C.A.R.E.D
Recommended Workflow

The CARED acronym is a simple way to remember the recommended workflow for the utilization of AdmissionCare during the admission process.

C - Consider appropriate care setting
- Does the patient require hospitalization?
- Are they a good candidate for Hospital-at-Home (Inpatient status, at home)?
- Safe for discharge home, including:
  - Back to medical facility (rehab / SNF)
  - Home with help from family/caregiver or home health referral
  - Outpatient Dialysis Center
  - Follow up with primary care physician
  - To ambulatory clinic (i.e. ophthalmology)

A - ASK what is the principal diagnosis?
- What is the main reason the patient is being admitted?
- Use this principal diagnosis to search for the appropriate guideline.
- Keep guideline filters marked "all" for all available guideline options.
- If more than one principal diagnosis, use condition that requires most of the treatment.

R - Review INPATIENT guideline FIRST, then OBSERVATION
- If patient does NOT meet INPT, toggle to related OBS guideline.
- Criteria selected must match condition of patient at time of decision.
- Evaluate specific diagnosis guidelines first, then use the more general guidelines.
- If physician judgement is that the patient's condition exceeds OBS criteria, but unable to meet INPT guideline criteria, document in the medical record the intent and reasons why INPT care is warranted.

E - Enter bed status / level of care order
- Inpatient
- Observation
- Ambulatory / Outpatient in a bed / Outpatient (if available)

D - Document criteria in medical record
- Criteria selected under guideline must be supported in the H&P and/or progress notes.

After you use AdmissionCare… you have C.A.R.E.D for the patient!