LaFleur Brooks' Health Unit Coordinating

7th edition

Chapter 19

Admission, Preoperative, and Postoperative Procedures

Lesson 19.1

Admission of the Patient and Admission Orders

1. Define the terms in the vocabulary list.
2. Write the meaning of the abbreviations in the abbreviations list.
3. List four types of admissions and three types of patients.
4. Discuss who may admit a patient to the hospital and how the nursing unit and bed are assigned.
5. List 10 registration or admission tasks and eight patient interview guidelines.

Lesson 19.1

Admission of the Patient and Admission Orders (cont'd)

6. Discuss the purpose of the admission forms.
7. Explain the purpose of advance directives and discuss the types of advance directives that are available.
8. Discuss the purpose of patient identification (ID) labels and bracelets, explain the purpose of the three standard color-coded alert wristbands, and discuss other color-coded wristbands that may be used.

Lesson 19.1

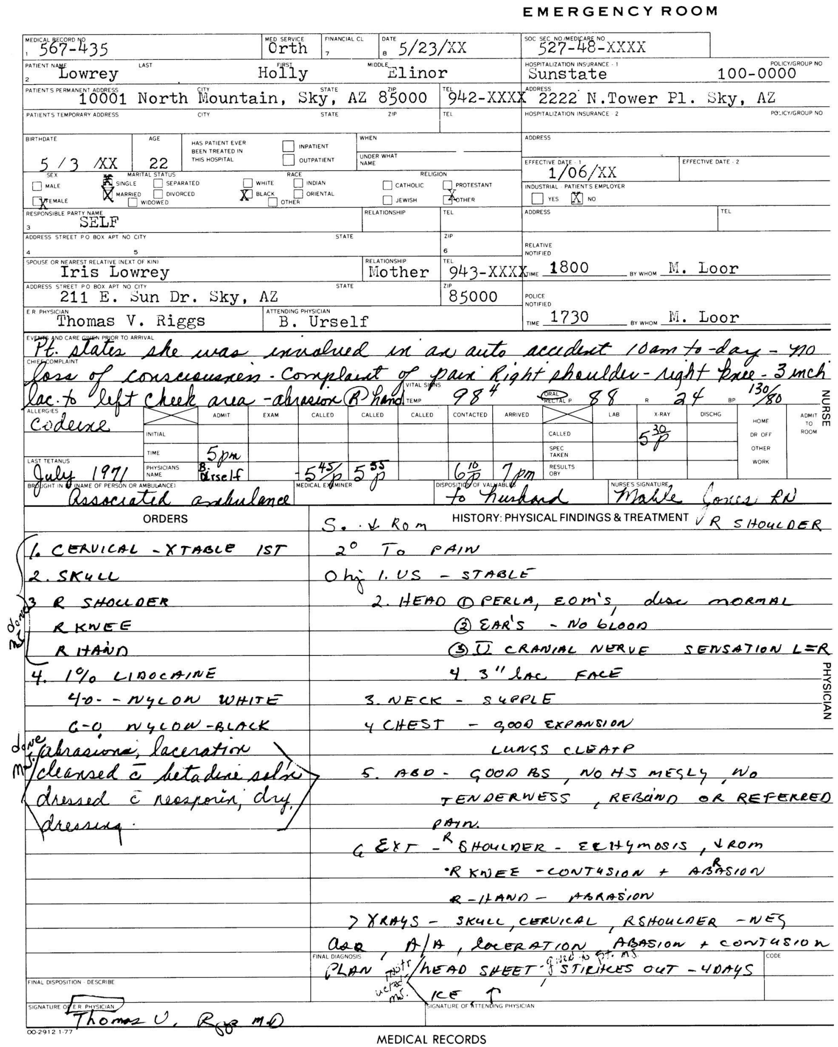
Admission of the Patient and Admission Orders (cont'd)

9. Explain the process of securing patient valuables, providing required information to the patient, and escorting the patient to the nursing unit.
10. List eight common components of a set of admission orders and 16 common health unit coordinator (HUC) tasks regarding the patient's admission when paper charts are used.

