
Guidelines For Emergency Room Visits or Hospitalizations



Health Care Quality Units

Disclaimer

The information presented to you today is to increase your awareness about Emergency Room visits and hospitalizations. It is not intended to replace medical advice. If you are in need of support please seek the advice of your physician.

Learning Objectives

Learner will be able to identify best practices for an Emergency Room and Hospital visit such as:

- Preparation practices
- Admission practices
- Treatment practices
- Discharge preparation
- Follow-up

Purpose

- To provide best practices for individuals and staff to follow when an Emergency Room visit and Hospitalization is necessary.
- To provide a sample of an Emergency Room/Hospital Admittance Form and a Decision Making Tool for Accepting An Individual When Discharged From an Emergency Room or Hospital.

Emergency Room/Hospital Admittance Form

EMERGENCY ROOM/HOSPITAL ADMITTANCE FORM

Form to be completed by direct support staff prior to bringing the individual with mental retardation to the emergency room or admitting the individual to the hospital.

Date: _____ Completed by: _____ Relationship to Individual: _____

Name: _____ Nickname/Likes to be called: _____

DOB: _____ Soc Sec #: _____

Address: _____ **Health Insurance** (Type & Numbers)

Primary: _____

Phone # _____ Secondary: _____

Living Status: Group Home _____ Family Living _____ Lives Independently _____ Other _____

Nursing Supports Available at provider agency? (circle) Yes or No;

RN and/or LPN Name: _____

Emergency Contacts

Name (Provider Agency): _____ Name (Family): _____

Phone Number: _____ Relationship: _____

Phone Number (After Hours): _____ Phone Number: _____

County Contact Person: _____

Phone Number: _____

Phone Number (After Hours): _____

Emergency Room/Hospital Admittance Form

(continued)

Primary Care Physician: _____ Reason for ER visit today
Phone Number: _____

Neurologist: _____
Phone Number: _____ Current Medical Problems/Diagnoses

Psychiatrist: _____
Phone Number: _____

Level of Mental Retardation (circle one)
Mild Moderate Severe Profound

Consent Status:

- CAN give own consent
- CANNOT give own consent. Has a Legal Guardian.
Legal Guardian: _____ Phone Number: _____
- CANNOT give own consent. Does not have Legal Guardian. Has a Substitute Healthcare Decision Maker.
Name: _____ Phone Number: _____
Medical Durable POA: _____ Phone Number: _____

Resuscitation Status:

- DNR
- Full Resuscitation

Consent for Release of Information to Provider (circle one) Yes No

Emergency Room/Hospital Admittance Form

Communication

- Able to communicate
- Communication Difficulties/Uses verbalizations
- Communication Difficulties/Uses gestures
- Not able to communicate needs
- Unable to use call bell

Vision

- Normal
- Low Vision
- Blind
- Wears glasses
- Wears contacts

Supportive Devices

- Padded Side rails
- Splints
- Braces
- Helmet
- Other _____

Hearing

- Normal
- Hard of Hearing (left/right)
- Deaf (left/right)
- Hearing Aide (left/right)

Toileting Ability

- Continent
- Needs Assistance
- Incontinent
- Catheterized
- Other _____

Medication Administration

- Independent/Self Medicates
- Medication Administered by Staff

Ambulation

- Independent
- Needs Assistance
- Walker
- Wheelchair
- Steady
- 1 Person
- Cane
- Crutches
- Unsteady
- 2 Person
- Crutches

Dining/Eating

- Independent
- Needs Assistance
- Totally Dependent
- Fed Through a Tube
- Head of Bed Elevated
- Other _____

Diet Texture

- Regular
- Chopped
- Ground
- Puree
- Thickened Liquid

Diet Type _____
Last Meal Eaten _____

Personal Hygiene

- Independent
- Special Needs _____

Oral Hygiene

- Independent
- Special Needs _____
- Dentures (Upper, Lower, Partial)

