

HOSPITAL ADMISSION ORDERS & OBJECTIVES

For Elder's admission to **Acute hospital care**.

A-D-C A V-A-N-D-I-M-L-S mnemonic (adapted)

A-dmit to: list: -your name, -admitting & referring physician,
-special needs (tele? etc) -if patient not capable of medical decisions alert **POA or Guardian**

D-iagnosis: list: -primary diagnoses, -assess functional status.

D-ischarge planning (begins upon admission)

Define: -goals for hospitalization -care preferences
-discharge criteria (involve early: patient, family & social work)

C-ondition & C-ode status

List: -code status, and document discussion, (attending must cosign
code status orders within 24 hours)

-consult DPOA if patient incapable of medical decisions
-if no DPOA, suggest pt. to establish and request SW to assist.

A-llergies:....

-give adverse reaction if known

V-ital signs: -frequency of VS -frequency of weights
-orthostatic BP's, (if pertinent)

-criteria for when to alert and who to call.

A-ctivity level: **avoid bed rest**, always maximize activity,

orders for: -up in chair, -ambulation orders for nursing and
-out of bed for meals? (if necessary consult PT)

-if fall or delirium risk -Bed/chair alarms? Sitter? Near nursing?

N-ursing orders: -skin care/pressure ulcer prevention/avoid restraints

-glasses & hearing aids, -lighting

-orienting devices, -toileting

D-iet orders:.... -Diet to fit patients preferences and conditions.

-(Dietary consult?) (Avoid NPO)

-Include daily fluid goals per shift(po or IV) if pertinent. Patient need to be fed?

-Speech therapy consult (if swallowing disorders are suspected).

-Diet consistency & feeding instructions for swallowing disorders.

I-V fluids:...maintenance 30cc/kg/24hr, increase for illness, emphasize oral route
when possible.

M-eds:.....

-review all prehospital meds., (include OTC),

-**Constipation?** -eliminate unnecessary meds

When possible use meds that treat more than one condition.

New meds: start with short T1/2 agents and convert (when possible) to q. day
or bid dosing by discharge, give indications, crushed? liquids?

L-abs:.....

S-pecial(other) -DVT prophylaxis, -Respiratory therapy?

-Sitting up & Deep breath -O2?

-Delirium (screen for)

HOSPITALIZED ELDER

INITIAL & DAILY WORK ROUNDS CHECKLIST

The following issues must be addressed during hospitalization to provide the optimal outcome

INITIAL

- Outpatient medications reviewed (prescribed and OTC)

- Vision assessment and maximization

- Advance directives

- Hearing assessment and maximization

DAILY

- Delirium screen

- ADL status:? trajectory of change? what level do they need to reach for discharge?

- Eating? -Up to meals? -need feed assistance? - speech therapy eval?

- Hydration; -I&O status?

- Fall risk precautions?

- Skin (Pressure Injury) (total skin check at least M-W-F)

- Bowel & Bladder: -Eliminating? - Continent?

- Mobility? -Has this patient been out of bed? - Up in chair?

- Attachments: -Reduce the tubes and wires?

- Contacts: -Contact POA in cognitively impaired

- Discharge Planning;

(start planning with admission: location? arrangements? qualify and ready?)

- Discharge summary; should contain the following

- summary of hospital course, - baseline cognitive status

- list: problems & diagnosis, allergies -tests results still outstanding

- baseline physical functional status -follow-up appointments

- information related to goals, preferences, and advance directives

- medication list (with termination dates for time-limited drugs such as antibiotics)

Adapted portions are used with permission from: Lyons WL, Landefeld C.S. Hospital Care,
Geriatric Review Syllabus 6th edition pp 91-98, permission granted, 9-8-06

For more information see; **Web site:** geriatrics.unmc.edu & visit **GERI Pearls** evv 7-10-07