

## Admission Documentation

Resident \_\_\_\_\_

Date \_\_\_\_\_

	Yes/No/NA
<b>Order to admit/discharge summary signed by physician</b>	
<b>Physician notified of admission, admission orders verified</b>	
<b>Diagnosis given for each prescribed medication</b>	
<b>Orders transcribed to medication and treatment administration sheets</b>	
<b>Nurses' notes give time of admission, initial nursing assessment</b>	
<b>Inventory of resident possessions filled out, signed by resident or family</b>	
<b>Acute care plan implemented</b>	
<b>Allergies noted on chart and medication administration sheet</b>	
<b>Resident name band in place</b>	
<b>Diet order sent to dietary department</b>	
<b>Resident added to all census information</b>	
<b>All departments notified of admission</b>	
<b>Face sheet with vital information in chart</b>	
<b>Advance Directives in place</b>	
<b>TB test recorded with results</b>	
<b>Admission vital signs, height, and weight documented</b>	
<b>Labs ordered</b>	
<b>Fall risk assessment completed</b>	
<b>Skin breakdown assessment completed</b>	
<b>Pain assessment completed</b>	