Types of Admissions

- Scheduled or planned admissions: called into the admitting department in advance
- Direct admissions: occur when a patient is sent to hospital from the doctor's office
- Emergency admissions: unplanned
  - Result of an accident, sudden illness, or other medical crisis
- Urgent admissions: occur when a patient is determined to be in need of immediate care while at a doctor's office or another facility

Emergency Department Record Included in an Emergency Admission



EMERGENCY ROOM

MEDICAL RECORD NO. 567-435 | MED. SERVICE Orth | FINANCIAL CL | DATE 5/23/XX | SOC SEC NO/MEDICARE NO 527-48-XXXX

PATIENT NAME: LAST Lowrey, FIRST Holly, MIDDLE Elinor | HOSPITALIZATION INSURANCE - 1 Sunstate | POLICY/GROUP NO 100-0000

PATIENT'S PERMANENT ADDRESS 10001 North Mountain, CITY Sky, STATE AZ, ZIP 85000, TEL 942-XXXX | ADDRESS 2222 N.Tower Pl. Sky, AZ

PATIENT'S TEMPORARY ADDRESS | CITY | STATE | ZIP | TEL | HOSPITALIZATION INSURANCE - 2 | POLICY/GROUP NO

BIRTHDATE 5/3/XX | AGE 22 | HAS PATIENT EVER BEEN TREATED IN THIS HOSPITAL: INPATIENT / OUTPATIENT | WHEN | UNDER WHAT NAME | ADDRESS

EFFECTIVE DATE - 1 1/06/XX | EFFECTIVE DATE - 2

SEX: MALE / FEMALE [X] | MARITAL STATUS: SINGLE [X] / MARRIED / SEPARATED / DIVORCED / WIDOWED | RACE: WHITE / BLACK [X] / INDIAN / ORIENTAL / OTHER | RELIGION: CATHOLIC / PROTESTANT / JEWISH / OTHER [X]

INDUSTRIAL - PATIENT'S EMPLOYER: YES / NO [X]

RESPONSIBLE PARTY NAME SELF | RELATIONSHIP | TEL | ADDRESS | TEL

ADDRESS STREET P.O. BOX APT NO CITY | STATE | ZIP

SPOUSE OR NEAREST RELATIVE (NEXT OF KIN) Iris Lowrey | RELATIONSHIP Mother | TEL 943-XXXX | RELATIVE NOTIFIED TIME 1800 BY WHOM M. Loor

ADDRESS STREET P.O. BOX APT NO CITY 211 E. Sun Dr. Sky, AZ | STATE | ZIP 85000 | POLICE NOTIFIED TIME 1730 BY WHOM M. Loor

E.R. PHYSICIAN Thomas V. Riggs | ATTENDING PHYSICIAN B. Urself

EVENTS AND CARE GIVEN PRIOR TO ARRIVAL / CHIEF COMPLAINT: Pt. states she was involved in an auto accident 10am to-day - no loss of consciousness - Complaint of pain Right shoulder - right knee - 3 inch lac. to left cheek area - abrasion (R) hand.

VITAL SIGNS: TEMP 98⁴ | ORAL P 88 | R 24 | BP 130/80

ALLERGIES Codeine

LAST TETANUS July 1971

	ADMIT	EXAM	CALLED	CALLED	CALLED	CONTACTED	ARRIVED		LAB	X-RAY	DISCHG
INITIAL								CALLED		5 30 p	
TIME	5pm							SPEC TAKEN			
PHYSICIANS NAME	B. Urself		5 45 p	5 55 p		6 10 p	7pm	RESULTS OBY			

HOME / DR OFF / OTHER / WORK | ADMIT TO ROOM | NURSE

BROUGHT IN BY (NAME OF PERSON OR AMBULANCE) Associated ambulance | MEDICAL EXAMINER | DISPOSITION OF VALUABLES to husband | NURSE'S SIGNATURE Mable Jones RN

ORDERS

1. CERVICAL - XTABLE 1ST
2. SKULL
3. R SHOULDER
   R KNEE
   R HAND
4. 1% LIDOCAINE
   4-0 - NYLON WHITE
   6-0 NYLON - BLACK

abrasions, laceration cleansed c̄ betadine soln, dressed c̄ neosporin, dry dressing.

HISTORY: PHYSICAL FINDINGS & TREATMENT

S. ↓ ROM R SHOULDER 2° TO PAIN

Obj: 1. VS - STABLE
2. HEAD (1) PERLA, EOM'S, disc NORMAL
(2) EAR'S - NO BLOOD
(3) II CRANIAL NERVE SENSATION L=R
4. 3" LAC FACE
3. NECK - SUPPLE
4 CHEST - GOOD EXPANSION, LUNGS CLEAR
5. ABD - GOOD BS, NO HS MEGLY, NO TENDERNESS, REBOUND OR REFERRED PAIN
6 EXT - R SHOULDER - ECCHYMOSIS, ↓ROM
R KNEE - CONTUSION + ABRASION
R HAND - ABRASION
7 XRAYS - SKULL, CERVICAL, R SHOULDER - NEG

