

# Hospital Patient Admission Policy & Guidelines

## 1. Purpose

To ensure a consistent, safe, and patient-centered approach to admitting new patients into the hospital. This guideline outlines the procedures, responsibilities, and documentation required during the admission process.

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## 2. Scope

This policy applies to all hospital departments, including emergency, inpatient, outpatient, surgical, and specialty units, and covers both scheduled and unscheduled admissions.

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## 3. Types of Admissions

- **Emergency Admission:** Patient is admitted via the Emergency Department (ED) due to urgent medical needs.
  - **Elective Admission:** Planned admissions for diagnostic procedures, surgeries, or ongoing treatments.
  - **Transfer Admission:** Patient is transferred from another healthcare facility or unit.
  - **Direct Admission:** Patient is admitted directly by a physician without an ED visit (e.g., from clinic).
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## 4. Pre-Admission Procedures

### 4.1 Scheduling & Authorization

- Elective admissions must be scheduled by a referring physician.
- Prior authorization from insurance providers is required when applicable.
- Verify patient's insurance coverage and obtain approval for admission and procedures.

### 4.2 Pre-Admission Testing

- Conduct laboratory, radiologic, and other tests as ordered by the physician.
- Screen for infectious diseases as per hospital infection control policies.

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## **5. Admission Procedure**

### **5.1 Registration**

- Confirm patient identity using two identifiers (e.g., full name and date of birth).
- Collect personal, insurance, and emergency contact information.
- Explain patient rights and responsibilities; obtain signed consent forms.

### **5.2 Clinical Assessment**

- Initial nursing assessment within 1 hour of admission.
- Medical history and physical exam by admitting physician within 24 hours.
- Medication reconciliation and allergy check.
- Assign patient to appropriate care level/unit based on clinical needs.

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## **6. Documentation Requirements**

- Admission order signed by a licensed physician.
- Consent for treatment and release of medical information.
- Advance directives (DNR, healthcare proxy, etc.), if applicable.
- Financial responsibility and insurance authorization forms.

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## **7. Patient Safety and Risk Assessment**

- Fall risk assessment and preventive measures.
- Suicide/self-harm risk screening.
- Infection control screening (e.g., MRSA, COVID-19).
- Use of safety devices (e.g., wristbands indicating allergies or special risks).

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## **8. Communication & Coordination**

- Notify primary care provider and consulting specialists, as needed.
  - Coordinate with pharmacy, dietary, and allied health teams.
  - Provide information to patient and family about care plan and hospital services.
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## 9. Special Considerations

### 9.1 Pediatric Patients

- Legal guardian must be present for consent.
- Pediatric-specific safety and privacy protocols apply.

### 9.2 Psychiatric Admissions

- Mental health screening and clearance.
- Legal criteria for involuntary admission must be met and documented.

### 9.3 Non-English-Speaking Patients

- Provide certified interpreter services for communication and consent.
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## 10. Legal and Ethical Compliance

- Comply with HIPAA and local privacy laws.
  - Respect patient autonomy and informed consent.
  - Ensure non-discrimination based on age, race, gender, disability, or financial status.
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## 11. Roles & Responsibilities

Role	Responsibilities
Admitting Physician	Issues admission order, completes H&P
Nurse	Conducts initial assessment, ensures safety measures
Registration Staff	Collects demographic and insurance info
Case Manager	Reviews insurance, coordinates care planning
Interpreter Services	Ensures communication for LEP patients

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## 12. Quality Assurance

- Regular audits of admission records.
- Feedback from patients and families.
- Ongoing staff training on admission protocols.

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## 13. References

- Joint Commission Accreditation Standards
- CMS Conditions of Participation
- HIPAA Regulations
- Local/state healthcare authority guidelines

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## 14. Review and Revision

This policy shall be reviewed annually or as needed based on regulatory updates or hospital operational changes.

**Effective Date:** [Insert Date]

**Next Review Date:** [Insert Date]

**Approved By:** [Medical Director/Hospital Administrator]