

MERIDIAN HEALTH
GRADUATE MEDICAL EDUCATION

“Request for Care of a Single Patient Form”

Resident Name _____ Program _____

PGY year _____

Date _____

Reason for staying beyond the scheduled 24 hour period of duty to care for a single patient. Those circumstances may include providing continuity of care for a severely ill, unstable, or complex patient with whom the resident has been involved, events of exceptional educational value, and addressing the humanistic needs of a patient or family. Include patient name and medical record number.

Hours of scheduled duty hours _____

Hours of extended duty hours _____

Name of individual granting approval _____

Actions taken to readjust to scheduled duty hours

This form must be given to the Program Director no longer than 48 hours after the extension of duty hours beyond the 24 hour period.