

	Montana Mental Health Nursing Care Center Policy Manual	Policy Number	525
		Original Date	11/16/1995
	Department: Nursing	Revised Date	07/10/2014
	Admissions Procedures		

POLICY:

General Admission Procedure for all Admissions.

PROCEDURE:

- A. Team Leader and CNA will greet new resident and be introduced by the Social Worker. CNA will then escort the resident to his/her assigned room.**

- B. The CNA will perform the following admission procedures:**
 - 1. Escort to bathroom, assist to freshen up, offer food and fluid.
 - 2. Obtain vital signs, height and weight.
 - 3. Introduce resident to roommate and orient to surroundings within room briefly.
 - 4. CNA to inventory and mark belongings. Clothing and personal effects will be put away after inventory is completed.
 - 5. Dentures, partial plates, eyeglasses and other prosthetic appliances will be marked before end of shift.
 - 6. Inventory of personal effects (Attachment #1) to include clothing, dentures, jewelry, eye glasses, other prosthetic devices, canes, crutches, walkers, wheelchair, etc. Jewelry is to be described by brand name if possible. The terms gold colored, or silver colored should be used instead of gold or silver since authenticity of the metal cannot be assured. Turn valuables into Social Services to be put in the vault after filling out Valuable Envelope Form (Attachment #2).
 - 7. Money is to be turned into Resident Accounts Office or Social Services Office.
 - 8. Explain call-light system and place call bell within reach.
 - 9. Report to Team Leader any complaints or concerns identified, general attitude, over all physical status, the presence of large sums of money or expensive jewelry.

Admissions Procedure

C. The Team Leader will perform the following admission procedures:

1. Receive report and/or information on the resident from the transport team, social worker, family and records sent with resident.
2. If the resident is restrained, the Director of Nursing will assess for appropriate/necessary use.
3. Initiate resident Plan of Care (Attachment #7) to be used until 21 day Care Plan is completed. Give copy to Resident CNA Supervisor to make up treatment for CNAs.
4. Complete the Medical Record. Obtain physician orders and notify appropriate departments. Admission notes should provide an overview of the resident's status as obtained from the assessment. The condition of the skin and any injury should be described. Note artificial limbs, glasses, dentures or other prosthesis present.

D. Team Leader will perform the following procedures:

1. Perform a Nursing Physical Assessment (Attachment #3), Braden Scale (Attachment #4), Pain Assessment (Attachment #50) and Fall Risk Assessment (Attachment #6). This will be done within 2 hours of admission. Particular attention is paid to skin condition and problem areas as outlined on the Admission Orders, History and Physical, Discharge Summary, if available, and the Nursing Transfer Sheet.

E. Social Services will perform the following admission procedures:

1. Should family or resident desire a more thorough tour of the facility, this will be accommodated by the Social Worker.
2. Social Service will obtain a Social History.
3. Social Worker will explain general protocol and facility routine to resident and family.
4. Recreation will place welcome poster on resident's room door and complete Recreation Assessment.

F. Medical Records will perform the following admission procedures:

1. Medical Records will take and place a picture by resident's door, in MAR, the Medical Record, and the Care Plan and assign medical record number.

G. Psychology Specialist will perform the following admission procedure:

1. Complete the Mental Status Assessment.