LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT

COURTESY BEDS

Purpose:

To provide overnight accommodations as a convenience for self-care patients who have been scheduled for an outpatient test, procedure or surgery the following morning.

Criteria:

1. The patient must be ambulatory and able to take care of himself/herself or someone must be able to stay with the patient to assist him or her as required. In any case, no assistance from the nursing staff must be required or requested. Only one significant other (guest) per patient will be allowed.

2. The patient’s condition must be stable so that inpatient hospitalization is not indicated.

3. The patient must live greater than a 60-mile radius from the hospital.

4. The patient must be pre-registered.

Policy:

1. When available, a courtesy bed shall be provided for patients who meet the above criteria.

2. The following items are not permitted in the room:
   a. Firearms or weapons of any kind
   b. Pets (except those trained to assist the disabled)
   c. Alcoholic beverages
   d. Illegal drugs
   e. Electric appliances
   f. Food
3. Smoking is not permitted. Certain areas outside the building have been designated as smoking areas.

4. Towels and soap are provided.

5. The patient must purchase meals and other nourishments. No food is allowed in the room.

6. No nursing staff is provided.

7. The Health Sciences Center assumes no responsibility for individuals using courtesy beds.

Procedure:

1. The attending physician, or his designee, who shall contact Outpatient Surgery, shall make request for a courtesy bed. The physician, his designee, or the Administrative House Manager, shall provide:
   a. Physician’s name
   b. Patient’s name
   c. Patient’s address
   d. Reason courtesy bed is requested (example – having surgery for total hip replacement, etc. in the morning).
   e. Name and relationship of any person who will be visiting with patient.

2. Patient shall be instructed at time of booking to come to the Information Desk in the front Lobby any time between 7 p.m. and 9 p.m., the evening before scheduled surgery is to be performed. The Information Desk clerk will give directions to assigned room.

3. A daily list of Day Surgery/Courtesy Bed assignments will be sent to the Information Desk, UPD, Administrative House Managers, and Environmental Services.

4. Statement of responsibility must be signed by the patient and witnessed by an employee of LSU Health Sciences Center, prior to use of the courtesy bed. (See form below).

5. Rooms must be vacated no later than 5 a.m. for Environmental Services to clean.
6. UPD will make frequent rounds on the Outpatient Surgery Unit.

[Signature]

Administrator

5/18/04

Date

Approved by Clinical Board: 4/17/01, 5/18/04
Written: 1/99
Reviewed: 3/01, 3/04
Revised: 3/04
STATEMENT OF RESPONSIBILITIES FOR BOARDER

I, ____________________________, have chosen to be a boarder at LSU Health Sciences Center on the following date __________ and have received written or verbal instructions and responsibilities:

A) As a boarder, I am not entitled to any nursing care. This will change if I am admitted as a patient to LSU Health Sciences Center.

B) I can purchase meals or other nourishments from the hospital cafeteria or vending machines at regular prices. **No food is allowed in the rooms.**

C) I retain responsibility for maintaining the security of any personal possessions I bring to LSU Health Sciences Center.

D) I must obey all LSU Health Sciences Center policies and procedures regarding visitation hours, fire and electrical safety, etc., as brought to my attention by the nursing staff or other hospital personnel.

E) I am responsible for any damages and/or loss of property that may occur during my stay.

______________________  ______________________
WITNESS      SIGNATURE

________________________
DATE
ROOM ________________  COMBINATION LOCK # ____________