FINAL DIAGNOSIS: A&R, A/A, LACERATION, ABRASION + CONTUSION

PLAN HEAD SHEET, STITCHES OUT - 4 DAYS, ICE

FINAL DISPOSITION - DESCRIBE | CODE

SIGNATURE OF E.R. PHYSICIAN Thomas V. Riggs MD | SIGNATURE OF ATTENDING PHYSICIAN

00-2912 1-77

MEDICAL RECORDS

Types of Patients

- Inpatient: a patient who has a doctor's electronic or handwritten order for admission to the hospital and is assigned to a bed on the nursing unit
- Observation patient: a patient who is assigned to a bed on a nursing unit to receive care for a period until deemed stable
- Outpatient: a patient who receives care in a hospital, clinic, or Surgicenter
  - Usually is scheduled to receive surgery, treatments, therapies, or tests

Admission Arrangement

- A doctor with admitting privileges to the hospital must authorize a patient's admission.
  - In many hospitals, a hospitalist may oversee the patient's care during their stay in the hospital.
- Nursing unit assignments for scheduled admissions are usually determined in advance.
  - A specialized unit may be requested by the admitting doctor.
- Direct admissions or emergency admissions are assigned beds when the patient arrives at the hospital and is ready for a room.

Admission Arrangement, cont'd

- The admitting diagnosis and/or patient age usually determine the type of nursing unit that is suitable – the nursing staff usually decides on the specific bed.
- In many hospitals, staff members on the nursing unit decide bed assignment.
  - Nursing personnel are familiar with staffing and roommate issues and can best decide which bed is appropriate for the new patient.

Patient Admission/Registration Tasks

- Copy insurance cards.
- Verify insurance (may be done in advance when admission is scheduled).
- Ask patient or patient guardian to sign appropriate insurance forms.
- Interview patient or family to obtain personal information.
- Prepare admission forms (admission service agreement and face sheet) and obtain signatures.

Patient Admission/Registration Tasks, cont'd

- Ask patient whether he has an advanced directives document or would like to create one (required in most states).
- Prepare patient's identification bracelet and if necessary identification labels – patients may be asked to read and initial information on bracelet.
- Secure patient valuables if necessary.
- Supply and explain required information, including a copy of the Patient's Bill of Rights and hospital privacy laws (required TJC).

Patient Admission/Registration Tasks, cont'd

- Include any test results, prewritten orders, or consents that were previously sent to the admitting department in the packet that accompanies the patient to the nursing unit.

Guidelines to be Observed When Patients are Interviewed

- Protect confidentiality.
- Ensure privacy when asking for personal information.
- Be proficient and professional.
- Asking whether the patient was hospitalized previously can hasten registration process.
- Treat each patient as an individual.
- Listen carefully.
- Project a friendly, courteous attitude.
- Include family or significant other in the process.

Admission Forms

- Admission service agreement (also called conditions of admission agreement (COA or C of A):
  - Lists the general services that the hospital will provide
  - An agreement between the patient and the hospital and includes a legal consent for treatment
  - May specify financial responsibility
- Face sheet, information form, or front sheet: the form that is generated after patient information, such as address, telephone number, nearest of kin, insurance carrier, and so forth, is entered into the hospital information system.

Advance Directives

- Refers to an individual's desires regarding care if they should become incapacitated and require end-of-life care and include the following:
  - Living Will
  - Power of Attorney

