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 diagnosis

☐ assess functional status

Define:

☐ goals for hospitalization

☐ care preferences

☐ discharge criteria, involve early: patient, family & social work

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 (if necessary consult PT)

☐ out of bed for meals?

☐ if fall or delirium risk→

☐ bed/chair alarms? sitter? near nursing?
Nursing orders:
- skin care/pressure ulcer prevention/avoid restraints
- glasses & hearing aids
- lighting
- orienting devices
- toileting

Diet 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.

Meds:
- review all pre-hospital 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?

Labs:
Special: (other)
- DVT prophylaxis
- Respiratory Therapy?
- Sitting up & deep breath
- O2?
- Delirium (screen for)

Web site: geriatrics.unmc.edu