

Effective 10/01/2018

MEDICARE ORDER FORM

DIAGNOSIS:

SCHEDULED PROCEDURE & DATE:

TWO MIDNIGHTS OR MORE

I expect the patient will require hospital care for TWO MIDNIGHTS OR MORE. (Documentation must be present in the medical record to support the expectation of two or more midnights.)

ADMIT TO INPATIENT STATUS

LESS THAN TWO MIDNIGHTS (Check only one status - either Inpatient or Outpatient)

I expect the patient will require hospital care for LESS THAN TWO MIDNIGHTS or I am uncertain as to the length of stay.

PLACE PATIENT IN OUTPATIENT STATUS

PLACE PATIENT IN OUTPATIENT STATUS and BEGIN OBSERVATION SERVICES

(Observation is a defined set of monitoring services that is typically ordered to evaluate a patient's condition for the purpose of determining whether the patient should be admitted as an inpatient or discharged.)

ADMIT TO INPATIENT STATUS (Documentation must be present in the medical record to support at least one of the following selections; check all that apply.)

Inpatient only procedure defined by CMS' Inpatient Only List

Patient is medically unstable and requires immediate medical intervention, as well as frequent monitoring and changes in treatment plan

Patient has significant risk factors that increase the probability of an adverse event if not monitored closely for an extended time period

Patient requires active clinical monitoring, diagnostic studies, procedures or treatment that cannot be completed safely in an outpatient setting

Patient failed to improve following outpatient treatment that necessitates further evaluation and treatment

TO BE VALID, THE ORDER MUST BE SIGNED, DATED AND TIMED.

Telephone/Verbal Order per _____ Taken/Read Back by _____ Date/Time: _____
Admitting Physician Name (print) Signature/Credential

Resident Signature: _____ Date/Time: _____

Physician Signature: _____ Date/Time: _____

HCA FLORIDA PALMS WEST HOSPITAL

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10/01/2018

HCAFL-H-PW-00454

PATIENT INFORMATION

LAST NAME:

FIRST NAME:

DOB:

PHYSICIAN: