

1: Admitting, Transferring, and Discharging Patients

Unit 1: APPLIED PATIENT CARE SKILLS

Standard: CNA (Personal Care & Transfers), CCMA (Patient Intake), EMT (Patient Handoff)

Lesson Objective: You will apply the steps for admitting, transferring, and discharging patients while collecting accurate information and orienting patients to their care environment. You will recognize patient needs during transitions and respond with clear communication. You will demonstrate professional judgment during handoffs by prioritizing accuracy, safety, and dignity.

Admitting, Transferring, and Discharging Patients Top 3 Core Clinical Concepts

1. Recognizing the Patient Behind the Paperwork

Before touching a form, observe. Skin color, breathing, confusion, and emotional state tell you things no intake form can. Notice and report — that awareness is what separates quality care from just completing tasks.

2. Communication That Moves Patients Safely

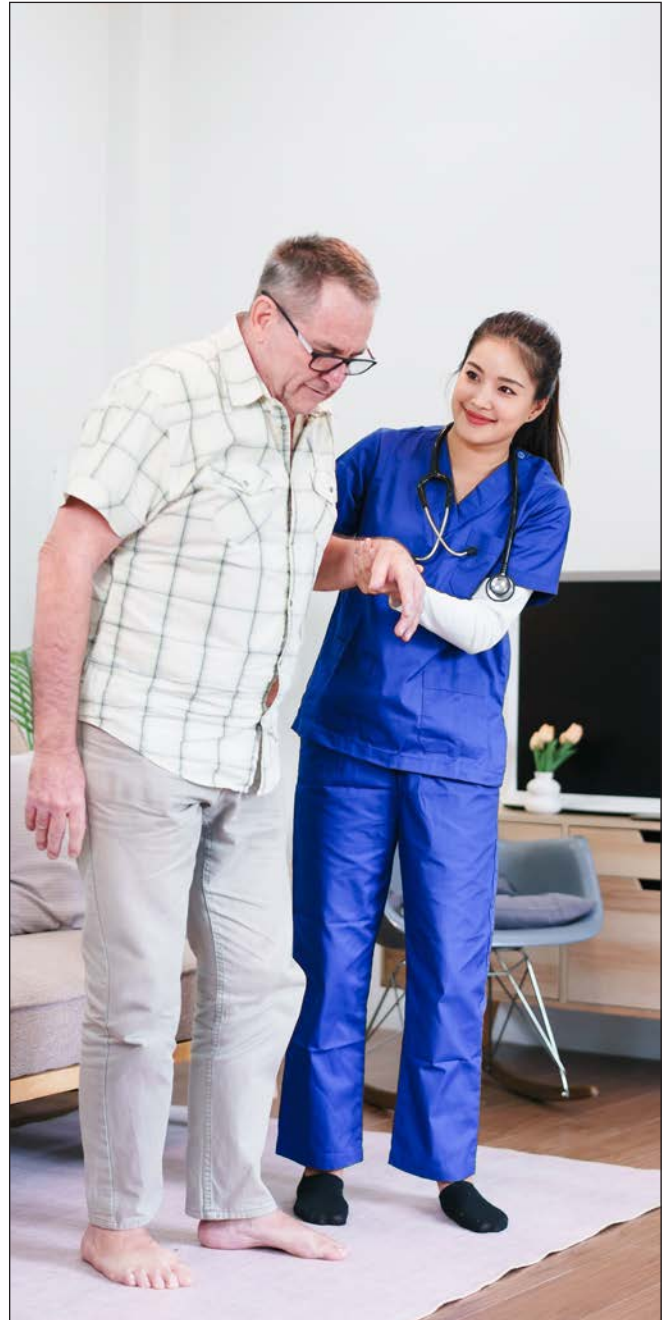
Every transfer and discharge depends on accurate information passing between healthcare workers. A clear handoff or confirmed discharge instruction prevents errors — a missed detail causes real harm.

3. Staying Composed When Everything Is Moving Fast

Admissions and transfers are rarely calm. Staying focused when the room is chaotic is a skill that directly protects patients. Rushing leads to missed steps; composure leads to safe care.

Why This Topic Matters

Patient transitions are among the highest-risk moments in healthcare. Errors at admission, transfer, or discharge can follow a patient for weeks — through medications, insurance records, and follow-up care. Observing carefully, communicating clearly, and staying composed during transitions is what patients and care teams rely on.



