

# Admission Checklist

Unit admitted to: \_\_\_\_\_

- \_\_\_\_\_ Admission Folder
- Core Measure Sheets on Chart
  - \_\_\_\_\_ "Green Sheet" Clinical Quality Measures Checklist
  - \_\_\_\_\_ (Stroke) "Purple Sheet" Stroke/Emergent Carotid Core Measure Checklist
  - \_\_\_\_\_ (Diabetic) "Lavender Sheet" Diabetes Discharge Checklist
- \_\_\_\_\_ Fall Sheet
- \_\_\_\_\_ Paper Kardex
- \_\_\_\_\_ (ICU) Orderset "ICU Decolonization" per protocol placed

### MediTech Charting

- \_\_\_\_\_ Status board → Assessment tab → Enter Form → Quick Start
- \_\_\_\_\_ Admission Health History
- \_\_\_\_\_ Admission/Shift Assessment (FULL)
- \_\_\_\_\_ Admission Med Reconciliation (include Last Known Taken or "unknown") w/ Preferred Pharmacy

### Safety/Risk/Regulatory

- \_\_\_\_\_ Isolation
- \_\_\_\_\_ sepsis
- \_\_\_\_\_ vaccines
- \_\_\_\_\_ adult skin risk
- \_\_\_\_\_ fall risk
- \_\_\_\_\_ suicide
- \_\_\_\_\_ restraints (if ordered)
- \_\_\_\_\_ 1st Point of Contact MRSA/TB/RESP
- \_\_\_\_\_ Pain Assessment
- \_\_\_\_\_ (AMS/Neuro) Frequent Neuro Checks [Dysphagia screening]
- \_\_\_\_\_ (ETOH) CIWA-Ar \*Add Intervention\*
- \_\_\_\_\_ Sleep Apnea Screening
- \_\_\_\_\_ Vitals/Ht/ Wt/ Measurements

### Emergency Services

- \_\_\_\_\_ Admission Med Reconciliation  
*\*all meds D/C'd or reviewed for accuracy!\**
- \_\_\_\_\_ "Green" Core Measure Checklist on chart

### (ICU) Critical Care Flow Record

- \_\_\_\_\_ (Vent/Sedate) Ventilator Management
- \_\_\_\_\_ Glasgow Coma Scale
- \_\_\_\_\_ RASS/CAM ICU
- \_\_\_\_\_ (Paralyzed) Train of Four
- \_\_\_\_\_ Lines/Drains/Airways (ANY & ALL inserted in ED/OR/or present on arrival)
- \_\_\_\_\_ (s/p OR) P.A.R. Assessment (replaces old "Aldrette" screen)
- \_\_\_\_\_ Routine Daily Care (ICU: CHG & Iodophor!)
- \_\_\_\_\_ (Med/Surg & PCU) Lines/Drains/Airways (ANY & ALL inserted in ED/OR/or present on arrival)
- \_\_\_\_\_ Teach/Educate (\*especially: Stroke, Diabetes, CHF, Coumadin, & Opioid d/c Rx!)
- \_\_\_\_\_ (PCA pump or ICU w/ controlled gtt) Controlled Substance Handoff
- \_\_\_\_\_ (ICU - Titrating gtt) Document IV drip
- \_\_\_\_\_ Manage/Refer/Contact/Notify (notify MD of location)
- \_\_\_\_\_ Plan of Care (MAXIMUM 3-4 problems TOTAL)
- \_\_\_\_\_ (not ambulatory) Incentive Spirometry (\*Add Intervention\*) (unless on Bipap/CPap/Intubated)

¼ ID	Initials	Signature/Title

Patient Label