

Admission, Transfer and Discharge Procedure in Hospital: Review Article

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Abstract

Background: Admission to hospital can be traumatic experience with anxiety and fear for anyone. The person loses his identity, independence and control of daily living. The duration and severity of illness influence his/her reaction to admission procedure. This study aim to determine the role of nurse in admission discharge and transfer procedure in hospital

Methods: A PubMed, Google scholar and textbooks (2000-2018) literature review was undertaken to define the admission, discharge and transfer procedure in hospital.

Results: We identified 10 relevant articles and books. The most frequently noted form of admission discharge and transfer procedure in hospital.

Conclusions: This article bring to light the procedure of admission, points to be remember during hospitalization of patient because admission to hospital can be traumatic experience with anxiety and fear for anyone

Keywords: Admission, transfer, discharge, hospital

Introduction

Admission is defined as allowing a patient to stay in hospital for observation, investigation, treatment and care.¹ Admission is the entry of a patient into a hospital / ward for therapeutic / diagnostic purposes.²

Purposes of Admission:

- To receive the patients in the ward for admission according to his condition
- To provide comfort and safety to the patient

- To provide immediate care
- To be ready for any emergency.²

Principles/ important points involved in the admission of the patient:

1. Sudden change in the environment produces fear and anxiety
2. Entering hospital is a threat to one's personal identity.
3. People have diversity of habits and modes of behavior.
4. Illness can be a novel experience for the patient and bring stress on his physical and mental health.³

Actions:

- Personnel in admitting dept. should be instructed to give respect and establish healthy

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relationship to gain confidence and cooperation of pt and his family.

- Nurses should make every effort to be friendly and courteous and make him feel that he will receive sympathetic as well as efficient care.
- Talking with the patient and clarifying their doubts, listening to their problems; introducing to hospital dept, the hospital personnel and other patients; explaining the hospital routine; taking care of the valuables; giving explanations for treatments; allowing family members and friends to spend some time with the patient and above all establishing effective Nurse patient relationship can reduce fear and anxiety to a greater extent.
- The nurse should address them by their name and proper title.
- Allow the patient to use his own articles as far as hospital policy permits. (every pt loves to use his own articles)
- Find out the likes and dislikes of patient and include the pt in his plan of care. He should feel that he is considered and cared for.
- The hospital routines should be not be too rigid. E.g. some pts may not wish to be dressed in hospital gowns.
- Every nurse should understand the behavioral pattern of patients according to his age, sex, race, caste and socioeconomic factors.
- Nurse should recognize the various needs of the patient and meet them without delay.
- Nurse should give proper explanations about the disease, its prognosis and its complications in the language the patient can understand.^{3,4}

Types of admission:

Emergency Admission

Patients are admitted in acute conditions requiring immediate treatment E.g. patients with heart attack, accidents, acute appendicitis, poisonings, labor pains, diarrhea, dysentery, hematemesis, shock etc.

Routine Admission:

It means that the patients are admitted for investigations and planned treatment and surgeries. Eg the patients with hypertension, diabetes, jaundice, hernia, chronic renal failure.^{4,5}

Procedure of Emergency Admission:

- As patient come to emergency, according to his/her condition provide stretcher or wheel chair to patient.
- Provide bed and privacy to the patient
- Take brief history and complaints of patient, if patient is not able to give history then obtain from relatives.
- Check vital signs and call doctors on duty.
- Carry out the doctors prescriptions accurately.
- Allow only one caretaker to be near the patient and send to medical record department to prepare the patient folder. See that all the details are entered or not.
- If admission is required ask the doctor to give admission form and ask caretaker to sign the consent.
- Patient is shifted toward after giving initial care. If the emergency is busy then request the particular ward to come and take the patient.
- No patient should be sent out without any treatment.^{5,6}

Routine Admission Procedure:

Articles Required:

- Bed
- Vital signs tray
- Weighing machine and measuring tape
- Physical examination tray
- Admission slip

- Patient's case sheet and progress notes
- Investigation forms
- Intake output chart, Admission consent form
- Bed bath tray
- Bed pan or urinal⁵

Activities carried out in outpatient department:

Reception of the patient

The personnel in the admitting department should greet the patient and make him at ease. In emergency condition, no time should be lost to initiate the treatment.

Recording of social and medical data

The clerk in the records section is responsible for recording certain data that are essential:

- Identification data
- Patients too ill to answer questions should be admitted immediately and the necessary data is supplied by the family or friends.

Medical examination:

- medical history
- TPR &BP
- Investigations such as X Ray
- The patients who are suffering from mild ailments are sent home with necessary treatment. Others are admitted to the hospital for further investigations and treatment.