*Every patient who walks through that door is starting a new chapter —
and the healthcare worker who greets them sets the tone for everything that follows.*

More Than a Checklist: What Patient Transitions Actually Demand of You

Every healthcare pathway — CNA, CCMA, EMT, CBCS — involves patient transitions. A 72-year-old woman arrives at a long-term care facility after a week in the hospital. She is carrying a family photo, two suitcases, and a very worried daughter. The team has forms to complete, a room to set up, and two more admissions on the way.

In the middle of all that urgency, this woman is quietly exhausted and a little scared. The question is whether anyone will notice — and what happens to her care if they do not.

Seeing the Person Before You See the Patient

Before reaching for a form, take a moment to actually look at the patient in front of you. Is her breathing labored or shallow? Does her skin look pale or flushed? Is she confused about where she is or who is talking to her? Does she move easily, or is every step a challenge?

These are not casual observations — they are clinical data points that can shape how the entire care team responds from the very first minute. A single sentence in your notes, like “patient appeared short of breath while walking from the wheelchair to the bed,” can change what the nurse checks first.

You already know from Part 1 that your role is to observe and report, not to diagnose or change the care plan. That responsibility belongs to the licensed nurse or provider. But what you notice and communicate directly influences the decisions they make.



Pale skin, labored breathing, visible confusion, and difficulty moving are physical signs that belong in a report — not just a mental note.

A CNA who flags pale skin and audible breathing during admission gives the charge nurse a reason to assess before anything gets worse. A CCMA who notices a patient seems confused during intake knows to slow down the instructions and alert the provider. Awareness at the right moment can change the whole direction of someone’s care.

Orienting a patient to a new space is more than a tour — it is a way to help someone feel safe in an unfamiliar environment. Show the call light. Point out the bathroom. Introduce a roommate or neighbor. Place the family photo somewhere visible from the bed.

These small actions send a clear message: **you are seen, you are safe, and someone is paying attention.** The trust built in those first few minutes follows a patient through their entire stay, and it often determines whether they will tell you the truth later about pain, symptoms, or concerns at home.

The rule applies across every healthcare pathway: if it is not documented, the next care team may not know it happened.

More Than a Checklist: What Patient Transitions Actually Demand of You

Privacy is part of that trust. Admissions often happen in hallways, shared rooms, or busy nurses' stations, and patients quickly notice who is careful with their information and who is not. Lower your voice when discussing medications or diagnoses. Close the curtain or pull the privacy screen before asking about personal history. Keep the chart screen turned away from visitors, and never share details about one patient with another. These habits are protected under HIPAA, but they are also simply how respectful healthcare workers behave from day one.

Handoffs, Instructions, and Getting It Right

Every time a patient moves — between units, between facilities, or from a facility back home — information has to travel with them. This is the core rule of every pathway in healthcare: **if it is not documented, the next team may not know it happened.**

Think about what that means in practice. An EMT transferring a patient to the emergency department delivers a verbal handoff report to the receiving nurse — every field intervention, every vital sign change, every detail. If something is skipped, the ER team may duplicate a treatment or miss a critical window.

A CCMA completing a referral has to make sure the paperwork is accurate and complete, because an error delays care the patient still needs. A CBCS who codes an admission incorrectly can trigger a claim denial — the facility does not get

reimbursed, and the patient's record now contains wrong information that follows them to every future provider.

The stakes are just as real for medication management. A patient on a blood thinner who is transferred without that medication clearly documented could receive a double dose — or miss one entirely.

Both outcomes are dangerous, and both

are preventable with careful documentation. That is not a dramatic hypothetical. It is the kind of harm that real handoff failures cause every year in facilities across the country.

When involved in any transfer or discharge, the job is straightforward: make sure nothing gets lost. Speak clearly. Confirm the receiving person

has everything they need. Document before the patient leaves your care, not after.

At discharge, the instructions a patient walks out with are their only safety net at home. A CCMA reviews follow-up appointments; a CNA goes over activity restrictions. Either way, the goal is the same — confirm the patient or their family can repeat the key instructions back in their own words. This is called the teach-back method, and it is one of the most reliable ways to catch confusion before it



In healthcare, the spaces between care settings are just as clinically important as the care itself.

An EMT's verbal handoff at the ER bay and a CNA's room orientation have the same goal — make sure nothing gets lost when a patient moves.

More Than a Checklist: What Patient Transitions Actually Demand of You

becomes a problem. If they cannot repeat the instructions clearly, clarify before they leave. That last conversation is the last layer of protection.

