

## Hospice General Inpatient Check Off List

Beneficiary Name: \_\_\_\_\_ Hospice Diagnosis: \_\_\_\_\_

GIP Admission Date: \_\_\_\_\_

**GIP Location:** Medicare participating:  
                                     Hospital                                      Skilled Nursing Facility                                      Medicare Certified Hospice

### Admission Assessment Information

Is there a written order for GIP?                      Yes                                      No

What symptoms are the patient Exhibiting that necessitates an inpatient admission?

Pain control	Are the symptoms relieved with medication administration or treatments?	Yes	No	Describe the symptoms:
Agitation/ Restlessness Anxiety	Are the symptoms relieved with medication administration or treatments?	Yes	No	Describe the symptoms:
Dyspnea/ Respiratory Difficulties	Are the symptoms relieved with medication administration or treatments?	Yes	No	Describe the symptoms:
Nausea/ Vomiting	Are the symptoms relieved with medication administration or treatments?	Yes	No	Describe the symptoms:
Uncontrolled bleeding	Are the symptoms relieved with medication administration or treatments?	Yes	No	Describe the symptoms:

Seizures	Are the symptoms relieved with medication administration or treatments?	Yes	No	Describe the symptoms:
Wound(s) requiring skilled interventions	Are the symptoms relieved with medication administration or treatments?	Yes	No	Describe the symptoms:
Other symptoms	Are the symptoms relieved with medication administration or treatments?	Yes	No	Describe the symptoms:

[Centers for Medicare & Medicaid Services Internet-Only Manual Publication 100-02, Medicare Benefit Policy Manual, Chapter 9, Section 40.1.5](#), Short-Term Inpatient Care defines a GIP level of care as, “General inpatient care is allowed when the patient’s medical condition warrants a short term inpatient stay for pain control or acute or chronic symptom management that cannot feasibly be provided in other settings.” Therefore the documentation must demonstrate that services were provided that could not feasibly be provided in any other setting.

**What symptoms or changes have occurred that cannot feasibly be provided in any other setting and necessitates an inpatient admission?**

**Describe:**

**Documentation to Support GIP Services**

Is there documentation of treatments that were tried and ineffective at home?

What treatments were tried?

Yes

No

What was the outcome of the treatments?

Has the care plan been updated?

Does the care plan reflect the interventions to be used to manage the patient’s needs?

Yes

No

Yes

No

Are there new treatment orders?

List the treatments and/or treatment changes

Yes

No

Are there medication changes?

List the medication changes:

Yes

No

Are the treatment and/or medication changes effective?

Remarks:

Yes

No

Is there documentation of the beneficiary's response to treatments/medications?

Does the documentation clearly show why there is a continued need for a GIP admission?

Yes

No

Yes

No (consider discharging from GIP if symptoms have resolved)

Is there an assessment and documentation of GIP symptoms at least every shift?

Yes

No

### Assessing for Continued General Inpatient Admission

Do members of the hospice interdisciplinary team visit the beneficiary on an ongoing basis to determine eligibility for continued GIP?

Is the hospice maintaining control of the hospice plan of care while the patient is inpatient?

Yes

No

Yes

No

Are the beneficiaries symptoms controlled with treatments/medications?

If symptoms are not being controlled does the documentation show the lack of effectiveness to treatments and/or changes in treatments? :

Yes

No

Yes

No

If symptoms are relieved and the beneficiary is stable, and the family wants GIP to continue, did you give an ABN?

Medicare requires that a beneficiary/representative be notified when services being rendered are not going to be paid by Medicare for services and items found to be not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member (Section 1862(a)(1)(A) of the Act). For more information on administering an effective Advance Beneficiary Notice (ABN), see [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 30.](#)

Yes

No