



SCANNED TO BED CONTROL

Date of Surgery: _____

<p><input type="checkbox"/> Outpatient status Ambulatory Surgery</p> <p><input type="checkbox"/> Outpatient status surgery - patient requires hospital bed for recovery.</p> <p><input type="checkbox"/> Inpatient status</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical / Surgical Unit <input type="checkbox"/> ICU <input type="checkbox"/> Telemetry <input type="checkbox"/> Other: _____ <p>Estimated length of stay 1 2 3 4 5 6 7 over 7</p> <p>Estimated disposition:</p> <p>Home SNF Home Health Asst Living</p>	<p>Patients in this status will recover in the surgery area and be discharged home from the surgery department.</p> <p>Patients in this status may require additional recovery in a bed on a nursing unit to complete their outpatient stay.</p> <p>Patients in this status post operatively will be admitted to a bed on a nursing unit for continuing inpatient care until discharge.</p>
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Date: _____ Time: _____

Physician # _____

MD Signature



Sutter Medical Center, Sacramento

A Sutter Health Affiliate

Surgery Admission Status Orders

21259 (11/2/07)

PATIENT IDENTIFICATION

SGH SMH

Patient Name: _____