



**MEDSTAT**

**Allergies:**

Date	Time	<b>ORDERS</b>	Nurse's Initials and Time
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**Notice** SOME MEDICATIONS MAY BE SUBSTITUTED. ONLY THOSE MEDICATIONS APPROVED BY PHARMACY AND THERAPEUTICS COMMITTEE WILL BE SUBSTITUTED.

Register to Dr. \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Status (choose one)  Inpatient (if selected, **MUST** complete **Part B**)  
 Observation Status  Outpatient \_\_\_\_\_

Level of Care (choose one)  Critical Care  Telemetry  Other \_\_\_\_\_

**Part B: Midnight Rule for Inpatient Admission**

**Physician's Inpatient Certification:** If a patient is being placed in INPATIENT status, please fill out the following information (MUST be completed before or at the time of admission)

1. Reason for inpatient medical treatment (what are the clinical interventions you are ordering that can only be accomplished in the inpatient setting and why) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Estimated time expected for patient to be in the hospital: (only check one)

Less than or equal to(≤) 24 hours (**only check box for Medicare INPATIENT Only procedures**)

Greater than (>) 2 Midnights **PLEASE NOTE:** if expected LOS is < 2 Midnights (unless it is Medicare Inpatient Only Procedure), then Patient Status should likely be Observation)

*I hereby certify that inpatient services were ordered in accordance with Centers for Medicare and Medicaid Services regulations and that these inpatient services are reasonable and necessary in accordance with 42CFR 412.3 (e).*

Physician's Printed Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**DANGEROUS ABBREVIATIONS- DO NOT USE!**

**DO NOT USE**  
 U; u; IU  
 q.d or QD, q.o.d. or QOD  
 MS;MSO4; MGSO4

**NEVER** use zero after decimal point (1.0mg)  
**ALWAYS** use zero before decimal point (0.5mg)

**INITIAL PHYSICIAN ORDERS**

