE

This policy applies to all PeaceHealth settings and services:

- | | | |
|-------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Cottage Grove Medical Center | <input type="checkbox"/> Peace Island Medical Center | <input checked="" type="checkbox"/> St. John Medical Center |
| <input type="checkbox"/> Ketchikan Medical Center | <input type="checkbox"/> Sacred Heart River Bend | <input type="checkbox"/> St. Joseph Medical Center |
| <input type="checkbox"/> Peace Harbor Medical Center | <input type="checkbox"/> Sacred Heart University District | <input type="checkbox"/> United General Medical Center |
| <input type="checkbox"/> PeaceHealth Medical Group | <input type="checkbox"/> Southwest Medical Center | <input type="checkbox"/> System Services Center |
| <input type="checkbox"/> PeaceHealth at Home | <input type="checkbox"/> PeaceHealth Labs | <input type="checkbox"/> Ketchikan Long Term Care |

PURPOSE

The purpose of this policy is to establish a policy relating to admission guidelines for patients.

POLICY

In accordance with PeaceHealth job descriptions, admission shall be carried out in an approved, standardized sequence in order to accomplish safe, organized patient care.

1. Requirements:

- 1.1. All patients admitted to the hospital for medical services must have a physician order for admission and be admitted to an attending physician.
- 1.2. Patients who are admitted as inpatient, observation, or ambulatory status will be registered by Admitting Department staff through patient and/or family interview in the Admitting Department or at the patient's bedside.
- 1.3. Patients will be identified and name band placed in accordance with the *Patient Identification* policy.
- 1.4. All admissions from any location, including the Emergency Department, outpatient clinics, and hospital transfers, are coordinated through the Nursing Supervisor in collaboration with the charge nurse/unit manager. Also see policy: *Patient Placement/Bed Utilization* and unit-specific policies. Each of the following are considered when making a bed or room assignment:
 - Diagnosis
 - Infection control and isolation

- Acuity and fall potential
- Age, gender
- Available nursing staff

1.5. Decisions regarding placement and timing of the admission will be based on bed and patient care staff availability to meet patient care needs.

1.6. Patients arriving from the Emergency department to Critical Care shall have patent IV access and be transported via stretcher with an ACLS certified RN and a cardiac monitor/defibrillator (see policy 402.387.225: *Transfer and Transport of Patients*).

1.7. SBAR Report will be given to the receiving RN.

2. Upon Patient Arrival:

2.1. Confirm admission orders.

2.2. Verify identification by asking the patient two patient identifiers. Remove the Emergency Room ID band and replace with inpatient unit ID band. Confirm identifiers to name band, admission papers and patient chart labels. *See policy: Patient Identification.*

2.3. Review and update patient's allergy status and attach allergy bracelet, if indicated.

2.4. Place Fall Risk band and/or Allow Natural Death band if indicated per policy

2.5. Initiate routine and STAT orders per policy

2.6. Review medication reconciliation per policy. Complete or update as needed. (*See policy: Medication List Reconciliation.*)

2.7. Complete patient assessment per unit standards and policy *Plan of Care*.

2.8. Account for patient's belongings in accordance with policy 101.356.59: *Patient Belongings*. Encourage patient to send home any unnecessary belongings and medications. Any medications unable to be sent home shall be secured and stored in Pharmacy (see policy 100.3.124: *Patient's Own Medications*).

2.9. Complete unit orientation for patient/family including:

- Use of nurse call/intercom
- Bed controls, TV and over-bed light
- Location of closet and bathroom
- Safety precautions, including fall prevention and isolation precautions as indicated specific to individual patient assessment needs.
- Visitation expectations (see policy 100.3.112: *Visitation*)
- Location of visitor waiting areas and bathrooms
- Ordering meals through Guest Services

3. Documentation:

- 3.1. Document patient arrival and unit orientation in the electronic medical record.
- 3.2. Document completed general admission history in the electronic medical record

HELP

Further information may be obtained by contacting the Nurse Manager or Educator.

RELATED MATERIAL

Admissions from the Emergency Department to Hospital NSG-0973

Behavioral Health Inpatient Unit Admission Criteria 100.2.197

Critical Care Unit Admission and Discharge 402.139.1

APPROVALS

Initial Approval:

VP Patient Care Services approved on November 02, 2006

Subsequent Review/Revision(s):

VP Patient Care Services approved revisions November 19, 2009

VP Patient Care Services approved revisions on May 19, 2010

VP Patient Care Services approved revisions October 13, 2011

VP Patient Care Services approved revisions September 30, 2014

Director of Nursing approved review June 21, 2019

For a complete history of collaborations and approvals, please check Workflow History or contact your policy coordinator.