**PCC Admission/Readmission Checklist V4**

**Admitting Nurse & Nurse Supervisor**

**\_\_\_\_\_\_ Quick ADT**

* Admit/Readmit resident into assigned room/bed

**\_\_\_\_\_\_ Profile**

* Verify PCP assigned

**\_\_\_\_\_\_ Allergies**

* Verify and enter allergies or NKA

**\_\_\_\_\_\_ Immunizations**

* Must Enter Historical Immunizations, Receive Consent for eligible vaccinations, ineligibility reason or declination reason.
	+ Influenza
	+ Pneumovax 23
	+ Prevnar 13
	+ PPD (If a PPD is refused a CXR must be done)
	+ SARS-COV-2 (Covid 19)
	+ Other

\_\_\_\_\_ **Orders** (Utilize CHC Batch order sets as a tool for order guidance with clinical considerations)

* Medication Reconciliation: Review documentation for discrepancies with orders. Verify with PCP/Source of Documentation (as applicable) for clarification. Any orders transcribed into PCC **that are different** than the transfer sheet need to be entered into the medication reconciliation section of the Admission/Readmission Evaluation (UDA).
* Order Review Date: Set the initial review date to fall within 72 hours of admission/readmission.
* All medication orders once verified are transcribed into the orders tab (If these are not completely transmitted the medications will not come) With a corresponding DX/indication for use
* Order Queue: Verify with PCP and Schedule as applicable. Examples are included below.
	+ Weekly skin check
	+ 2-step PPD
	+ VS Q shift x 30 days
	+ Weight protocol
	+ Therapy screenings
	+ Pain Eval q shift
	+ Code Status/Advanced Directives
	+ Bowel Protocol for dialysis or non-dialysis residents
* Diet Order: Type, Texture, and Consistency including Tube feeding orders, flush orders and site care
* Diabetic: including Blood Sugar testing frequency and hyper/hypoglycemic protocols
* Dialysis: Orders that reflect Center, Phone number, Pick up time and return time (including days), AVF and or Permacath orders, fluid restriction if applicable, Medication Timing for Dialysis Patients
* PICC line/Central line catheter specific orders; Monitoring and weekly dressing change, flush orders
* Cardiac: External and Internal Devices including Pacemaker: Checks every 90 days
* Infection Control Precautions as applicable: Contact, Droplet, etc.
* Respiratory:
	+ Oxygen/Nebulizers with orders to change tubing weekly
	+ Tracheostomy: Care, suctioning, Oxygen/FIO2 orders, changing of tubing weekly, disposable cannula changed daily or any other specific orders
* Labs:
	+ As ordered by provider
	+ Medications such as Coumadin; PT/INR
	+ Medical dx considerations such as diabetic HgA1c
* Follow up appointments:
	+ Entered into PCC as orders
	+ Facility designated appointment procedure for tracking, scheduling, and transportation.
* Consultations as applicable Dental, Optometry, Podiatry, Psychiatry, Psychology, etc.
* Urinary Catheter/Bowel Ostomy orders
* Wounds: Treatment/Monitoring in place, and wound consult
* Weekly B/P and pulse for antihypertensive medication
* Wanderguard: Function once daily and placement q shift

\*Please, note there may be other clinical considerations to acknowledge when transcribing orders depending on the resident’s medical conditions or treatment plans in place.

\_\_\_\_\_ **Weights and Vitals**

* Add admission Vitals, BP, Pulse, O2 sat, Temp, Respirations, Blood Sugar, Height, Weight, and Pain.
* Add Baseline Vitals- Enter Admission Values into these fields

\_\_\_\_\_ **Assessments**

* LN: Admission/Readmission Evaluation Part 1
	+ Fall risk: Interventions
	+ Elopement: High Risk Wanderguard to be placed immediately.
	+ Smoking: High risk interventions placed
	+ Incontinence: Begin 3-day bladder diary
* LN: Admission/Readmission Evaluation Part 2
	+ Braden: High Risk Pressure relieving interventions
	+ Side rails/Enabler bar: RN to assess and remove side rails if not indicated.
* Team: IDT Baseline Care Plan

**\_\_\_\_\_ Tasks**

* Review triggered tasks: Activate and schedule tasks as applicable. Customize schedules.
	+ Readmit: manually reactivate from selecting the resolved/cancelled list if not auto-populated

**Admitting Nurse Name & Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Admitting Nurse Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Nurse Supervisor required to complete audit of this form to ensure initial Chart Check is complete.