Emergency Room/Hospital Admittance Form

SPECIAL NEEDS

Usual Response to Medical Exams:

Cooperates Partially Cooperates Resistant/Becomes Agitated Fearful/Anxious

Any sedation required for clinical visits _____

Special positioning required for examination _____

Staff required for assistance with exams _____

Requires limited waiting periods for exams _____

Prefers early day appointments

Prefers end of day appointments

Special communication device/method _____

Pain Response: Normal Unique

Medical History: Known Unknown

For information, contact: _____ Relationship _____

Phone _____

Address _____

Emergency Room/Hospital Admittance Form

Medical

Date of last Tetanus _____ Date of last Flu Shot _____ Date of last PPD _____

Date of last Pneumovax _____ Date of last Hepatitis B Vaccine/Screening _____

Medical Illnesses/Ongoing Medical Problems List all medical conditions (e.g. heart attack, diabetes, epilepsy)

Surgical History List all previous surgeries and dates (most recent first)

Previous problems with anesthesia

Serious Trauma or Broken Bones

Psychiatric List all major behavioral and psychiatric diagnoses (e.g. depression, schizophrenia, anxiety)

Men's Health

Date last Prostate exam _____

Date last PSA _____

Normal

Abnormal N/A

Women's Health

Currently Pregnant Yes No

Past History of Childbirth Yes No

Age menstruation started _____

Age menstruation stopped _____

Still menstruating Date of Last PAP _____

History of Abnormal PAP Yes No

Date of Last Mammogram _____

Preparation

- The Emergency Room/Hospital Admittance Form should be completed by residential staff and taken with the individual with mental retardation to the hospital.
- The form should be updated whenever the individual's information changes and should be readily available for hospital staff to keep or copy.

Preparation (Continued)

- A current list of the individual's medications taken, including over the counter, should be available for the visit.
- Allergies to medications should be clearly identified, e.g., allergies that result in anaphylaxis shock or death.
- Sensitivities to medications should be identified, e.g., sensitivities may appear as a rash, nausea, vomiting or confusion.

Preparation (Continued)

Other items that should be available to accompany individuals:

- Health insurance card(s)
- Night or comfort clothing and slippers
- Assistive devices as canes or braces
- Communication boards or augmented communication devices

Preparation (Continued)

- Staff that are familiar with the individual should not leave the hospital until all questions regarding the plan for admission or discharge are answered.
- Establish a hospital contact person who will be able to answer questions that may arise, e.g., charge nurse responsible for individual's plan of care.

Preparation (Continued)

- In anticipation and preparation for an Emergency Room or hospital discharge a decision making tool should be completed for the individual by the caregiver staff.
- The tool should be used as a checklist for staff to prepare for safe acceptance and preparation of the individual's return home.

Sample Decision Making Tool

DECISION MAKING TOOL FOR ACCEPTING AN INDIVIDUAL WHEN DISCHARGED FROM A HOSPITAL OR EMERGENCY ROOM

This checklist is intended to be used by mental retardation residential staff as a decision making tool regarding accepting the discharge of an individual with mental retardation and also taking an individual back to their residence after an emergency room visit.

Patient Name: _____ Facility: _____
Diagnosis: _____ Proposed Date/Time of Discharge: _____

ACTIVITY

- Individual's mobility level has not changed from pre-hospitalization
If changed:
- Provisions can be established to accommodate individual's mobility level
(e.g., walker, wheelchair, bedside commode, ramp, or relocation to first floor of home)

EQUIPMENT

- Individual's equipment can be available and staff can be trained
(e.g., braces or splints, feeding tube equipment, oxygen, or walker)

MEDICATIONS

- Individual's medications are clearly understood and can be made available

Sample Decision Making Tool

PAIN MANAGEMENT

- Individual is verbal and can communicate pain
- Individual is nonverbal and a nonverbal pain assessment tool is available
- Individual's pain medications are clearly understood and can be available

