

Name of Policy: Nursing Admission Process and Procedures		 Effective date: TBD March 2026 – Currently posted for comment; combined with 3364-120-14 Procedure for Voluntary and Involuntary Admissions, 3364-120-31 Direct Admissions and 3364-122-41 Admission Process Original effective date: June 1, 2014	
Policy Number: 3364-120-13			
Approving Officer: Chief Executive Officer Chief Nursing Officer Medical Director			
Responsible Agent: Chief Nursing Officer Medical Director			
Scope: The University of Toledo Medical Center			
Key words: assessment, evaluation, involuntary			
	New policy proposal		Minor/technical revision of existing policy
X	Major revision of existing policy		Reaffirmation of existing policy

(A) Policy statement

All patients receive routine processing, whether admission occurs from within or outside the hospital. Each patient and family member are treated with dignity and concern throughout the admission process.

(B) Purpose of policy

To ensure that all admissions meet the admission criteria as established and to provide an efficient and timely admission process.

(C) Procedure

(1) Admission to the unit.

- (a) The patient or representative will sign all appropriate and required admission and consent forms prior to or at the time of admission.
- (b) Pre-certification is per UTMC procedure.
- (c) If applicable: Emergency application (pink slip) for involuntary placement will be in place and dated/timed appropriately. Involuntary admissions will adhere to [Chapter 5122](#) of the Ohio Revised Code.

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- (d) If applicable: Documentation for verbal consent shall include employee's signature, date, time, from whom consent was obtained, and signature of additional witness.
- (e) Admission from the emergency department.
 - (i) Patients presenting in the ED are evaluated by the ED physician and the psychiatric consult team.
 - (ii) Approval of the admission must occur before the patient is transported to the unit.
- (f) Direct admissions.

If admission is deemed appropriate and medical clearance is not required according to medical director's pre-determined admission criteria/requirements, patient is directly admitted to the unit.

(2) Assessment.

- (a) Every patient will have a nursing assessment completed within 24 hours of admission.
- (b) When the patient arrives to inpatient behavioral health he/she is met by the assigned staff. The patient should not be left alone or out-of-view of staff until the nursing assessment is completed.
- (c) The following occurs during the nursing assessment, including a head-to-toe evaluation:
 - (i) The assigned nurse ensures that the designated program admission forms and consents are signed.
 - (ii) The assigned nurse reviews the patient's rights, and key program policies and procedures. The patient and/or designee is given a copy of Patient Rights and Patient Handbook.
 - (iii) The assigned nursing staff member/designee checks the patient's belongings in his/her presence for contraband items. A "patient's valuable/belongings" form is completed. Items not permitted are stored in a secured area on the unit, sent home with family members, or are maintained by hospital security in their safe.

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- (iv) Obtain verbal medical/physical history from the patient including any significant areas that require further medical evaluation.
 - (v) Perform the physical assessment and skin assessment while still working actively to engage in a trusting, supportive, therapeutic relationship with the patient.
 - (d) The RN notifies the attending physician of any significant findings. Additional orders are obtained as needed.
 - (e) The RN initiates the interdisciplinary treatment plan. The individual treatment plan is initiated within 24 hours of admission.
 - (f) If any part of the admission procedure is deferred due to patient's refusal of an assessment, a detailed explanation is written in the progress notes by the RN. Attempts are made to complete the assessment as soon as possible. Progress notes reflect these ongoing attempts.
- (D) Patient/family teaching.
- (1) Unit schedule.
 - (2) Patient handbook.
 - (3) Patient rights.
 - (4) Visiting times.
 - (5) Rationale for valuables and contraband limitations.

Approved by:

 Daniel Barbee, MBA, BSN, RN, FACHE
 Chief Executive Officer

 Date

Policies superseded by this policy

- *3364-120-14 Procedure for Voluntary and Involuntary Admissions*
- *3364-120-31 Direct Admissions*
- *3364-122-41 Admission Process*

Initial effective date: June 1, 2014

Review/Revision Date:

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<p>_____</p> <p>Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <p>_____</p> <p>Date</p> <p>_____</p> <p>Dionis Kononov, MD Medical Director</p> <p>_____</p> <p>Date</p> <p><i>Review and Revision Completed By: Psychiatry – Inpatient Administration</i></p>	<p><i>March 2021</i> <i>March 2023</i> <i>March 2025</i> <i>TBD March 2026</i></p> <p>Next review date: <i>TBD March 2029</i></p>
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