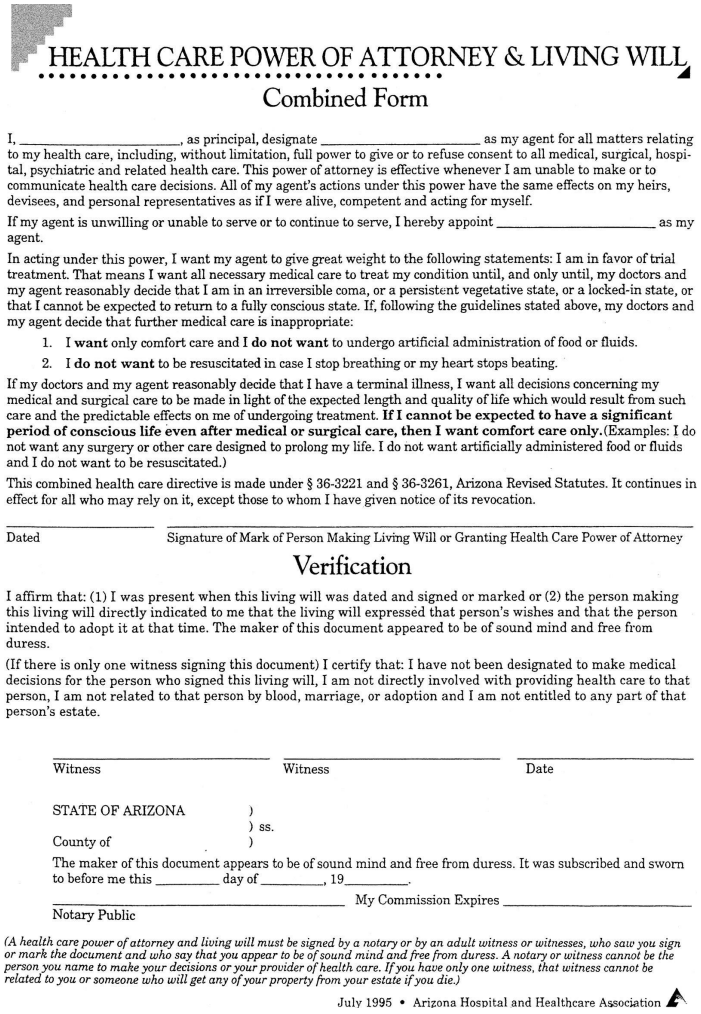
Living Will

- A declaration made by the patient to family, medical staff, and all concerned with the patient's care stating what is to be done in the event of a terminal illness
- It directs the withholding or withdrawing of life-sustaining procedures.

Power of Attorney

- Allows the patient to appoint another person or persons (called a proxy or agent) to make health care decisions for him should the patient become incapable of making decisions
  - The proxy (agent) has a duty to act consistently with the patient's wishes.
  - If the proxy does not know the patient's wishes, the proxy has the duty to act in the patient's best interests.

Health Care Power of Attorney and Living Will Admission



HEALTH CARE POWER OF ATTORNEY & LIVING WILL

Combined Form

I, _____, as principal, designate _____ as my agent for all matters relating to my health care, including, without limitation, full power to give or to refuse consent to all medical, surgical, hospital, psychiatric and related health care. This power of attorney is effective whenever I am unable to make or to communicate health care decisions. All of my agent's actions under this power have the same effects on my heirs, devisees, and personal representatives as if I were alive, competent and acting for myself.

If my agent is unwilling or unable to serve or to continue to serve, I hereby appoint _____ as my agent.

In acting under this power, I want my agent to give great weight to the following statements: I am in favor of trial treatment. That means I want all necessary medical care to treat my condition until, and only until, my doctors and my agent reasonably decide that I am in an irreversible coma, or a persistent vegetative state, or a locked-in state, or that I cannot be expected to return to a fully conscious state. If, following the guidelines stated above, my doctors and my agent decide that further medical care is inappropriate:

1. I **want** only comfort care and I **do not want** to undergo artificial administration of food or fluids.
2. I **do not want** to be resuscitated in case I stop breathing or my heart stops beating.

If my doctors and my agent reasonably decide that I have a terminal illness, I want all decisions concerning my medical and surgical care to be made in light of the expected length and quality of life which would result from such care and the predictable effects on me of undergoing treatment. **If I cannot be expected to have a significant period of conscious life even after medical or surgical care, then I want comfort care only.** (Examples: I do not want any surgery or other care designed to prolong my life. I do not want artificially administered food or fluids and I do not want to be resuscitated.)

This combined health care directive is made under § 36-3221 and § 36-3261, Arizona Revised Statutes. It continues in effect for all who may rely on it, except those to whom I have given notice of its revocation.

_____ _____

Dated Signature of Mark of Person Making Living Will or Granting Health Care Power of Attorney

Verification

I affirm that: (1) I was present when this living will was dated and signed or marked or (2) the person making this living will directly indicated to me that the living will expressed that person's wishes and that the person intended to adopt it at that time. The maker of this document appeared to be of sound mind and free from duress.

(If there is only one witness signing this document) I certify that: I have not been designated to make medical decisions for the person who signed this living will, I am not directly involved with providing health care to that person, I am not related to that person by blood, marriage, or adoption and I am not entitled to any part of that person's estate.

_____ _____ _____

Witness Witness Date

STATE OF ARIZONA)
) ss.
County of)

The maker of this document appears to be of sound mind and free from duress. It was subscribed and sworn to before me this _____ day of _____, 19_____.

_____ My Commission Expires _____

Notary Public

(A health care power of attorney and living will must be signed by a notary or by an adult witness or witnesses, who saw you sign or mark the document and who say that you appear to be of sound mind and free from duress. A notary or witness cannot be the person you name to make your decisions or your provider of health care. If you have only one witness, that witness cannot be related to you or someone who will get any of your property from your estate if you die.)