DIETARY

- Individual's diet will change from pre-hospitalization

If changed:

- Provisions can be made for diet instructions

SPECIAL INSTRUCTIONS

- Individual's special instructions such as warning signs of relapse, what to do, and who to contact are clearly identified

Comments:

SAFETY

- Individual's safety considerations are identified and can be secured

Sample Decision Making Tool

HOME HEALTH

- Individual does not need home health services

If yes:

- Individual's home health agency/service has been contacted and a visit is scheduled

FOLLOW-UP

- Individual's Primary Care Physician's name, phone number, and instructions for follow-up are documented
- Individual's follow-up lab work, x-rays, and/or specialized tests are documented and understood

HEALTH CARE QUALITY UNIT (HCQU)

HCQU contacted for technical assistance at toll free 1-877-315-6855

- Prior to discharge
- After discharge
- No need to contact

Completed by _____ Provider Agency _____ Date _____

Admission

- The individual and staff should ask the physician what is the intended treatment plan including tests.
- In addition to the updated Emergency Room/Hospital Admittance Form any additional emergency names and numbers for hospital staff in case a change in treatment is made should be provided.

Treatment

- If the individual or his/her staff have questions or disagree with decisions at any time, it is important to discuss the issues with the doctor.
- The individual's staff may know the individual better than the doctor and may be able to provide important decision making information.

Treatment (Continued)

- Usually no single diagnostic test exists for many medical conditions.
- General physical exams and laboratory testing to rule out complex medical problems may be necessary.
- Neurological and psychological evaluations should be anticipated.

Treatment (Continued)

- The doctor and hospital staff may not be able to recognize differences in the individual's behaviors as well as the direct caregiver staff.
- Tests and evaluations may only result in possible or probable diagnosis and caregiver input becomes very important.

Treatment (Continued)

- Be prepared to question any medical decisions that need further explanation.
- Be prepared to advocate for the individual specific and appropriate services.
- Collect any information possible to help reassure the individual and answer his or her questions.

Treatment (Continued)

- Tell the individual of a planned procedure or surgery as soon as possible. Time may be needed to think through situations and organize questions.
- Try to use teaching tools as visuals to explain procedures which can reduce anxiety.

Discharge

In preparation for discharge caregivers should be prepared to identify individual's needs related to:

- Mobility
- Equipment
- New or changed medications
- Pain Management
- Dietary restrictions



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Personal Info

Please fill out the information below so you will receive your grade and certificate of completion via e-mail.

Last Name:

First Name:

E-mail:

If you work for a Mental Retardation program in Pennsylvania, please tell us which county you work in

County:

Please answer the following 10 true and false questions to the best of your ability. Simply click in the true or false circle. Once you have completed the post-test, click the "Submit Test" button at the bottom of the page. You will then receive your grade and certificate of completion. A score of 70% or higher must be achieved on training post-tests in order to receive a Certificate of Completion.

Questions

1. The emergency room/hospital admittance form can be filled out when a consumer is being admitted to the ER/hospital. True False
2. The ER/Hospital admittance form will take the piece of a staff member having to accompany the consumer to the ER/Hospital. True False
3. Direct care staff from the individual's home will be able to recognize differences and changes in the individual's behavior better than the ER/hospital staff. True False
4. The ER/Hospital Admittance form needs to be updated annually. True False
5. It is best to avoid telling the individual how diagnostic tests will be performed. True False
6. Home caregiver does not need to advocate for the individual since all hospitals have a patient advocate on staff. True False
7. A decision making tool for discharge should be completed by the home caregiver staff. True False
8. Identified needs related to the discharge of an individual include: new medication, diet, necessary medical and/or mobility equipment, new physical limitations and training / education for the home caregiver staff. True False
9. Arrangements for Visiting Nurse service or home health care cannot be made until after discharge. True False
10. Health Care Quality Units are available to provide education, technical assistance and resources for individuals and their home care giving staff. True False

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