Short Term Inpatient Care

Services provided in an inpatient setting must conform to the written plan of care. This form must be used every time that there is a general inpatient hospice admission or when there is an admission to general inpatient services from the home or from a nursing home. Each succeeding visit to the hospital must note need for continued changes and reason for continued hospital placement.

☐ Communication with Admitting Physician or designee prior to admission
Comments: ____________________________________________

Choose one (1) and Comment

Respite Care
Up to five days only per benefit period.
☐ Respite care for relief of the patient’s caregivers
Comments: ____________________________________________

OR

Skilled Nursing Care
☐ Skilled nursing care is needed by a patient whose home support has broken down if this break-down makes it no longer feasible to furnish needed care in the home setting. Patient continues to need pain control or symptom management, which cannot be feasibly provided in other settings while the patient prepares to receive hospice home care.
Comments: ____________________________________________

OR

General Inpatient Care
☐ Other examples of appropriate general inpatient care include a patient in need of
  ☐ Medication Adjustment
  ☐ Observation
  ☐ Stabilizing Treatment (psycho-social monitoring, a patient whose family is unwilling to permit needed care to be furnished in the home
Comments: ____________________________________________

Head of Nursing Signature ___________________________ Date __________

RN Case Manager Signature ___________________________ Date __________