July 1995 • Arizona Hospital and Healthcare Association

Patient Identification Labels

- Self-adhesive labels used on the patient's ID bracelet to identify forms, requisitions, specimens, and so forth
- May be prepared by registration staff members who enter the information into the computer and then they can be printed from the computer on the nursing unit
- May also be printed by the HUC using a label maker – some computer software programs print chart forms with patient information pre-printed on them.

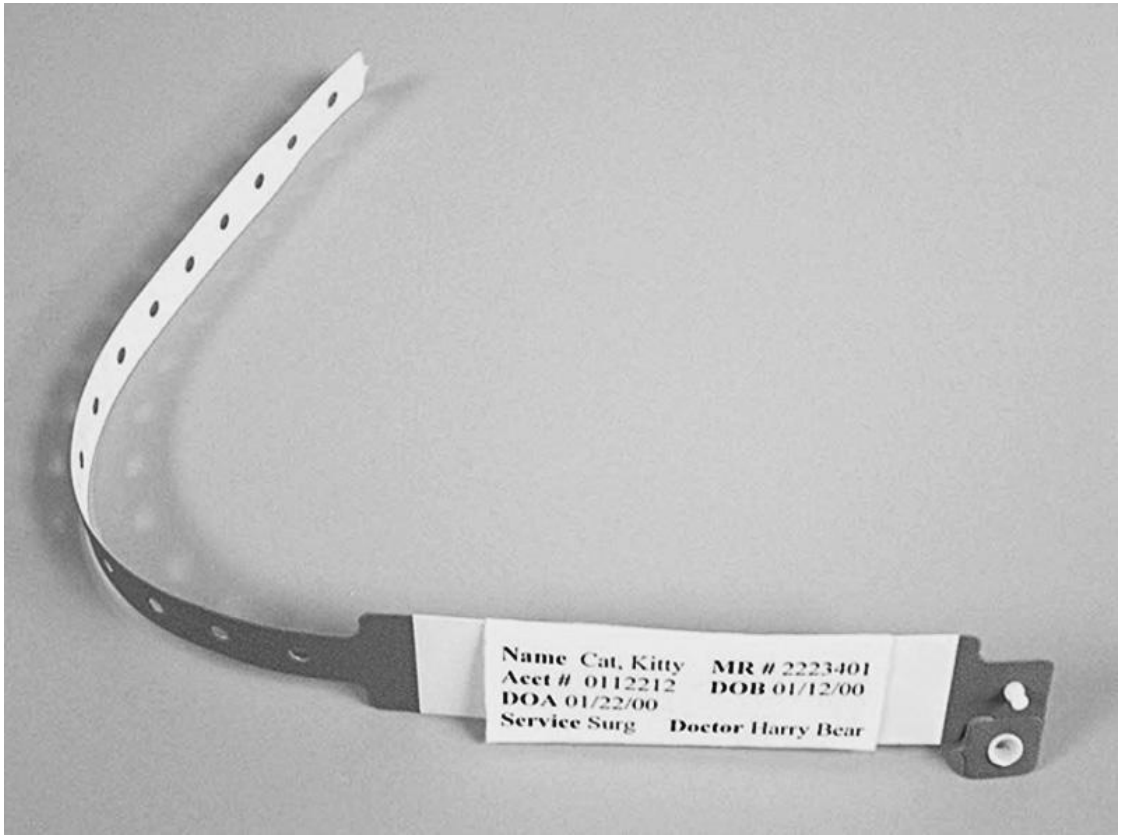
Patient Identification Bracelet

- Prepared by registration staff upon admission
- Usually a plastic band with patient's ID label affixed to it or a cardboard insert
- Identifying information may consist of:
  - Patient's name, sex, age, and date of birth
  - Patient's attending doctor's name
  - Health information management number
  - Patient account number

Purpose of the Patient ID Bracelet

- The bracelet is worn throughout the patient's hospitalization.
- All personnel who perform services for the patient must read the identification bracelet before administering any service, to ensure correct patient identification and to reduce risk of errors.