Activities carried out in inpatient department

Transporting the patients from OPD to IPD:

- Patients who are not very ill and are allowed to walk are escorted to clinical division by a nurse or an attendee.
- A seriously ill patient should never be left in the hands of untrained personnel.
- A female patient should never be left with a male attender.

Reception of the patient by the ward sister:

- The ward sister or nurse admitting the pt introduces her and greets the pt and his relatives. Makes effective nurse patient relationship.

- If the pt is very sick, she should put him to bed immediately. The patient who is not very ill can be allowed to take rounds in the ward. Introduce other pts to him and vice versa, and so with the other nursing personnel working in the ward.

- Orient the pt to the whole ward.
- Explain hospital policies, procedures and routines to the pt and his relatives. Helping the patient to occupy his bed

- His temp, pulse and respirations are recorded at the time of admission and later on at regular basis.

- Record patient data in admission register.

- Special equipments such as oxygen cylinder, suction machine, cardiac monitor, emergency trolley should be there for any emergency.

- Help him to change the dress (acc to hospital policy)

- Bed Bath (bed ridden pt) or bathroom bath (ambulatory pt).

- The nurse must make the arrangements to carry out the investigations if ordered by the doctor.

Care of valuable and clothing:

- Dirty clothing should be sent home with the relatives for washing.

- The clean clothing should be kept safely for the daily use.

- In the absence of the relatives, they are numbered, labeled and kept in store until such time that is handed over to the relatives.

- Never throw anything that belongs to the patient. It may be something he treasures. Negligence in handling patient's belongings brings criticism upon the hospital and makes the personnel and other patients liable to suspicion.

- Encourage the pt to send the jewellery, money and other valuable such as radio, watch etc to home with the responsible person.
- On discharge or death or transfer of the pt, the nurse should see that the clothes and other valuables are returned to the pt or his relatives. Get the receipt from the pt or nearest relative and keep it safe.^{6,7,8}

Nurse's responsibilities in admission:

- Preparation of the unit (Unit is the place where the pt is kept during hospital stay)
 - Keeping the bed ready
 - Position the bed
- Ambulatory pt (normal position of bed)
- Pt on stretcher (bed in lowest position)
- Entry of patient in admission registers with identification data, DOA, Diagnosis and IP number.
- Assemble necessary articles and supplies (eg hospital gown, bed bath articles, etc)
- Assemble special equipment and supplies (oxygen cylinder, cardiac monitors etc)
- Nurse should make every effort to be friendly and courteous with the pt
- Make proper observation of pt's condition
- Orient pt and relatives to hospital policies
- Observe policies in medico legal cases
- Recognize the various needs of the pts and meet them without delay
- Nurse should find out likes and dislikes of pt and include pt in his plan of care
- Care of pt's valuables and clothes
- Record patients medicine in medicine book if available.^{4,7}

Transferring the Patient

A patient may be transferred from one room to

another within the healthcare facility for several reasons. Sometimes the transfer is made at the patient's request

- a. A different type of room (such as a private room)
 - b. A transfer for personal reasons, such as to find a more compatible roommate medical staff may request it.
- The physician may request the patient be transferred from one level of nursing care to another because of a change in the patient's condition that might require more or less specialized care.

- the patient may be moved into intensive care when his/her condition becomes more critical
- Transferred onto a regular medical floor when his/her condition improves.
- Sometimes the nursing staff will transfer a patient closer to the nursing station where the patient's condition can be supervised more closely.
- The patient may also be transferred if the room location or equipment in the room is needed for a more critically ill patient.
- If the patient did not ask to be transferred, he/she may be upset, especially if the patient does not understand the reason for the transfer.^{8,9}

Responsibilities

- make sure all the patient's belongings are transferred with him/her
- Collect the belongings and any equipment that will be moved
- Check with the nursing supervisor before moving any equipment to another floor
- Check drawers, closets, tables, windowsills, the bathroom, and the bed covers for articles that might be forgotten
- The nurse will collect the patient's chart and medicines.
- The ward clerk will make the necessary changes in the patient's records, billing charges, and other forms.

- Nurse will post the transfer on the patient's chart include the time, room numbers transferred from and to, the reason for the transfer and the patient's attitude toward the move should also be charted.⁷

Moving the Patient

- Before moving the patient, make sure the new room or floor is ready to receive the patient.

- If the patient is moved in the bed, personal belongings can be placed on the bed.

- The patient should be in a comfortable position with the side rails raised.

