



▼ Header Information

Policy

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|-------------------------------|---|
| Policy Name: | Admission of Patients to the ED |
| Supercedes: | |
| Policy Level: | Department Specific |
| Owner(s): | Elizabeth Bonham/VGH Vikki Edwards/VGH |
| Priority: | |
| Identification Number: | 1200.01 |
| Status: | 1. Draft |
| Approval Date: | |
| Version Number: | 7 |
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| | |

Deployment

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|-----------------------------------|-------------------------|
| Institution: | Valley General Hospital |
| Division: | Hospital |
| Department: | Emergency |
| Contributing Departments: | |
| Manual Name: | Clinical Departments |
| Manual Category / Chapter: | Admitting Procedures |
| Restricted to Groups: | |
| Policy Start Date: | 04/01/1994 |
| Monthly Review Interval: | 24 |
| Policy Review Date: | |

▼ Policy

PURPOSE:

Evaluate and prepare the patient for their Emergency Department visit. This process is done in a compassionate manner, providing confidentiality, privacy, and safety; while assessing their medical condition or injury.

PROCEDURE :

1. Triage - will document the following: (Either in triage room or at the bedside)
 - a. Time/mode of arrival.
 - b. Initials of triage nurse.
 - c. Triage category.
 - d. Chief complaint.
 - e. Subjective/Objective findings (can be deferred until in ED room).
 - f. Pain assessment appropriate for age
 - f. Current meds.
 - g. Allergies, including medications, foods and latex.
 - h. Weight/height. (Weight in kilograms)
 - i. Tetanus status.
 - j. LMP, if appropriate.
 - k. Signature of nurse doing the assessment.
 - l. Name of patients private physician(s).
2. Registration, at admitting desk or the bedside.

3. Admission of Patient into ED

- (1) On patient arrival, if open beds in ED patient to be brought into a room and triaged there.
 - a. Escort patient, greet the patient by introducing yourself to patient and family members.
 - b. Position the bed as the patient's condition requires, giving warm blankets and asking what else can be done for their comfort.. If the patient requires special equipment, monitors, etc explain what they are for.
 - d. Assist patient into gown, while providing privacy, explain that you are providing for their privacy by pulling the curtains or closing the door.
 - e. Obtain vital signs, oximetry, GCS and other pertinent information.
 - f. Collect specimens that are appropriate.
 - g. Put bed in down position and rails as needed for patient safety.
 - h. Explain any procedures that might occur, give the patient information about the length of time that labs and x-rays will take to get results.
 - i. Advise patient and family of ED visitor policy.
 - j. Complete physical history and assessment.
 - k. On patient white flow board write sex and complaint of patient, mark magnetic board at triage level and MD tag to see.
 - l. In the upper right hand corner of chart write the patient's room number.

4. Notify Physician That Patient is Ready to be Examined.

- a. At the request of the physician and/or patient a staff member (RN,LPN,TECH) will be present in the room during the physical exam.
- b. After physician exam, inform patients of any ordered tests and/or procedures, letting them know when they are scheduled and what to expect, keeping them informed of any delays.
- c. Before leaving the room, make sure patient is comfortable and safe.

5. Ordering Diagnostic Studies after seen by physician:

- a. Enter physician orders into computer and place check next to test ordered, initials and time.
- b. If lab and/or x-ray staff does not respond within 15 minutes, contact that department to explain why the delay.

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Each program shall maintain admission procedures unique to the service(s) rendered and in compliance with federal and state regulations as required to maintain certification and licensing status; and to further comply with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

Facility and program operational procedures shall contain certain common elements:

- Description of the type of patient / client accepted (inpatient, pediatric, etc.)
- Notice of rights
- Nondiscrimination
- Responsibilities of the facility or program; responsibilities of the patient / client (See Patient Rights and Responsibilities)

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- ▶ **Compliance Monitoring**
 - ▶ **Process Cycle Information**
 - ▶ **Logs**