Staying Steady When the Room Is Not

Admissions, transfers, and discharges are almost never calm. Someone is rushing. A family member is upset. The computer is slow. Another patient needs attention down the hall. In all of that, staying focused, accurate, and professional is expected — and it is genuinely hard when you are new to the work.

The key is recognizing when the pressure around you starts affecting your performance. If you are rushing through a belongings inventory, stop and restart. If a family member is asking so many questions that you are losing your place, it is okay to say, “Let me finish this step so I get it right, and then I will answer everything.” That is not rude — it is exactly what a composed professional does.

Emotional regulation is a trainable skill, not a personality trait. Whether an EMT is handing off a critical patient in a busy ER bay or a CNA is managing a tearful family during a long-term care admission, the people in that room are counting on the healthcare worker to be the steady presence — even when it does not feel that way on the inside.

Over time, the process becomes familiar. But even early on, the discipline to slow down, stay accurate, and hold your composure is what separates a good healthcare worker from a great one.

Every patient who arrives, transfers, or goes home is trusting the team to handle that moment with skill and care. Your role



A complete patient handoff is not a courtesy — it is a professional and clinical obligation.

in that process — however entry-level it feels right now — is the foundation of safe, dignified healthcare.

Quick Reference: What to Watch for During Any Patient Transition

- Observe skin color, breathing, confusion, and mobility before touching paperwork
- Your role is to observe and report — diagnosis belongs to the nurse or provider
- Document everything; if it is not written down, the next team may not know it happened
- Every handoff — verbal or written — must be complete and confirmed
- Protect patient privacy (HIPAA) during every step of the transition
- Use teach-back to verify the patient understands discharge instructions in their own words

Staying calm when everything around you is moving fast is one of the most underrated skills in healthcare — and one of the most important.

1: Admitting, Transferring, and Discharging Patients - Guided Notes

Three Most Important Concepts

Read the article and write the three most important topics you learned in your own words.

Concept 1: _____

Concept 2: _____

Concept 3: _____

Main Concept Overview

Fill in the blank using the Word Bank below.

Word Bank: confirmed — confusion — documented — handoff — report

1. When observing a patient during admission, you should look for signs like pale skin, labored breathing, visible _____, and difficulty moving.
2. Your role as a healthcare support professional is to _____ your findings to the nurse or provider — not to diagnose or change the care plan.
3. If something is not _____, the next care team may not know it happened.
4. Every transfer requires a complete _____ that gives the receiving team all critical patient information.
5. Discharge instructions must be explained in plain language and _____ with the patient or family before they leave.

True / False

Write True or False on the line before each statement.

1. _____ Healthcare support professionals like CNAs and CCMA's are responsible for diagnosing patients during admission.
2. _____ A patient's skin color, breathing, and mobility are examples of clinical observations a healthcare worker should note during transitions.
3. _____ If a medication is not documented during a transfer, the receiving team could give a double dose or miss a dose entirely.
4. _____ Discharge instructions only need to be handed to the patient — there is no need to confirm they understand them.
5. _____ Orienting a patient to their new room helps reduce fear and builds trust during a stressful transition.

1: Admitting, Transferring, and Discharging Patients - Guided Notes Continued

Matching

Match each term on the left with the correct description on the right. Write the letter on the line.

- | | |
|---------------------------------|--|
| _____ 1. Scope of Practice | A. The process of explaining and verifying a patient understands their care instructions before leaving a facility |
| _____ 2. Verbal Handoff | B. The boundaries that define what a healthcare worker is trained and permitted to do in their role |
| _____ 3. Discharge Confirmation | C. A spoken report given from one care provider to the next when a patient is transferred |
| _____ 4. Clinical Observation | D. The physical act of noting a patient's skin color, breathing, confusion, or mobility during a transition |
| _____ 5. Documentation | E. The written record of care actions and patient information that follows a patient through every transition |

Fill in the Table

Write what each healthcare role does during a patient transition.

Healthcare Role	Their Key Responsibility During a Patient Transition
CNA	
CCMA	
EMT	
CBCS	
Nurse / Provider	

Application Question

A patient is being transferred from the hospital to a long-term care facility. You are the CNA shadowing the admitting nurse. You notice the patient seems confused and is breathing faster than normal. Based on what you learned in this lesson, what should you do with those observations, and why does it matter?

1: Admitting, Transferring, and Discharging Patients - Clinical Case Study

Admitting, Transferring, and Discharging Patients Health Science Clinical Case Study

When the Checklist Is Not Enough

Mrs. Lorraine Parker, 72, has just arrived at Lakeview Care Center after a week-long hospital stay for pneumonia. She walks slowly through the front door, one hand gripping her daughter's arm and the other wrapped around a framed family photo. Two suitcases trail behind them. The admitting CNA, Marcus, greets them at the front desk. It is a busy afternoon — two more residents are scheduled to arrive soon — but Marcus starts the admission process with steady focus.

