




<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160</p> <p>PHYSICIAN'S ORDER FORM</p>	<p>Do not write in this box</p>  <p>DT0018</p>	<p>PATIENT LABEL</p>
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DATE & TIME	ADMISSION ORDERS
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	ADMIT TO
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	Nursing Unit:
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	Service:
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	Resident Physician:	Pager:
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	Attending Physician:	Pager:
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	<ul style="list-style-type: none"> • Initiate seasonal influenza and pneumococcal vaccine protocol.
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	PATIENT STATUS: select one: Inpatient, Extended Recovery OR Observation
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	<input type="checkbox"/> INPATIENT ADMISSION Admitting Diagnosis: _____ <u>Inpatient JCAHO ORYX Core Measures:</u> (Evidence-based markers for quality of care on the following order forms) <ul style="list-style-type: none"> <input type="checkbox"/> Acute MI (<i>Initiate Acute Coronary Syndrome/Myocardial Infarction order form</i>) <input type="checkbox"/> CHF (<i>Initiate Congestive Heart Failure order form</i>) <input type="checkbox"/> Pneumonia (<i>Initiate Community-Acquired Pneumonia order form</i>)
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	<input type="checkbox"/> EXTENDED RECOVERY (following scheduled surgery or procedure, patient requires extended recovery services)
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	<input type="checkbox"/> OBSERVATION (Patient with uncertain condition serious enough to warrant close observation or further monitoring to determine plan of care, normally less than 24 hours, does not meet inpatient criteria) <u>Reason for observation:</u> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Fever <input type="checkbox"/> Chest Pain <input type="checkbox"/> Bleeding </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Metabolic Disorder <input type="checkbox"/> Nausea, Vomiting, or Dehydration <input type="checkbox"/> Mental Status change <input type="checkbox"/> Other: (must describe) _____ </td> </tr> </table>	<input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Fever <input type="checkbox"/> Chest Pain <input type="checkbox"/> Bleeding	<input type="checkbox"/> Metabolic Disorder <input type="checkbox"/> Nausea, Vomiting, or Dehydration <input type="checkbox"/> Mental Status change <input type="checkbox"/> Other: (must describe) _____
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Physician signature: _____	Date: _____	Time: _____	Pager: _____
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NURSING (RN or Unit Secretary) to complete:

Arrived on unit at _____ time. Contacted _____ (name) in Admitting and confirmed admitting service, attending physician and patient status ordered above.

If Extended Recovery or Observation, complete sticker and place on front of chart cover.

Signed (RN or Unit Secretary) _____ Date: _____ Time: _____

Extended Recovery and Observation patients are outpatients and are not expected to stay more than one overnight stay.

If status is not updated to inpatient or a plan for discharge communicated, RN must contact physician for orders.

ADMISSION ORDERS	(Page 1 of 1)
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Inpatient Services Defined
 (From Medicare Hospital Manual, Section 210)
 Inpatient services are provided to patients who are expected to need an overnight stay and who meet medical necessity criteria for severity of illness and intensity of services. *The written admission order must include the term "inpatient".*

Outpatient Services Defined
 (From Medicare Hospital Manual, Section 230.6)
Extended Recovery services are provided to outpatients with a known diagnosis, whose services have been scheduled. After receiving surgery or a procedure, the patient receives recovery services while occupying a bed on a Nursing Unit. *The written admission order must include the term "Extended Recovery".*
Observation services are provided to outpatients whose medical services are unscheduled. While occupying a bed on a Nursing Unit, the patient receives medical services to evaluate and determine the need for further treatment or Inpatient Admission. *The written admission order must include the term "Observation"; if inpatient criteria are met, the physician must document and order the status change.*

Extended Recovery and Observation Comparison

Observation	Extended Recovery
Unscheduled Order states "Observation" Evaluate/Diagnose patient's condition Determine need for further treatment or Inpatient admission	Scheduled (post procedure) Order states "Extended Recovery" Standard recovery orders without complications Recovery only; nothing more
Examples: Breathing difficulty (asthma, pneumonia) Chest Pain Congestive Heart Failure	Examples: Minor procedures (Lumbar Puncture) Radiology/Cath Lab/Surgical procedures