Patient Name:_____

BENEFIS HEALTH SYSTEM

Benefis
HOSPITALS

PROVIDER ORDERS

Order Set Directions:
- ➤ **(√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.**
- ➤ **Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made**
- ➤ **Initial each page and Sign/Date/Time last page**

Diagnosis: _____ Allergies: _____

Admission Patient Placement   **Version 1   2/14/14**

Patient Placement

Patient Status
- ● If the physician cannot anticipate that the duration of episode of care for the patient will cross two midnights, the patient should continue to be treated as an outpatient (observation services) and should be admitted if or when additional information suggests or the physician anticipates that the duration of the episode of care will cross a second midnight.
- ☐ Admit to inpatient: **I certify that:
  Inpatient services are reasonable and necessary and ordered in accordance with Medicare regulations.
  Services ordered are appropriate for the inpatient setting.
  It is anticipated that the medically necessary care of the patient will cross at least 2 midnights.
  The diagnosis included in this order is the reason for inpatient services and is outlined further in the history and physical and subsequent progress notes.
  The need for post hospital care will be determined based upon the patient's evolving clinical condition and needs.
- ☐ Observation services (Condition can be evaluated/treated/improved within 2 midnights or additional time is needed to determine if inpatient admission is medically necessary)

Provider Signature:_____Date:_____Time:_____