Mrs. Parker's Situation

Before Marcus says a word about paperwork, he takes a moment to observe. Her skin has a slightly pale, grayish tone. Her breathing is slow but audible — not labored, but noticeable. She is not making eye contact and responds to questions in short, flat answers. Her daughter, Diane, is asking overlapping questions about meal schedules, visiting hours, and the room situation.

Mrs. Parker is physically recovering but clearly exhausted. The hospital discharge was that morning, and she has been in a car and wheelchair for three hours. She seems withdrawn — not distressed, but not present either. Diane's anxiety is filling the room and making it harder for Mrs. Parker to settle. Marcus notes the skin tone and audible breathing on his intake form and flags both for the charge nurse before continuing.

The Healthcare Worker's Response

Marcus begins with orientation rather than forms. He introduces himself to both women, then walks them to Room 114 before pulling out the checklist. He points out the call button, the bathroom, and the window — then introduces Mrs. Parker briefly to her roommate. He places the family photo on the nightstand without being asked.

Once Mrs. Parker is seated and slightly more comfortable, Marcus begins the belongings inventory — working through both suitcases methodically and reading each item aloud so Diane can confirm. Hearing aids, reading glasses, three medications — all documented. When Diane starts asking questions mid-inventory, Marcus says calmly, "Let me finish this section so everything is accurate, and then I will answer everything." Diane steps back.

The charge nurse reviews Marcus's flagged observations and assesses Mrs. Parker directly. She notes the breathing as a baseline for overnight monitoring. The skin tone is attributed to transport fatigue, but it is now in the record. Before leaving, Marcus passes the hospital's discharge instructions to the charge nurse and confirms the follow-up pulmonology appointment has been transferred to Lakeview's calendar.

1: Admitting, Transferring, and Discharging Patients - Clinical Case Study

Outcome

Mrs. Parker's first evening is calm. The overnight check shows her breathing has normalized and her color has improved. Diane calls the next morning less anxious and thanks the staff. Because Marcus flagged and documented his observations, the care team had what they needed to monitor appropriately. Because the belongings inventory was complete and the discharge paperwork was passed forward, nothing was lost. The admission was not perfect — it never is — but it was safe, thorough, and human.

Clinical Case Study Questions

1. Clinical Recognition (Application)

What key signs or behaviors did Marcus need to recognize in Mrs. Parker during her admission, and why were they clinically important?

2. Decision-Making (Analysis)

Which of Marcus's actions had the greatest impact on patient safety during this admission, and why?

3. Professional Judgment (Evaluation)

What could have gone wrong if Marcus had skipped his initial observation and gone straight to paperwork?

1: Admitting, Transferring, and Discharging Patients - Hypotheticals

Scenario 1: CNA | “Something Is Not Right”

Mr. Delgado, 81, is being admitted to a long-term care facility from the hospital. While orienting him to his room, you notice his skin looks pale and he is moving very slowly, gripping the bed rail. He says he feels “fine” but avoids eye contact. His daughter is nearby, asking questions about his daily schedule.

- a) What physical observations should you note and report to the nurse?
- b) How do you manage the daughter’s questions without losing your place in the admission steps?
- c) What could happen if you skip reporting your observations because the room feels busy?

Scenario 2: CCMA | “The Record Does Not Match”

You are working the front desk in a medical office. While preparing a patient for checkout after her appointment, you check her electronic health record and notice her follow-up appointment was never scheduled after her last discharge. Her listed medication name also does not match what she says she takes at home. She is standing at the counter waiting.

- a) What two issues in the record need to be addressed before this patient leaves?
- b) Why does an EHR error at discharge create risk when she sees her next provider?
- c) What happens if the CCMA assumes the record is correct and sends her home without checking?

1: Admitting, Transferring, and Discharging Patients - Hypotheticals

Scenario 3: EMT | “90 Seconds at the Bay Door”

Your unit transported a 67-year-old man to the ER after a fall at home. He was alert when you arrived, but his alertness dropped during transport. You gave him oxygen and tracked his vitals the whole way. At the ER bay, the receiving nurse waves you to the side and looks busy. You have about 90 seconds before dispatch calls your unit again.

- a) What information must be included in your verbal handoff to the ER nurse?
- b) Why does a complete handoff matter even when the receiving team looks rushed?
- c) What could go wrong if you leave before the nurse confirms she received the report?