**Evening/NOC Supervisor Name and Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PCC Admission/Readmission Check list V3: IDT Review**

**\_\_\_\_\_ General**

* Wristband
* Room identified with Resident Name
* Resident photo

**\_\_\_\_\_ Profile**

* Contact Information/Demographics
* External Facilities

**\_\_\_\_\_ Med Diag**

* Primary Diagnosis entered

**\_\_\_\_\_\_ Census**

* Census Line accurately reflects date and time of admission

**\_\_\_\_\_\_ Allergies**

* Allergies or NKA entered

**\_\_\_\_\_ Immunizations**

* Consents/Declinations uploaded
* Vaccinations verified/Entered
* Vaccinations scheduled as ordered

**\_\_\_\_\_ Orders**

* Medication Reconciliation: Verify accuracy and that clarifications have been made if needed.
* Psychotropic medications or indicators of depression.
	+ Psychiatry/Psychology consultation ordered
	+ Psychotropic Behavior Monitoring Order with resident specific Targeted Behaviors
* Wounds: If wound is present, Treatment order in place, vitamins, supplements, labs, pain evaluation prior to tx and care plan in place? Air mattress for multiple stage II and up.
* Infection
	+ Antimicrobials have stop date and diagnosis
	+ Lab/Diagnostic results as applicable
	+ McGeer’s completed
* All Clinical Considerations from new admission checklist
* Other Clinical Considerations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medications/Treatments are delivered to facility.
* Verify that medications ordered were administered by the next dose that was due.

\_\_\_\_\_ **Weights and Vitals**

* Verify weights and vitals entered and were added as baselines

**\_\_\_\_\_ Assessments**

* IDT Assessments scheduled accordingly
	+ Review triggered assessments reschedule/schedule/or deactivate as indicated
	+ IDT: Restraint: as applicable
	+ LN: Wound Evaluation (Weekly) (if there are wounds)
	+ LN: Weekly Skin/Braden Scale for Predicting Pressure Sore Risk x 3 weeks
	+ LN: Weekly Skin Check- Starts on Week 4 (Should corresponds with showering schedule and order)
	+ 7LN: Comprehensive Care Path q daily x 100 days (Needs to be manually deactivated if documentation not needed on day 8)

**\_\_\_\_\_ Care Plan/Kardex**

* Triggered items reviewed and added/removed as applicable
* Care Plan Review scheduled within 21 days of admission/readmission

**\_\_\_\_\_ Tasks/Kardex**

* Triggered items reviewed and added/removed as applicable
* Clinical Consideration tasks added included adaptive equipment, related to medical condition, tasks for safety and prevention.

**\_\_\_\_\_ Misc.**

* Pre-admission paperwork uploaded
* Admission Paperwork uploaded
* Other documents as applicable uploaded

**\_\_\_\_\_ Safety/Equipment**

* Assistive/Adaptive Devices in place
* Elopement Interventions-all forms updated-

**Unit Manager/ADON/DON**

* Complete audit of admit/readmit for all clinical considerations for orders, care plans/tasks & UDA’s.

Unit Manager/ADON/DON Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Manager/ADON/DON Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-

**IDT**

* Review resident chart/admission/readmission in Morning Meeting.

Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Please, note this is not an all-inclusive list of items that may be required for your facility admissions. This checklist is a guideline of items that may be required. Please, consult your regional clinical staff with any questions/continue to follow your facility protocols as designated by your regional clinical support.