PROBARI

Resident Name:	Date of Admission:
Admission Responsibilities	**Signature of Staff Completing**
Complete Diagnosis List	
PT/OT/SLP Eval Order	
Standard Admission Orders Noted	
Ancillary Orders Noted (wound vac, tube feeding, Catheter, Oxygen, NMT's, Bi-Pap/C-Pap, trach, Vent, Ostomy, IV's)	
Monitoring of high risk medications being completed (ie antipsychotics, antidepressants, anxiolytics, opioids, diuretics, insulin/hypoglycemic medications)	
Focused charting as appropriate for antibiotics, behaviors, incisions, wounds etc.	
Pain Eval every shift	
TB Testing Orders present	
A Chest x-ray is in the chart if the resident has a previous positive TB	
Diet order obtained	
Immunizations documented	
Physician orders confirmed & changes noted in medical record	
Code Status Verified and in Physician Orders	
Follow up appointments arranged and noted	
Transmission Based Precautions in place	
Document Report Note	
Nurse	
Document Admission Note which includes a time of admission, full set of vitals, and status at time of admit.	
Complete ALL Admission Nursing assessments	
Skin assessment to be completed within 24 hours of admit.	
Wounds: Measurements and description noted in EMR	
Treatment & Monitoring Orders obtained	
TB Test Given and documented in Immunizations	
Baseline Care Plan Completed	
Nursing Assistant	
Obtain and document admission Vital Signs	
Obtain and document admission height	
Obtain and document admission weight	
Complete Inventory Log	