CASE STUDY - Rejzer

65 y/o Medicare beneficiary w/ known PMHx of Type 2 DM on insulin, CHF, ASCAD, and Chronic Renal Insufficiency. Presents to ED at 2100 hrs c/o protracted N/V and "elevated BSs" by home glucometer. Known previous history of DKA and medication non-compliance but states he took his regular daily dose of insulin until he began experiencing N&V 12 hours PTA. Also c/o polydipsia and polyuria. Denies any fever, SOB, or chest pain. On Physical Exam: VS: T-99 oral, BP 110/60, HR 112 NSR, R 13 w/ acetone on breath. Dry mucous membranes and skin tenting, but remainder of exam unremarkable. Labs: WBC 12,000, H/H 14/45, NA+ 122, K+ 6.6, BS 655, Co2 6, BUN 55, Creat 2.4, ABGs: pH 7.01, pO2 95, pCO2 15, HCO3 7, BE -8.5. IVFs and IV Insulin drip initiated in ED. **Case Manager states patient meets inpatient criteria based upon MCG. Physician order for inpatient admission written at 2300 hrs. Was this the right decision?**

If the provider reasonably assumed the expectation (presumption) of at least 2 midnights of inpatient services and clearly documented the medical necessity and plan of care to meet the certification requirements, then inpatient status would be appropriate. The qualifying practitioner must "authenticate" the admission order prior to discharge.

Following 2nd midnightl, patient much improved w/ resolution of N&V and taking po liquids. IV insulin d/c'd after 12 hrs. Repeat labs at 1100 hrs: BS 115, Lytes wnl with K+ 4.2, BUN 25 , Cr 1.6 (baseline), and pH 7.38. **Patient discharged at 1300 hrs w/ discharge instructions and PCP f/u for next day. What is appropriate discharge status? (Total inpt time = 38 hrs)**

Assuming the patient continued to receive inpatient services during the hospitalization, the most appropriate discharge status would remain as inpatient. The requirements for the 2MN have been met providing the provider documented the medical necessity and expectation of inpatient services extending beyond two midnights.

Scenario #2: Same patient, same presentation but now present to ED at 0100 hrs with inpatient admission order at 0300 hrs. Same plan of care and treatment throughout stay. Pt was asymptomatic and requested to go home. After spending one midnight, patient discharged at 1700 hrs w/ appropriate discharge instructions and f/u plans. Physician's progress notes states "patient stable for discharge, DKA resolved". **What is appropriate discharge status in this case? (Total inpt time = 38 hrs)**

Although both clinical scenarios were identical, according to the two midnight rule, the most appropriate discharge status in this scenario would be OBSERVATION. This is because the inpatient stay did not cross two midnights and the situation did not "qualify" for the exemptions to the 2 MN rule. May have been defendable if the provider would have documented an "unexpected recovery" in the progress note or discharge summary.

What additional requirement is necessary and needs to be documented prior to discharge?

Condition Code 44 is required.