

## TKA Second Midnight Questionnaire

### What justifies a Second Midnight stay?

- Is the patient stable after the initial midnight or do they require further hospitalization? Why?
  - Intractable pain
  - Inability to tolerate PO / refractory vomiting
  - Inability to ambulate safely
- Is there new clinical information gathered in the first 24 hours that justifies further workup?
- Is the patient receiving hospital level of care/inpatient services?
  - IV drips (Heparin, Insulin, NTG)
  - 1:1 sitter / restraints
  - Urgent / emergent surgery
- Can the same care be administered in the outpatient setting?
  - What are the risks involved if the workup IS pursued outside the hospital?
- Are all of the above points clearly and appropriately documented?
  - Document explicitly
- Does the documentation validate a second midnight?
  - Justifies admission and continued hospitalization
  - Supports the primary diagnosis
  - Describes the patient's progress and response to medications and services
- Is this care reasonable and necessary?

If you were the insurance medical director, would you approve hospitalization past a second midnight?