Scenario 4: CBCS | “The Code Does Not Match the Chart”

A patient was admitted for a two-night stay following a minor outpatient procedure. While processing the admission paperwork, you notice the diagnosis code that was entered does not match what is written in the patient’s chart. The patient has already been discharged and gone home.

- a) Why does an incorrect diagnosis code create a problem for both the patient and the facility?
- b) How does this documentation error connect to what happens when the insurance claim is processed?
- c) What is the risk to the patient’s future care if this error stays in the record uncorrected?

1: Admitting, Transferring, and Discharging Patients - Reflection Questions

1

Why is it important to observe a patient's physical condition before starting the admission paperwork?

Think about what a patient may be going through physically and emotionally when they first arrive. Consider what specific things you would look for — and what might happen to the patient's care if those things went unnoticed in the first few minutes.

2

What is the difference between observing and diagnosing, and why does that line matter for a healthcare support professional?

Your role in healthcare has defined boundaries. Think about what you are trained and permitted to do — and what happens when those boundaries are respected versus ignored. Consider how your observations still make a real impact on the care team even without a diagnosis.

3

How does staying calm under pressure directly affect a patient's safety during a transition?

Imagine a fast-moving admission or transfer where multiple things are happening at once. Think about the kinds of errors that could happen when someone rushes or loses focus. Consider how your composure influences not just accuracy, but also how the patient feels in that moment.

1: Admitting, Transferring, and Discharging Patients - Vocabulary

TERM	DEFINITION
Admission	
Clinical Observation	
Discharge	
Discharge Confirmation	
Documentation	
Emotional Regulation	
Handoff	
Orientation	
Scope of Practice	
Verbal Report	

Admitting, Transferring, and Discharging Patients

D I S C H A R G E C O N F I R M A T I O N B T Y
M N R R E N F X U G R S K T P U B W R U D I S Q
Q N C Z R X P E Z Z A C O W W O A Z W B K V W K
D X H D D Z T M V E A T Q K E W X R B F Q S U H
S X X F B C V O J R K D L H V C V F E W T W F A
N W R Z J E K T R S U Q S P I V A A D P U R L D
W M T B S O R I E N T A T I O N D T H C K U B M
V P X Z V F H O A L A K V L T B F C R M Q N J I
R A K U Y X A N C S G G I C R A H U T X X N J S
V Q F I G M N A P C C S Q N S Q M N N U U J U S
E X A I U S D L A G B O F P K K U V U U D S I I
R A N X E J O R D C N I P K H U H W K E I Z O O
B P N W G O F E O O W N L E R W H E W Q S I D N
A C H H G O F G F Y C E Z C O B E V I N C K X B
L A B M N Q N U J M N U C C O F Y B W O H I W Y
R Q C U O Q W L Q K G U M H I M P Z Q L A E W I
E R A E P F C A A E N B X E L E H R G W R F N B
P H S L U K T T T R H R P K N E R D A U G Y N H
O F I O T B J I T F Y H I E Z T D P W C E Q T M
R S I D P V W O O L G F O H O M A W O G T F R W
T F F S X W R N R F G J W D H J E T F V S I J K
U F H N U L K K L A Y E O X Z M Q I I O W V C Z
C L I N I C A L O B S E R V A T I O N O Q Y V E
I V N J Q Y J L A N K M M D N J M S Y W N A O J

Scope of Practice

Emotional Regulation

Discharge Confirmation

Clinical Observation

Verbal Report

Orientation

Handoff

Documentation

Discharge

Admission

Admitting, Transferring, and Discharging Patients

Across

3. The specific tasks and responsibilities a healthcare worker is trained and legally permitted to perform. Scope of _____

6. Verifying that a patient and their family understand all instructions before leaving the facility. Discharge _____

9. The formal process of welcoming and registering a patient into a healthcare facility.

10. The ability to manage your own stress and remain calm and professional in high-pressure situations.

Emotional _____

Down

1. The written or electronic record of patient information and care actions used by the entire healthcare team.

2. Introducing a patient to their new care environment to help them feel safe and informed.

4. A spoken summary of a patient's condition and care history delivered directly to the receiving care provider during a transfer. (Two words)

5. The transfer of patient care responsibilities and information from one healthcare worker to another.

7. Noting a patient's physical signs — such as skin color, breathing, and mobility — to gather care information. Clinical _____

8. The official process of releasing a patient from a healthcare facility and preparing them for home or next-level care.

