**Appendix 4 Nursing Admission Checklist**

**Adult and Older Person’s Mental Health Inpatient 72 Hour Admission Checklist**

**Patient…………………………………….**

**NHS Number…………………………….**

**DOA………………………………………**

|  |  |
| --- | --- |
| **Document** | **Date & sign when complete** |
| **WITHIN 12 HOURS OF ADMISSION** |  |
| Orientate patient to the ward and allocate a bedroom | Date: Sign: |
| Admit the patient on SystmOne | Date: Sign: |
| Allocate Named Nurse/Associated Nurse/Care Coordinator – provide patient with named nurse leaflet (refer to Appendix 4) | Date: Sign: |
| Check and receipt Section paperwork if applicable- complete Form H3 | Date: Sign: |
| Complete the evidence of legal authority to admit an informal patient checklist (refer to Appendix 10) | Date: Sign: |
| If informal provide patient provide informal patient leaflet (refer to Appendix 3) | Date: Sign: |
| The patient’s main carer/relative is identified, and their contact details recorded. Contact to be made (with patient consent) to notify them of the admission and to provide ward contact details | Date: Sign: |
| Complete admission care plan (including observation status) and PIPA. Provide the patient with a copy of their care plan. | Date: Sign: |
| Review and update the FACE risk assessment. Complete any necessary risk management plans. | Date: Sign: |
| Record RAG rating – normally Red on admission | Date: Sign: |
| Review the mental health clustering tool (MHCT) | Date: Sign: |
| Review and update the mental health assessment and review (Full Needs Assessments) | Date: Sign: |
| Care Programme Approach (CPA) status and care coordinator recorded (if allocated) | Date: Sign: |
| Physical examination and baseline observations (including EWS, neuro obs.) and investigations including bloods, ECG, VTE and urine analysis | Date: Sign: |
| Smokers should be offered nicotine replacement therapy (NRT) and referral to in-house smoking cessation service where available | Date: Sign: |
| Allergy status  | Date: Sign: |
| DNACPR/RESPECT status updated on SystmOne | Date: Sign: |
| PEEP PLAN if applicable to area | Date: Sign: |
| Add alert indicators to SystmOne DNAR suicide risk etc. | Date: Sign: |
| COVID-19 screening | Date: Sign: |
| Ensure the MCA1 and where indicated the MCA2 form has been completed by the admitting professional and notify/escalate if required | Date: Sign: |
| If detained under the Mental Health Act read rights and complete form 14a | Date: Sign: |
| **WITHIN 24 HOURS OF ADMISSION** |  |
| Falls risk assessment | Date: Sign: |
| Bed rails risk assessment (where applicable) | Date: Sign: |
| Patient moving & handling assessment  | Date: Sign: |
| PURPOSE-T pressure ulcer risk assessment | Date: Sign: |
| Choking risk assessment | Date: Sign: |
| Nutrition status, height, weight, and Baseline Malnutrition Universal Screening Tool (MUST) commence food and fluid charts for all patients and where appropriate provide patient with food journey booklet .  | Date: Sign: |
| All appropriate IPC screening to take place and the infection control admission risk assessment  | Date: Sign: |
| Medicines reconciliation  | Date: Sign: |
| Monitor treatment compliance and response to medication and Complete side effect rating scales (Clozapine/ GASS/ LUNSERS) and report any noted side effects | Date: Sign: |
| Inform other relevant parties involved in the care of the patient of the admission including the patients GP, care coordinator and community support services including lithium, clozapine, and depot clinics as appropriate and clarify last prescription/administration and/or monitoring as necessary | Date: Sign: |
| Sourcing of any pre-existing care plans and interventions including discharge summaries from acute hospital | Date: Sign: |
| CPN referral sent (if appropriate team identified) | Date: Sign: |
| MRSA Swab if applicable  | Date: Sign: |
| Photograph for patient identification, medication card and consent form photography including consent form | Date: Sign: |
| Clarify whether the patient has any housing, social or financial needs and if so, signpost/refer to appropriate agencies  | Date: Sign |
| Ascertain if the patient requires a fit note | Date: Sign: |
| Determine the patient’s driving status. Advice and guidance should be given in accordance with up to date DVLA guidance | Date: Sign: |
| Smoking screening – those identified as smokers should be offered nicotine replacement therapy (NRT) and a referral should be made to the QUIT team | Date: Sign: |
| **WITHIN 72 HOURS OF ADMISSION** |  |
| Full person-centred patient care plans (Mental Health, Physical Health, Mobility, ADL’s, Leave, Discharge) | Date: Sign: |
| Expected date of discharge to be recorded on SystmOne | Date: Sign: |
| Copy of letters/document search | Date: Sign: |
| Abbey pain scale *(for organic patients)* | Date: Sign: |
| Full physical healthcare check including ~~smoking~~, Substance misuse and alcohol, GASS (if on anti-psychotic medication) ~~Smokers should be offered nicotine replacement therapy (NRT)~~ | Date: Sign: |
| 4 AT assessment for delirium  | Date: Sign: |
| Day 3 COVID swab  | Date: Sign: |
| Confirming S117 aftercare status | Date: Sign: |
| Determine whether a carers assessment (triangle of care where staff are working under this) is required and a referral to be processed if necessary | Date: Sign: |
| **AFTER 72 HOURS or on request from MDT** |  |
| Day 5 COVID swab  | Date: Sign: |
| PHQ-9 | Date: Sign: |
| GAD 7 | Date: Sign: |
| GDS | Date: Sign: |
| ACE III (Assistant Psychologists) | Date: Sign: |
| **Within 7 DAYS** |  |
| Complete the About Me document (or equivalent) | Date: Sign: |
| Life Story/My Pal (where applicable) | Date: Sign: |
| Life Story/My Pal Consent Form (where applicable) | Date: Sign: |
| Please detail any additional area specific assessments here: |  |

**ENSURE PIPA/ MDT BOARD IS UPDATED ONCE TASKS ARE COMPLETED**