

1. Preadmission:

- Primary Dx, Reason for hospitalization, Previous hospitalization's H&P/Discharge Summary/Baseline
- **High Risk Categories:** Heart Failure, (End Stage Categories without ADV Dir/Full Code>>>> is appropriate level of care Hospice?) Pneumonia, MI, Sepsis or SID\
- **Think Sepsis Risk: Medication Categories Can Be Telling:** \*The Discharge Dx may not reflect prior Hx or past TX for Sepsis. **Sepsis always has an origin.** *If being admitted with resolving PNA: Have they been treated for Sepsis;* Other possible indicators: labs/pending, (What, when available, how to obtain), Recent Leukocytosis or WBC>12,000  
Current or recent devices? Catheter present or recently dc'ed? Voiding patters established post catheter? Hx UTI? Hx ICU?
- Goals of care/Discharge Plan (LOS in hospital is Important, ICU?)
- Who is primary contact for report? Partners: Who do we need to include in Care Delivery? Case Manager, Primary Hospital Nurse contact? Wound MD, RD, Therapy, RT ?
- Suggest RT screen non vent/trach with Respiratory Dx

2. Assessment Priorities based on Dx/Comorbidities, Prognosis

Nursing: What will we document to and assess for?

- Dx: Reason for admission, Chief Complaint, Risk Factors, Goals of Care/Discharge Plan
- Check Bundles and look for cross over to Admitting Dx (Keep list for PPS)
- Risk/Target Areas: what could trigger UPHD

3. **Whiteboard Rounds Targets: Consistent Eyes on New admit>initial CP**

4. **Identify Red Flag Admissions:** Provide the right information/report to admitting staff

(Who is responsible for oversight? Are we ready for the admission(s))

- a. `Return admissions/reason for transfer
- b. New admissions: CHF, Pneumonia, Infections, Multiple co morbidities\
- c. Acute Changes/safety

**Surveyor, Safety, Standard of Care Probes: What are the Immediate Needs Orders for the essential needs of the resident?**

5. Infection Oversight (How do we assess?) McGeer s updates: How do we assess?

Shift to shift documentation during ABT course and 3 days post completion

- Admitted with IV ABT needs to be risk managed
  - Med availability
  - ABT intent/reason for/resolution or side effects
  - UTI criteria
  - Catheter management>observations
  - Hydration

- **Skin Integrity: Why? Factors?**
  - Prevention
  - Right Surface and interventions admit
  - Eyes on the resident, staff knowledge
  - Referrals>ASAP
  - Is there a risk for decline?>whiteboard potential for declines
- **Stability of Condition**
  - What is the baseline? What is the expectation?
  - Use of the dashboard>Trends within VS Report
  - **Mobilize on unit observations of those on top ten RADAR:**
  - Take a Nurse/CNA with Symptoms cheat sheet or Pathway if needed
  - Build assessment skills with SBAR bedside coaching: What is the situation/any noted changes> Background of the resident> (Normal baseline) Assessment findings>changes? Recommendations (what have we done this far? Effective?)
- **Role of SS> Adv Directives: Five Wishes**
- **Advance Directives: Available and in place**
- **Targeted residents for Physician/Extender visits: Who needs visit ASAP?**
- **RADAR and Projected Care Plan Schedules for Vitas, or Goals of care Referrals to Hospice (Meet with local Hospice)**

**Admission Process:**

1. Discuss Process/Needs with Nurses
2. How does 3-11 manage and prioritize? Allow enough support for a good head to toe
3. How/who determines initial needs? 48 Hour Baseline needs to address risks
4. **Nurse readiness> Smart Staffing?**  
Plan for the flow of admissions  
Verification of needs: Eyes on the resident: Every day practice
5. **Goals of Care Confirmation>48 hour mark**
6. Observe: Prognosis> has it changed? Is it reported?
7. For Acute needs still being Txed: Is it effective?
8. IV ABT: Needs to be observed/assessed as active infection risk

**Probes: What made the person stable enough for admission?> Are they? If not>>>> who knows?**

**ASSESS FOR RISK OF SEPSIS. Are there admission protocols to implement proactively?**

**Vs FREQUENCY, VS Parameters for Physician notification? Changes in LOC, Output**