

**Vanderbilt Wilson County Hospital
Skilled Nursing Inpatient Admission – VERY DRAFT**

VWCH Initial Skilled Nursing Inpatient Admission

- Downtime initial admission assessment
- Advanced Directive on file, durable power of attorney information updated, and emergency contact information updated

Ongoing Re-assessment

- Daily nursing assessment completed
- Obtain vital signs **once every 24 hours**, or appropriate for patient's clinical presentation.

Discharge documentation

- **Discharge instructions given to patient/caregiver and receiving skilled nursing facility. Discharge handover report given to patient/caregiver and receiving facility.**
- Document handover report and education provided to patient/caregiver and receiving skill nursing facility.

VUAH Initial Skilled Nursing Inpatient Admission

- Screenings required to be documented upon admission by nurse/ designee (if NOT already done at point of entry)
 - Communicable Disease Screen
 - Travel History
 - COVID Admission Screen
 - Influenza Vaccine Screen
 - Pneumococcal Screen
- All other Screenings from the Admission Navigator or Screening Flowsheet Tab will be documented only if patient presentation warrants.
- Advanced Directive on file, durable power of attorney information updated, and emergency contact information updated
- Assessment of the following Care Categories will be done - Cardiac, Respiratory, Skin, Safety, Pain with documentation only of abnormalities. Documentation of assessment of other categories may be warranted based on patient presentation.
- Documentation of the following **is required with initial** assessment following admission. (Within 1-2 hrs. of admission) and at the beginning (within first 4 hrs.) of each shift:
 - Vital signs
 - Temp, Pulse/Heart Rate, Respiratory Rate, BP, and SpO2
 - Height, weight (may be patient reported).
 - Allergies
 - Meds taken at prior skilled nursing facility

Ongoing Re-assessment

- Vital signs (Temp, Pulse/Heart Rate, Respiratory Rate, BP & SpO2) – once/24 hrs. if stable condition, or appropriate for patient's clinical presentation.

Lines, Drains, Airways LDAs, Incisions/Wounds and Nursing Interventions

Commented [HB1]: Suggestion from VWCH to leave these patients on paper until discharge instead of transitioning to eStar, fear of missing something in the midst of the transition.

- Location/type of all LDAs will be documented at time of admission/ placement. Incisions/wounds (including Pressure Ulcers) will be documented at initial presentation. (No dual assessment/co-sign required for 1st assessment of Pus.)
- Ongoing assessment and care of LDAs and Incisions/Wounds will be done per policy BUT documentation is done only for exceptions (i.e. Only abnormal assessment findings or exceptions to standard care procedures will be documented.)
- Performance of ordered interventions will be documented by end of each shift.

Medications and Medication Administration

- Medications/IV Fluids should continue to be administered and documented via standard Barcode Medication Administration (BCMA) policy.

Plan of Care

- Consists of the Problem List and Interventions from orders and unit standards. The focus of the Nursing Care Plan are those Patient Problems that fall in the Nursing domain (Safety Risk – Falls, Suicide Risk, Restraint/Seclusion; Pain Control; Risk for Skin Breakdown).
- Every 24 hrs., a response to care/recommendations note is entered summarizing significant Problems addressed by Nursing Interventions and Patient Response.

Discharge documentation

- Document education provided; ensure Facility AVS, prescriptions/orders, & appointments, if applicable, are given to Patient/Caregiver and Skilled Nursing Facility. At a minimum Discharge Instructions/AVS need to include: Medication changes (meds to start, stop, or continue), Signs and Symptoms to report w/contact information for reporting, Activity/Diet restrictions, and any post-discharge treatments to be done by patient/caregiver and Skilled Nursing Facility.
- A COVID Discharge screen is documented at time of discharge to Skilled Nursing Facility.