

## Downtime – Emergency Department Bed Request Form

Patient Name:

MRN:

Hospital Site:

Requested Service:  (See options below)

Breast Surgery	Liver Medicine	Orthopedics
Cardiology Medicine	Liver Transplant	Otolaryngology
Cardiothoracic	Medical Oncology	Pediatrics
Detox Observation	Medicine	Plastics
Family Medicine	Neonatal	Renal Transplant
Gastroenterology	Neurology	Small Bowel Transplant
General Surgery	Neurosurgery	Urology
GYN	Oral and Maxillofacial	Vascular
GYN/Oncology		

Patient Label (if available)

Level of Care:  (See options below)

MSH	MSM	MSW
General Care	General Care	General Care
Stepdown	Stepdown - 8W	Telemetry
Telemetry	Stepdown - 4W	ICU
ICU	Telemetry - 9E	
Peds - Apnea/Tele Monitoring	Telemetry - 10E	
	ICU	
MSBI	MSB	MSQ
General Care	General Care	General Care
Telemetry	MS Heart - 1N	IMCU
ICU	Telemetry	ICU
RETU Observation	Progressive Care Unit	
	ICU	

Future Attending Provider:

Bed/Patient Attributes:  (See options below)

Constant Observation	Restraints
EMU Bed	Safety Observation
LVAD	Stroke Bed
Policy Custody	Vent

Admitting Diagnosis:

Isolation / Infection:

COVID Testing Status:

Comments: