

# STANDARD OPERATING PROCEDURE

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## ADMISSION

- Doctor or clinician admitting the patient should check for availability of bed in the ward before admitting any patient.
- Greet the patient and party/attendants.
- Explain to the patient the reason for his/her admission.
- Fill in the admission form and the indoor register. Always ask for old registration number. And if not, send for new one.
- Include the patient's surname wherever necessary.
- Maintain the correct permanent and current address of the patient.
- Obtain the address of village leader for patients who do not have anybody to look after.
- Assess patient's condition for immediate care plan.
- Check patient's file to ensure that the orders are carried out completely.
- Follow up investigation(s) sent from transferring unit (if it is a transferred patient).
- Read out or explain the hospital rules and regulation to the patient and attendants and get informed consent.
- In times of emergencies, no time should be wasted in such procedures rather the patient should be attended to and managed immediately.
- Orientation to patients and their attendants about ward, toilet and visiting time and meal time.
- Handover the visitor's card (two cards) and attendants' card (one card).
- Introduce the patient to other patients.
- Hand over the bed linens to the patients (as far as possible try to avoid patient's home linens).
- Check and record vital signs.
- Read the Patient's case sheet thoroughly.
- Ensure YELLOW alert sticker is placed on all documentation for patients with similar names.
- Place the Patients identification wrist band.
- Carry out all doctor's order.
- Inform the patient and party not to keep any valuables in the hospital. The hospital and staff will not be responsible for loss.
- Place relevant forms in the respective places
- TPR sheet, I/O charts Nurses note and relevant chart at the bedside.
- Explain in case patient needs to remain fasting overnight or any other issues

**SIGNATORIES**

*Name of staff (MO/NO/CO/COI/MIDWIFE/ ETC)*

*Name: .....*

*sign.....*

*Date:*

*Department in charge*

*Name:.....*

*sign.....*

*Date:*

*Nursing Officer in charge*

*Name:.....*

*sign.....*

*Date:*

*Hospital Administrator*

*Name:.....*

*sign.....*

*Date:*