

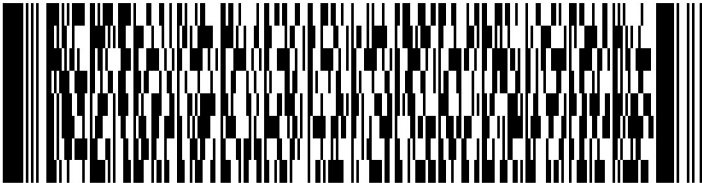
First Name	CLIENT		Surname	TEST		Date of Birth	29/01/1902	
NHS Number		Service		Ward				

ADMISSIONS CHECKLIST

	Role	Tick box	Date	Name
Ensure the patient has an NHS number and a Mobius record has been created with the correct details	RN	<input type="checkbox"/>		
Check HIE for any information if patient is transferred from North to South	RN	<input type="checkbox"/>		
Request history from referrer and locate case notes in Patient record	RN	<input type="checkbox"/>		
Identify care coordinator and liaison with all other professionals involved	RN or HCA	<input type="checkbox"/>		
Check that CPA Initial assessment inc. risk/AMHP and mental health clustering are completed	RN	<input type="checkbox"/>		

On Admission				
	Role	Tick box	Date	Name
Scrutinise Mental Health Act papers on ward, complete H3/Informal Rights	RN	<input type="checkbox"/>		
Attach MHA paperwork to bed state for collection	RN	<input type="checkbox"/>		
Email/communicate with MHA Team if patient is on a Section	RN	<input type="checkbox"/>		
Ensure risk assessment/screening is completed and risk management plan recorded	RN	<input type="checkbox"/>		
Record patient’s consent to information sharing	RN/ HCA	<input type="checkbox"/>		
Determine the observational level based on presenting risk and record in Patient record	RN	<input type="checkbox"/>		
Search and record patient belonging inventory	RN or HCA	<input type="checkbox"/>		
Complete COVID-19 risk assessment	RN	<input type="checkbox"/>		
Complete Inpatient Admission Assessment including Physical Health	Doctor	<input type="checkbox"/>		

Signature		Date Completed	29 Jan 2025
First Name		Last Name	
Designation			



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Medicine Reconciliation Form Policy states completion within 6hrs. Level 1 Completed by Pharmacy within 24/72hrs. Level 2			Doctor/ Pharmacist		<input type="checkbox"/>			

Within 2 Hours						
	Role	Tick box	Date		Name	
Allocate Keyworker	RN	<input type="checkbox"/>				
Record patient's consent to admission and assessment	RN	<input type="checkbox"/>				
Complete care plan	RN	<input type="checkbox"/>				
Complete cash and valuables register	HCA	<input type="checkbox"/>				
Ensure patient is oriented to ward and given welcome pack	HCA	<input type="checkbox"/>				
Ensure Oxevision use is discussed with patient and/or relatives - <i>(Implied consent as per SOP)</i>	Clinical Team	Yes	No			
		<input type="radio"/>	<input type="radio"/>			

Within 4 Hours					
	Role	Tick box	Date		Name
Identify and inform next of kin on admission	RN	<input type="checkbox"/>			
Enter bed state and daily report, update white board	Ward Clerk	<input type="checkbox"/>			
Complete MRSA screening tool	RN	<input type="checkbox"/>			
Complete MEWS – Baseline Vital signs	RN	<input type="checkbox"/>			
Complete VTE Assessment	Doctor	<input type="checkbox"/>			
Complete essence of care assessment	RN	<input type="checkbox"/>			
Help patient complete and sign admission contract <i>(informal patients)</i>	RN	<input type="checkbox"/>			

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Within 6 Hours				
	Role	Tick box	Date	Name
Complete cardio metabolic form	Doctor	<input type="checkbox"/>		
Ensure drug allergies are recorded on PMAC and within the Patient record	Doctor	<input type="checkbox"/>		
Ensure routine bloods are done	Doctor	<input type="checkbox"/>		
Ensure baseline single parameter track & trigger physical observations are done	HCA	<input type="checkbox"/>		
Complete ECG assessment if identified as required	Doctor	<input type="checkbox"/>		
Complete drug screen and urinalysis and record results in Patient Record	RN/ HCA	<input type="checkbox"/>		
Scrutinise medication chart	RN	<input type="checkbox"/>		
Complete medicine chart and prescribe medicine	Doctor	<input type="checkbox"/>		
Complete waterlow assessment (<i>if required</i>)	RN	<input type="checkbox"/>		
Complete falls risk assessment and record in Patient record	RN	<input type="checkbox"/>		
Complete manual handling needs and record in Patient record	RN	<input type="checkbox"/>		
Request consent for patient photograph to be taken and take photograph	RN	<input type="checkbox"/>		
Ascertain if the patient has a lasting power of attorney, advance directive, or statement of wishes	RN	<input type="checkbox"/>		
Complete MUST assessment tool in the Patient record, refer to dietician if required	HCA	<input type="checkbox"/>		
Food and fluid monitoring form	RN	<input type="checkbox"/>		
Complete body mapping form	RN	<input type="checkbox"/>		

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At 48 Hours								
			Role	Tick box	Date	Name		
Complete Incontinence Assessment			RN	<input type="checkbox"/>				

At 72 Hours					
		Role	Tick box	Date	Name
Complete My Care, My Recovery and incorporate into care plan		RN	<input type="checkbox"/>		
Refer for care coordinator if not already allocated		RN	<input type="checkbox"/>		

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