

FOR HOSPITALS AND INPATIENT DEPARTMENTS

IPD Management

**A connected hospital stay,
from admission to discharge.**

Bring admissions, beds, treatment orders, nursing records and discharge into one organised inpatient workflow.



IPD illustration from the Medoho product page.

ADMISSION

Connected patient details,
departments and beds.

INPATIENT CARE

Organised treatment orders and
nursing records.

DISCHARGE

Clearer documents, handovers
and patient history.

UNDERSTAND THE MODULE

What is IPD Management?

IPD means Inpatient Department: the hospital workflow for patients admitted for an inpatient stay.

One connected inpatient journey

Medoho connects admission, ongoing care and discharge. Doctors, nurses and authorised staff can keep patient status, care records and the next action together.

WHAT YOU CAN WORK WITH

Admission records

Keep admission details linked to the patient so the hospital stay has a structured starting point.

Departments and beds

Record the department and bed allocation, and improve visibility of where admitted patients are placed.

Patient stay and status

Manage inpatient status and stay information so staff can distinguish ongoing admissions from completed stays.

Treatment orders

Keep the doctor's treatment orders connected to the admission for authorised care-team review.

Nursing notes

Record nursing information with the inpatient journey to support a more organised care-team handover.

Inpatient documents

Keep relevant prescriptions, reports and patient documents connected to the admission and history.

Admission-linked charges

Connect bed, doctor, nursing and other service charges with the stay when the Billing module is enabled.

Discharge and history

Keep discharge information, the summary and follow-up instructions available with the patient record.

Available modules, sharing options and access depend on the selected plan and configuration.

ADMISSION AND BED ALLOCATION

Give every stay a clear start.

Connect admission details with the patient, the department and the allocated bed.

SCENARIO 01 / ADMISSION COORDINATION

Admission details are spread across separate registers.

THE PROBLEM

Admission staff record patient details in one place while the department keeps its own list. The care team has to ask for the admission information again before starting its work.

HOW MEDOHO HELPS

Create a structured admission record linked to the patient. Keep department, bed and stay information together so authorised staff can work from the recorded inpatient details.

What your team gains: The admission team and care team have a connected reference for the patient's hospital stay.

SCENARIO 02 / BED ALLOCATION

The next admission is waiting for a clear bed allocation.

THE PROBLEM

Staff check separate lists or call departments to confirm which beds are assigned. An unclear view of current admissions makes placement harder to coordinate.

HOW MEDOHO HELPS

Manage bed allocation alongside department and inpatient status information. Keep the assigned bed connected to the patient's admission so the team can review the recorded placement.

What your team gains: Better visibility of admitted patients and assigned beds helps staff coordinate the next allocation.

Admission team gets: a structured admission record, department details, bed allocation and stay status.

TREATMENT AND NURSING RECORDS

Keep the care team informed.

Bring recorded treatment orders and nursing information into the same inpatient journey.

SCENARIO 03 / TREATMENT COORDINATION

A treatment update relies on a verbal handover.

THE PROBLEM

The doctor updates the treatment plan, but the care team receives the change through a conversation or a separate note. Staff must ask again to find the recorded plan.

HOW MEDOHO HELPS

Keep treatment orders connected to the admission. Authorised doctors, nurses and other care-team users can review the recorded orders within the patient's inpatient context.

What your team gains: A shared reference for recorded treatment orders supports clearer coordination around the stay.

SCENARIO 04 / NURSING HANDOVER

The next nursing shift starts without an organised record.

THE PROBLEM

Important nursing information is kept in loose notes or passed verbally. The incoming team has to piece together what was recorded during the previous shift.

HOW MEDOHO HELPS

Record nursing notes with the patient's admission. Keep those notes connected to the treatment orders and inpatient documents for authorised review during the handover.

What your team gains: The incoming team can find recorded nursing information without searching separate papers.

Care team gets: connected treatment orders and nursing records. Clinical decisions remain with qualified professionals.

REPORTS AND SERVICE CHARGES

Connect work across departments.

Keep the inpatient stay connected to relevant documents and the services recorded during admission.

SCENARIO 05 / DIAGNOSTIC INFORMATION

An inpatient report is kept separately from the admission.

THE PROBLEM

A report reaches the department, but the inpatient record and the diagnostic document are stored in different places. The treating team has to search for the relevant information.

