SOP · WRD-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 58.1

At a glance

- Each inpatient has falls, pressure, nutrition and VTE risk assessments within 24 hours of admission (PSF-FRM-002, CLN-FRM-006, CLN-FRM-005, CLN-FRM-007).
- A clinician reviews the plan every day and records it (WRD-FRM-001).
- A change in risk is reflected in the plan on the same day.
- Stop and get help straight away if: an inpatient has no admission assessment, or a day passes with no clinician review.

1. Purpose

To make sure every inpatient is assessed on admission and reviewed daily (58.1).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

To make sure every inpatient is assessed on admission and reviewed daily (58.1).

5. Responsibilities

Role	Responsibility	Competence
Ward doctor	Carries out the daily review and signs the plan	Clinical lead
Ward nurse	Completes the risk assessments on admission	Ward doctor

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Assess.

- Complete the four risk assessments within 24 hours of admission.

Key point: Assessed.

Step 2. Review.

- Review the plan every day and record it (WRD-FRM-001).

Key point: Reviewed.

Step 3. Update.

- Update the plan the same day if a risk changes.

Key point: Updated.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Inpatients with all four assessments within 24 hours	100%	Monthly	Clinical lead	Complete the assessment at once
Inpatient days with a daily review recorded	100%	Monthly	Clinical lead	Escalate to the ward lead

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
WRD-FRM-001	Ward admission and daily review record	Record
PSF-SOP-001	Falls risk assessment and prevention (existing, reused)	SOP

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Safety & Emergency Preparedness** (H-05)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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