▼ Header Information

| Policy | | Deployment | |
|-----------------------------------|--|---------------------------------------|-------------------------|
| Policy Name: | Nursing Admissions Procedures | Institution: | Valley General Hospital |
| Supercedes: | | Division: | Hospital |
| Policy Level: | Department Specific | Department: | Recovery Center |
| Owner(s): | Vikki Edwards/VGH Lauren Barber/VGH | Contributing Departments: | |
| Priority: | | Manual Name: | |
| Identification Number: | 3301.61 | Manual Category / Chapter: | |
| Status: | 1. Draft | Restricted to Groups: | |
| Approval Date: | | Policy Start Date: | 10/29/2009 |
| Version Number: | 2 | Monthly Review Interval: | 24 |
| | | Policy Review Date: | |

▼ Policy

1. All pts. will have a Nursing Admission Assessment completed by the Licensed Nurse on the day they are admitted. It must include addressing their need for an H&P and a PPD according to regulations for pts. in treatment programs and based on their transfer from another facility and the availability of those records. Any results from the Nursing adm. assess. plus those from other facilities' records or the Intake Assess. must be reported to the MD.
2. A Medication Reconciliation Form must be completed; per policy it is the only acceptable source. It is faxed to Pharm-A-Save (or if the pt. must use another pharmacy per their insurance which has been previously approved by the Program Director). If a pt. does not bring their medications or we learn that we will not be able to obtain their medications by the time the pharmacy closes, notify the Program Director. Refer to Patient Medication (policy # 3101.24).
3. Any pt. being adm. for possible detox. must have their vital signs taken prior to adm.
4. A Treatment Plan must be initiated for any pt. with a medical problem.& who is in detox. (ASAM I)

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Header Information

| Policy | | Deployment | |
|-------------------------------|---|-----------------------------------|------------------------------|
| Policy Name: | Pediatric Patient Admission Process and Admission Form Guidelines | Institution: | Valley General Hospital |
| Supercedes: | | Division: | Hospital |
| Policy Level: | Hospital wide | Department: | Clinical Services |
| Owner(s): | Vikki Edwards/VGH | Contributing Departments: | Ambulatory Care Emergency |
| Priority: | | Manual Name: | Nursing |
| Identification Number: | 10.23 | Manual Category / Chapter: | General |
| Status: | 1. Draft | Restricted to Groups: | |
| Approval Date: | | Policy Start Date: | 01/01/1994 |
| Version Number: | 3 | Monthly Review Interval: | 24 |
| | | Policy Review Date: | |

Policy

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PURPOSE :

To outline the process of admitting a pediatric patient. A pediatric patient is defined as between the ages of 0 through 14.

PERSONNEL :

RN/LPN under the supervision of RN. (*Note: Agency personnel will not be assigned to pediatric patients*)

LEVEL:

Independent

DESIRED OUTCOME:

Admission will be completed per Pediatric Admission Form Guidelines, with attention to the age-specific needs of each client in a manner that allows for appropriate emotional support of the patient and family. Assessments will be consistent and age appropriate per Pediatric Admission Form. Client safety needs will be met.

EQUIPMENT :

Age appropriate bed and linen
Size appropriate BP cuff and stethoscope
Rectal or oral thermometer
Age appropriate weight scale
Pediatric Admission Form and 24-Hour Progress Notes
Measuring tape, age 12 months and under

ESSENTIAL STEPS:

1. Introduce self to child and family as appropriate in relation to age of child.
3. Assist to bed (In MSTU, Room 118, if available). Orient patient and/or family to call light, bed, TV, lights, phone, bathroom/shower, visiting hours, and meal times.
4. Review with patient and/or family safety considerations including:
 - a. Do not leave patient out of adult sight at any time without contacting nursing.
 - b. Crib rails must be up at all times unless attending patient.
 - c. Parents should plan to stay with the child or arrange for a family member that will stay.
 - d. Intake and output management.
 - e. Orient to age specific appropriate pain scale.
5. Interview for admission history utilizing Pediatric Admission Form 1725. When interviewing, use information from child or family, whichever is appropriate in relation to age. Complete all entries on admission form per Pediatric Admission Form Guidelines. See attached.
6. Explain plan of care and doctor's orders to patient and/or family before initiating them. Allow for questions.