Patient ID Bracelet



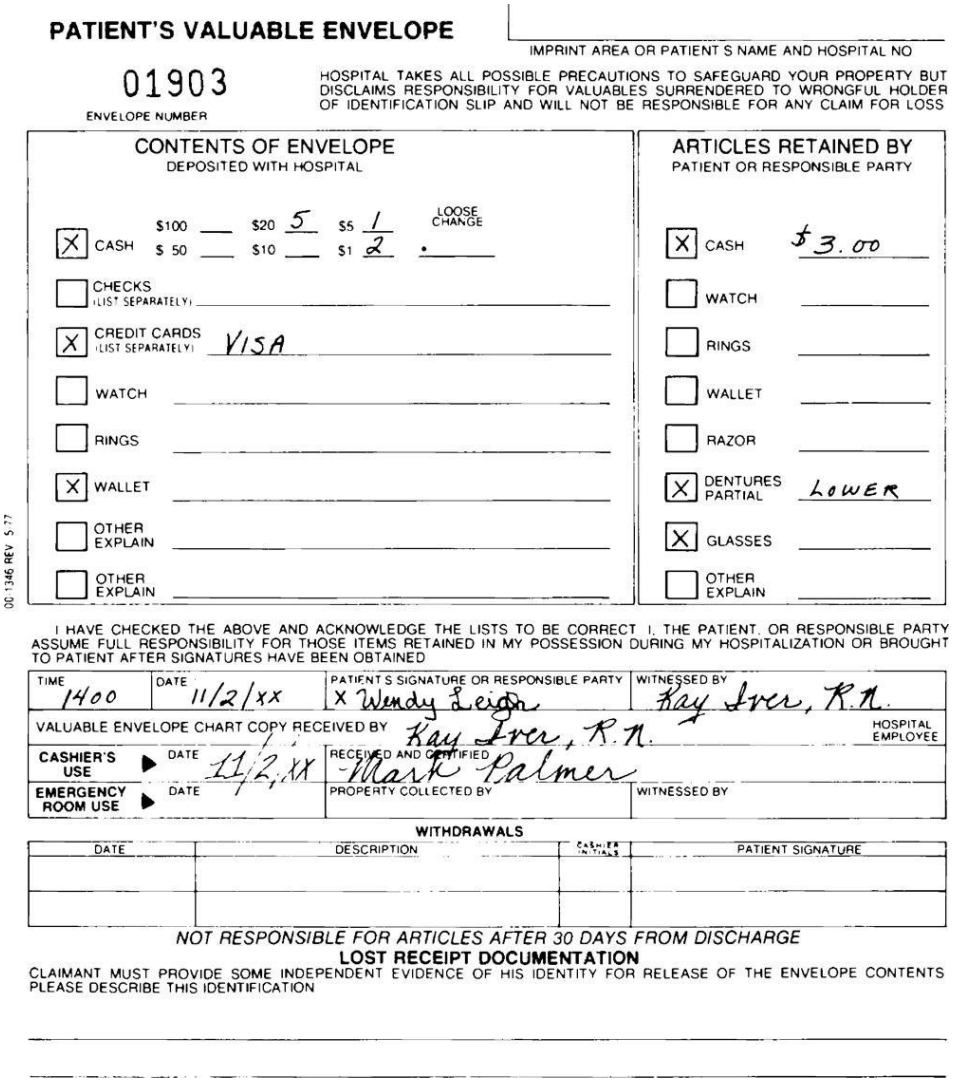
Color-Coded Alert Wristbands

- Colors are mostly standard for:
  - Allergy alerts: red
  - Fall risk: yellow
  - DNR: purple
- Colors vary with other alert wristbands:
  - Seizure alert
  - Diabetic
  - Extremity restriction
  - Isolation

Patient Valuables

- When the patient chooses to have items placed in the safe, the items are put into a numbered valuables envelope, and the patient is given a numbered claim check.
  - The number is entered electronically or handwritten in the patient's chart, and the envelope is placed in the hospital safe.
- A clothing and valuables form is also prepared, signed by the patient, witnessed, and placed into the patient's paper chart or scanned into the EMR.

Valuables Envelope



PATIENT'S VALUABLE ENVELOPE

IMPRINT AREA OR PATIENT S NAME AND HOSPITAL NO

01903

ENVELOPE NUMBER

HOSPITAL TAKES ALL POSSIBLE PRECAUTIONS TO SAFEGUARD YOUR PROPERTY BUT DISCLAIMS RESPONSIBILITY FOR VALUABLES SURRENDERED TO WRONGFUL HOLDER OF IDENTIFICATION SLIP AND WILL NOT BE RESPONSIBLE FOR ANY CLAIM FOR LOSS

CONTENTS OF ENVELOPE
DEPOSITED WITH HOSPITAL

- [X] CASH — $100 ___ $20 5 $5 1 $ 50 ___ $10 ___ $1 2 LOOSE CHANGE .
- [ ] CHECKS (LIST SEPARATELY)
- [X] CREDIT CARDS (LIST SEPARATELY) VISA
- [ ] WATCH
- [ ] RINGS
- [X] WALLET
- [ ] OTHER EXPLAIN
- [ ] OTHER EXPLAIN

