

**CVH ADMISSION CHECKLIST**

Patient Name: \_\_\_\_\_

MPI#: \_\_\_\_\_

☐ Addiction Services Division

☐ General Psychiatry Division

**Date of Admission:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

**Instructions:** Each of the following items is to be signed off as they are completed. The areas may have Divisional differences as to the methods practiced to complete the various components. Division specific checklists are an addendum to this sheet.

Once the form is completed, it is to be submitted to the Head Nurse to be reviewed and filed in the Admission Section of the patient's medical record.

Date	Staff	Registered Nurse to Complete:
_____	_____	Notify: Admitting Physician, Ambulatory Care Clinician and Nursing Supervisor of admission
_____	_____	Obtain routine admission orders
_____	_____	Complete routine lab slips: EKG, EEG, Chest X-ray, Diet order, and Dental referral
_____	_____	Inform patient of Advance Directive and Notice of Liability
_____	_____	Inform Dietician of Admission
_____	_____	Instruct patient on Standard Precautions
_____	_____	Initiate Nursing Assessment
_____	_____	Initiate Nursing Plan of Care in RMS
_____	_____	Initiate Medication Kardex
_____	_____	Initiate Treatment Kardex ( <i>if applicable</i> )
_____	_____	Assign Primary Nursing Staff
_____	_____	Utilization Review Nurse Notified ( <i>if applicable</i> )
<b>Registered Nurse or Designee to Complete:</b>		
_____	_____	Record admission in census book
_____	_____	Weigh patient and record weight
_____	_____	Take vital signs and record on the vital sign sheet
_____	_____	Provide admission shower
_____	_____	Orient patient to unit
_____	_____	Provide Patient Rights, Legal Rights, and Visitor's Information. Inform patient about posted flyer on who to contact regarding concerns or complaints including allegations of abuse, neglect and/or exploitation.
_____	_____	Provide Pastoral Care information
_____	_____	Complete property and clothing record
_____	_____	Complete census sheet

***Place form as first page of admission packet.***

***File completed form in the Admission Section of the Medical Record***