

## **Discharge Checklist to Request Admission Avoidance Team**

# Ensure all items have been completed before starting the Admission Avoidance Team Process (next page)

#### For ED Nurse:

Yes	N/A	
		Baseline mobility ax by nursing using WeMove criteria has been completed (as appropriate)
		Patient has been offered meal/snack as appropriate

### For ED Physician:

Yes	N/A	Ensure all items have been completed before submitting an
		Admission Avoidance Nurse Consult
		All diagnostics reports have been reviewed and documented by ED physician
		All necessary lab results have been reviewed
		All notes have been released (at least in draft)
		Weight-bearing and range of motion orders are completed (as applicable)
		Pain management has been established and meds administered (as required/applicable)
		Home medications have been given (as appropriate/applicable)
		O <sub>2</sub> requirements met by previous home O <sub>2</sub>
		Pt confusion is <u>not</u> acute (dementia = no reason to admit; acute delirium = reason to admit)

Once all items have been reviewed, proceed to page 2

# Discharge Checklist to Request Admission Avoidance Team Page 2

ED Physicians to complete the following orders to initiate the Admission Avoidance Team Pilot Process:

□ Submit a Discharge Order
□ Submit a Discharge Planning Order
☐ Submit the following Overnight/Weekend Hold Orders as this patient may remain in the ED for several hours while the Admission Avoidance Team works on coordinating their discharge
Overnight/Weekend Hold Orders
☐ Communication Order: Diet Order
☐ Diabetic Considerations (e.g. Cap sugars from Quick Orders)
☐ Nurse to mobilize daily BID, and pt up for meals
☐ BPMH Consult to Pharmacy and medication orders
□ Vitals ashift