ARTICLES RETAINED BY
PATIENT OR RESPONSIBLE PARTY

- [X] CASH $3.00
- [ ] WATCH
- [ ] RINGS
- [ ] WALLET
- [ ] RAZOR
- [X] DENTURES PARTIAL LOWER
- [X] GLASSES
- [ ] OTHER EXPLAIN

00-1346 REV 5-77

I HAVE CHECKED THE ABOVE AND ACKNOWLEDGE THE LISTS TO BE CORRECT I, THE PATIENT, OR RESPONSIBLE PARTY ASSUME FULL RESPONSIBILITY FOR THOSE ITEMS RETAINED IN MY POSSESSION DURING MY HOSPITALIZATION OR BROUGHT TO PATIENT AFTER SIGNATURES HAVE BEEN OBTAINED

TIME	DATE	PATIENT'S SIGNATURE OR RESPONSIBLE PARTY	WITNESSED BY
1400	11/2/xx	X Wendy Leigh	Kay Iver, R.N.

VALUABLE ENVELOPE CHART COPY RECEIVED BY Kay Iver, R.N. HOSPITAL EMPLOYEE

CASHIER'S USE	DATE 11/2/xx	RECEIVED AND CERTIFIED Mark Palmer	
EMERGENCY ROOM USE	DATE	PROPERTY COLLECTED BY	WITNESSED BY

WITHDRAWALS

DATE	DESCRIPTION	CASHIER INITIALS	PATIENT SIGNATURE

NOT RESPONSIBLE FOR ARTICLES AFTER 30 DAYS FROM DISCHARGE

LOST RECEIPT DOCUMENTATION

CLAIMANT MUST PROVIDE SOME INDEPENDENT EVIDENCE OF HIS IDENTITY FOR RELEASE OF THE ENVELOPE CONTENTS PLEASE DESCRIBE THIS IDENTIFICATION

Provided Patient Information

- The registration staff or the HUC will explain the registration process and hospital rules to the patient and/or the patient's family.
- Because of various state laws, the hospital may be required to inform the patient of specific information.
- Upon admission, the patient usually is supplied with a copy of patient rights and the hospital's privacy practices; other handouts may be provided regarding the hospital stay.

Escort to the Nursing Unit

- Once the nursing unit and bed assignments have been made, a volunteer, a member of the hospital transportation department, or an admitting personnel staff member escorts the patient to the assigned unit.
- In some hospitals, the HUC may escort the patient to the room and will advise the patient of visitation rules, use of bed controls, television, and Internet.

Common Components of Admission Orders

- Admitting diagnosis
- Diet
- Activity
- Diagnostic tests/procedures
- Medications
- Treatment orders
- Request for old records
- Patient alerts (allergies, fall risk, etc.)
- Patient care category or code status

Lesson 19.2

The Surgery Patient

11. Describe how a surgical patient's admission orders differ from a medical patient's admission orders and discuss three options for the way in which patient surgeries are performed.
12. Explain the purpose of the preoperative care unit and describe the patient preparation that may take place in the preoperative care unit.
13. List seven components that may be included in a set of preoperative orders (including anesthesiologists' orders) and seven HUC responsibilities regarding the preoperative patient's paper chart.

Lesson 19.2

The Surgery Patient (cont'd)

14. List seven records or reports that are usually required to be in the patient's electronic or paper chart before the time of the patient's surgery.
15. List nine components that may be included in a set of postoperative orders and four HUC responsibilities regarding the postoperative patient's paper chart.
16. Explain why it is important for the HUC to monitor the patient's electronic medical record (EMR) consistently.

Lesson 19.2

The Surgery Patient (cont'd)

17. Explain the purpose and the benefits of the electronic patient status tracking board for the patient's family and/or friends.
18. Explain what the HUC's responsibility would be regarding all medical records, including patient signed consent forms, handwritten progress notes, and reports faxed or sent from other facilities or brought in by a patient when the EMR with computer physician order entry (CPOE) is implemented.

Medical vs. Surgical Patient Orders

- Diagnostic tests ordered by the doctor are performed on surgery patients as soon as possible after their arrival to the hospital.
- An abnormal blood test result or abnormal chest x-ray may require that surgery be postponed pending further evaluation.
- Some surgeries, such as open-heart surgery or organ transplant surgery, may require:
  - Additional diagnostic studies
  - Patient preparation
  - Preoperative teaching
  - And careful explanation of the procedure to the patient and the family

Surgery Options

- Inpatient surgery: requires patient to be admitted to the hospital prior to the surgery day
- Outpatient surgery:
  - May be performed in the outpatient surgery, in a doctor's office, or in facilities such as surgicenters
  - Also called ambulatory surgical center (ASC) or outpatient surgical center
- Admission day surgery:
  - Patients scheduled for surgery on the day of their arrival to the hospital.
  - The patient usually has completed a preadmit, which includes an interview and preparation of most of the needed admission forms.