- If the patient is moved by stretcher or wheelchair, move the patient first. Then move the patient's belongings on a cart.

- To prevent falls, never leave the patient alone in the hallway when you are transferring him/her to another floor.¹⁰

When the patient arrives at the new room

- Introduce the patient to the personnel who will be caring for them and their new roommates

- Orient the patient to the new room

- Assist the patient into the bed or a comfortable chair, attach the signal cord within easy reach, and make sure the patient is comfortable before leaving.

After transferring the patient in the new unit

- Return any wheelchair or stretcher used to transport the patient to the proper place

- Clean the patient's room

- Report to the nursing supervisor when the room is ready for another patient.^{9,10}

Discharge or dismissal from the hospital means the departure of pt from the hospital.²

Purposes of discharge:

- To be certain that the pt has information about his/ her condition, follow up visits or referral to other health care agencies

Discharge:

- To provide for a safe, efficient return of all the patients clothing, valuables and to check all the hospital equipment clothing stay in the hospital

- To assist the pt to manage successfully the change from the hospital environment to home environment

- Provide for continuity of care at home.^{2,3}

Types of discharge:

Pt is discharged from the ward as follow

1. Cured and discharged when the treatment of the pt is over from the hospital

2. LAMA: Leave against medical advice,(due to any personal reason of the pt)

3. DOR: Discharge on request

4. Absconded: Leaving hospital without any prior information

5. Transferred to another hospital i.e refer the patient to other hospital for further treatment

6. Death: Pt may expire during hospitalization.³

Discharge planning:

- Discharge preparation

- Physical Consideration

- Psycho-cognitive consideration

- Family Consideration

Steps for discharging a patient:

- Make sure that there is written instruction for discharge and follow up description

- Make sure that the family and the patient understand the instruction for care.(diet, medication, exercise)

- If the pt or relatives decide to leave the hospital against advise of his doctor, leave him against LAMA

- Assist the pt to dress.

- Collect the discharge slip and prescriptions that the pt is to take with him for follow up care
- Complete the pt's record and discharge summary
- Transport the pt's record and his belongings via a wheel chair.
- Care of the unit after discharge.⁶

Role of Nurse in Discharge Procedure:

- No pt should be discharged without the doctor's written order. The physician writes on the pt's chart when the pt is to be discharged.
- Instructions regarding further care, medication, treatment, follow up etc should be clearly written and interpreted to the pt and his family members.
- Provide the pt with the medications or direct him to purchase what is needed for him.
- Entry of the patient should be there in discharge register with identification data, DOD and remarks.
- Any of the hospital property that was given to the patient for his use in the hospital should be checked and received back before he leaves. The articles in the patient's unit should be checked and see that they are complete, including the bed linens.
- Before the patient leaves the hospital, the nurse should confirm whether he has paid all the hospital bills.
- If the patient is not able to walk or not allowed to walk, the nurse should see that he is safely transferred either on wheel chair or on stretcher.
- The dietary department should be informed of the patient discharge.
- If the patient leaves the hospital against the medical advice he should be ask to sign release form which stated that neither hospital nor the doctors are responsible for any ill effect happening after his departure. This form will be filled with patients records.^{1,2}

Medico-Legal Case (MLC):

A patient who is admitted to the hospital with some unnatural pathology and has to be taken care of in

concurrence with the police and/or court like¹

- Road traffic accidents
- Injuries inflicted during fights
- Suicide
- Burns
- Poisoning
- Rape victim^{1,2}

Role of Nurse in an MLC during admission:

- Obtain complete history from patient or significant others
- Inform the police on duty in the hospital and the CMO
- When it is made an MLC, record it on the patient's file with red ink on the right hand top corner
- Do not give any statement about patient's condition to police, magistrate or media
- Only a doctor is authorised to give information³

Role of Nurse in an MLC during discharge:

- When a patient has to be discharged, inform the police on duty in the hospital and the CMO
- Discharge only after their clearance
- If an MLC patient absconds, inform the CMO immediately and the treating doctor
- No MLC patient can go with LAMA
- Document the care given to patients timely, accurately and duly sign the nurses' notes
- Records and documents pertaining to the treatment of the patient has to be stored safely and should be handed over to the authorized person as designated by the hospital authority
- In case of death of an MLC, the body is not to be handed over to the relatives
- It needs to be accurately labelled and sent to the mortuary

- CMO and/or police officer should be informed simultaneously.⁴

Conclusion

Standardization of admission and discharge processes are largely in our control. There is a significant opportunity to create important benefits for increasing bed capacity and hospital throughput.

Conflict of Interest: NIL

Funding Sources: NIL

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