POLICY MANUAL

Subject: Communication Regarding Newly Admitted Patients	Effective Date: 12/1/93
Initiated By: Pam Porter Admissions/AR Supervisor Ollie Tucker Director of Intake Center	Approved By: James B. Moore Chief Executive Officer
Review Dates: 2/16/96, 12/22/99 CSF 02/11 Committee HN, 03/12 CR, 03/13 CR 2/14 CR, 3/15 CR	Revision Dates: 2/16/96 CSF; 12/22/99 CSF; 1/15/03 CSF; 1/15/09 CSF; 03/10 Committee 2/14 NC

POLICY

To ensure an accurate and timely flow of communication regarding newly admitted patients to the relevant staff, a communication pathway has been established. It is the responsibility of all who are caring for the patient to ensure all relevant information is transmitted to other members of the team.

PROCEDURE

- 1. Upon completion of the triage and initial admissions assessment, the Admissions Counselor gives the following information to the Nursing Supervisor or designee:
 - a. Patient demographics
 - b. Brief substance use history, including last use and current withdrawal symptoms
 - c. Harm assessment (e.g. risk of violence to self and/or others)
 - d. Precipitating admission crisis
 - e. Major medical and psychiatric issues
- 2. The Nursing Assessment is then completed by the Admissions nurse or other assigned staff nurse. Please note that the Nursing Supervisor will assign the assessment if the Admissions nurse is not available.
- 3. Information regarding newly admitted patients is also communicated to other nursing staff via shift report and to the multidisciplinary team via daily team reports.
- 4. Since patients may be assessed at one site and admitted to another site, it is the responsibility of the Admissions staff member who completed the Initial Admission Assessment to communicate the fact of the patient's admission and his/her scheduled arrival in addition to any relevant information to the receiving program staff.