Preoperative Care Unit

- Located in the surgery area and is where a patient is prepared for surgery
- Also a waiting area for surgical patients
- Preparation includes:
  - Shaving the surgical area if necessary
  - Insertion of a saline lock
  - Starting of intravenous fluids
  - Inserting a catheter (may be done in OR)
  - Preoperative breathing treatments (if nec.)
  - Surgical consent form may be signed here.

Common Components of Preoperative Orders

- Surgeon's' Orders:
  - Name and description of surgery for surgery consent
  - Laxatives or enemas
  - Shaves, scrubs, or showers
  - Name of anesthesiologist or anesthesiology group
  - Miscellaneous orders
- Anesthesiologist's Orders:
  - Diet
  - Preoperative medications

Example of a Set of Pre-Op Orders

PHYSICIANS' ORDER SHEET

DATE	TIME	SYMBOL	ORDERS
5/13/XX	1400		Full liq diet tonight
			T & X match 2 u PC & hold for surgery
			CBC, UA & chest x-ray PA & LAT Cl: pre-op
			ECG this pm
			Consent: partial gastrectomy, vagotomy
			& pyloroplasty
			Hibiclens shower this pm
			H & P by surgical resident
			Pre-ops per Dr. A. Sleep
			Start 1000mL5% D/W TKO prior to surg.
			Dr. G. Astro MD.
5/13/XX	1600		NPO 2400
			Restoril 15 mg hs tonight MR x 1
			Demerol 100 mg } IM @ 0700
			Vistaril 25 mg }
			Dr. A. Sleep MD

Records Required to be in Preoperative Patient's EMR or Paper Chart

- Current history and physical record (H&P)
- Surgery consent
- Blood consent or refusal
- Admission service agreement (also called conditions of admission)
- Nursing preoperative checklist
- MAR
- Diagnostic test results

Preoperative Checklist for HUC

Surgical Patients 3-C

Rm#	Patient	Surg Time	Service Adm Agreement	H & P	5 Sheets Pt ID Labels	5 Face Sheets	Surgical Consent	Dx Reports
305	Pack, Fanny	0730	X	X	X	X	X	X
311	Juniper, Jack	0800	X	X	X	X	X	X
312	Harris, Susan	1100	X	X	X	X	X	X

Common Components of Postoperative Orders

- Diet
- Intake and output
- Intravenous fluids
- Vital signs
- Catheters, tubes, and drains
- Activity
- Positioning
- Observation of the operative site
- Medications to relieve pain (narcotics) and nausea and vomiting (antiemetics)

Example of a Set of Postoperative Orders

PHYSICIANS' ORDER SHEET

DATE	TIME	SYMBOL	ORDERS
6/7/03			Post op
			NPO
			NG tube to Low Suction
			Follow present IV c̄ 5% D/LR @ 125cc/h
			Demerol 75 mg IM q 4 h prn pain
			Compazine 10 mg IM q 4 h prn N/V
			Encourage to TCDB
			Knee length elastic hose ✓done / RR @1050
			May dangle this evening
			Dr. G. Astro

Electronic Patient Status Tracking Board

- A viewing screen located in the surgical waiting areas, hospital cafeteria, and other areas in the hospital
- Each surgical patient is assigned a “case number” that is provided to family or friends waiting for the patient.
- Designed to keep family and friends updated on the status of a surgical patient – the patient’s “case number” is displayed on the board once the patient has arrived in the perioperative department.

Electronic Patient Status Tracking Board, cont'd

- The location section of the board will display the patient's location (pre-op, in surgery, PACU, and room), which is also color-coded as the patient moves from area to area.

HUC Responsibilities Regarding Patient EMRs

- It is important that the HUC monitor the patient's EMR consistently including admission, preoperative, and postoperative orders for tasks that may need to be performed.
- The surgical consent is usually entered into the patient's EMR for the HUC to prepare the consent for the patient's nurse to have the patient sign.

EMR/CPOE Use: HUC's Role

- When EMR is used:
  - Monitor nursing unit census screen for icons indicating HUC tasks
  - Scan documents into patient EMRs as required in a timely manner
  - Print patient forms from computer as required