7. Proceed with plan of care.

The following can be helpful guidelines in communicating with children:

- Allow children time to feel comfortable with the nurse.
- Avoid sudden or rapid advances, broad smiles, extended eye contact, or other gestures that may be seen as threatening.
- Talk to the parent if child is initially shy.
- Communicate through transition objects such as dolls, puppets, or stuffed animals before questioning a young child directly.
- Give older children the opportunity to talk without the parents present.
- Assume a position that is eye level with the child.
- Speak in a quiet, unhurried, and confident voice.
- Speak clearly, be specific, use simple words and short sentences.
- State directions and suggestions positively.
- Offer choices only when one exists. Be honest.
- Allow them to express their concerns and fears.
- Use a variety of communication techniques.

DOCUMENTATION:

1. Complete the Pediatric Admission Form, VGH Form 1725. See guidelines attached.
2. Complete the initial physical assessment and document. (VGH Form 1812, 24-Hour Pediatric Progress Notes, Ages 0-14)
3. Initiate Plan of Care

Attachments List:

| Name | Size |
|--|--------|
|  Form-Pediatric Admission Form Guidelines.doc | 109 KB |

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- ▶ **Compliance Monitoring**
 - ▶ **Process Cycle Information**
 - ▶ **Logs**

 File...  Options...  Admin...  Navigate...



▼ Header Information

| Policy | | Deployment | |
|-------------------------------|---|-----------------------------------|-------------------------|
| Policy Name: | Patient Admission from Emergency Department to Nursing Unit | Institution: | Valley General Hospital |
| Supercedes: | | Division: | Hospital |
| Policy Level: | Department Specific | Department: | Emergency |
| Owner(s): | Elizabeth Bonham/VGH Vikki Edwards/VGH | Contributing Departments: | Emergency |
| Priority: | | Manual Name: | Emergency Department |
| Identification Number: | 1200.35 | Manual Category / Chapter: | |
| Status: | 1. Draft | Restricted to Groups: | |
| Approval Date: | | Policy Start Date: | 11/01/1993 |
| Version Number: | 5 | Monthly Review Interval: | 24 |
| | | Policy Review Date: | |

▼ Policy

PURPOSE:

To expedite the safe and efficient transfer of patients from the ED to another nursing unit. Patients being transferred from the ED to other nursing units will have a verbal report given to receiving RN to assure a safe transfer of patient care.

PROCEDURE:

1. HUC/ED nurse will notify Administration Supervisor or RN on receiving unit of admission, and request room number, name of RN that will be accepting patient, and anticipated time of admission.
2. ED nurse will document the above info on patient info grease board.
3. HUC/ED nurse will notify Admitting of pending admission using 'pink' sheet from MD order sheet.
 - a. Date, time and room
 - b. Admitting diagnosis
 - c. Admitting physician and attending physician
 - d. Symptoms/diagnosis
 - e. Clarify with ED phys patients admission status i.e. IP/OBS MSTU < 24 hrs/> 24 hours
4. "All" admits will have IV site established prior to transfer to nursing unit. Exception is Senior Behavioral Health.
5. ED nurse will notify Respiratory Care of admission and identify patients respiratory needs, per physician orders, i.e. oxygen, vent, croup tent, etc

6. Whenever a patient is being transferred from the ED to another nursing unit the ED nurse caring for the patient will either give report to the receiving nurse in person or over the phone prior to transferring the patient.

The report to include:

- a. Admitting diagnosis – patient’s condition (alert, confused, restless, etc.)
- b. Copy of ED chart, to include lab results, possibly old charts
- c. Report of medications given in ED & response – pain scale documentation.
- d. Equipment that will be needed in room, i.e. oxygen, telemetry, extra pillows, suction, pumps
- e. Report of vs., IV access, fluids, current condition,
- f. PMD or name of on-call physician who will be assuming care
- g. Family members availability or concerns

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