HOW MEDOHO HELPS

Keep relevant reports and patient documents connected to the inpatient journey. When the Lab module is enabled, organise diagnostic work within the wider connected patient workflow.

What your team gains: The authorised treating team can find available reports in the context of the patient's stay.

SCENARIO 06 / SERVICE-CHARGE COORDINATION

Charges from the stay are gathered only at discharge.

THE PROBLEM

Bed, doctor, nursing and other service details are recorded in separate registers. Billing staff have to gather those entries before the final bill can be reviewed.

HOW MEDOHO HELPS

Connect service-charge records with the admission when the Billing module is enabled. Keep the patient, stay and recorded charges together for the billing handover.

What your team gains: The billing team has a more organised reference for reviewing services recorded during the stay.

Hospital gets: connected inpatient documents and service records. Lab and billing workflows depend on enabled modules.

DISCHARGE AND ADMISSION CLOSURE

Bring the stay to a clear close.

Organise the discharge documents and keep the completed admission available in patient history.

SCENARIO 07 / DISCHARGE DOCUMENTS

The patient is ready to leave, but documents are scattered.

THE PROBLEM

The discharge summary, prescription, reports and billing documents are prepared in different places. Staff have to gather them again before the discharge handover.

HOW MEDOHO HELPS

Bring the discharge summary, prescriptions, reports, available bills and follow-up instructions into the patient record. Keep discharge information connected to the same inpatient stay.

What your team gains: A more organised discharge handover helps the team provide the patient's recorded documents and advice.

SCENARIO 08 / ADMISSION CLOSURE

A completed stay is unclear on the current admission list.

THE PROBLEM

When discharge information is not reflected in the inpatient record, staff may continue treating the stay as active. Previous admission documents can also become harder to locate.

HOW MEDOHO HELPS

Record discharge details and update the inpatient status. Keep the completed stay, its documents and discharge summary available with the patient's history for later review.

What your team gains: Staff can distinguish ongoing admissions from completed stays while keeping the previous record available.

Discharge team gets: connected discharge information, a completed-stay record and documents for future review.

THE EVERYDAY WORKFLOW

One connected hospital stay.

An illustrative inpatient journey from admission through care-team work to discharge.

01

Create the admission record

Link the admission to the patient and record the department and relevant stay information.

02

Allocate the bed

Record the assigned bed and inpatient status so admission staff and the care team can coordinate placement.

03

Document the ongoing care

Keep the doctor's treatment orders and nursing notes connected to the patient's admission.

04

Connect documents and services

Organise relevant reports and documents. Link lab, pharmacy and billing work when those modules are enabled.

05

Prepare the discharge handover

Bring the discharge summary, prescription, reports, available bills and follow-up instructions together.

06

Close and retain the stay

Record the discharge information, update inpatient status and keep the completed admission in patient history.

A clearer view of the hospital stay

Admission, care records, services and discharge stay connected to the same patient journey.

FOR YOUR HOSPITAL

Put IPD to work in your hospital.

For hospitals and healthcare facilities managing admitted patients, beds and inpatient care teams.

YOUR IPD WORKING TOOLKIT

Structured admission records; department and bed allocation; inpatient status and stay information; treatment orders; nursing notes; patient documents; connected service charges; and discharge information in patient history.

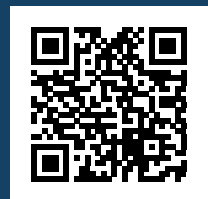
PLAN YOUR SETUP

- 01 Map the hospital stay** - Identify departments, beds and the current admission-to-discharge workflow.
- 02 Define care-team responsibilities** - Confirm doctors, nurses, admission staff and other authorised users who need access.
- 03 Agree the records to maintain** - Walk through treatment orders, nursing notes, patient documents and recorded service charges.
- 04 Choose the connected modules** - Confirm which billing, lab, pharmacy or other Medoho products are needed alongside IPD.
- 05 Walk through a complete admission** - Check bed allocation, care records, service handovers, discharge documents and admission closure.

See Medoho in your own IPD workflow.

Book a 30-minute demonstration.

+91 63582 92566 | enquiry@medoho.com | www.medoho.com



Scan to book

Module availability, user limits, integrations, migration, training and support are agreed for the selected setup. This guide describes the workflow; it does not define commercial package inclusions.