EMERGENCY DEPARTMENT
OBSERVATION UNIT

DEHYDRATION
ADMISSION/DISCHARGE CRITERIA

EXCLUSION CRITERIA
1. Severe dehydration
2. (130 < Na >155 mEq)
3. Pancreatitis, surgical abdomen, renal failure, GI bleed
4. Cardiac dysrhythmias (significant)
5. Age >70 years

OBSERVATION UNIT INTERVENTIONS
1. IV Hydration
2. Serial exams and vital signs
3. Antiemetic

DISPOSITION
1. HOME
   a. Resolution of symptoms
   b. Stable vital signs
   c. Taking po fluids
2. HOSPITAL
   a. Inability to correct symptoms
   b. Inability to take po fluids

TIME FRAME
1. Up to 24 hours

NOT A PART OF THE MEDICAL RECORD
**DIAGNOSIS:**

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<tbody>
<tr>
<td>_____ Dehydration</td>
<td>_____ Flank Pain</td>
<td>_____ Minor Head Injury</td>
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1. Admit to Emergency Department Observation Unit
2. Initial Emergency Department Physician: ________________________________
3. Private Physician: ________________________________ Time Contacted: _____________________
4. Consult: __________________________________________________________________________
5. Condition: ___ Stable ___ Serious
6. Copies of Emergency Department H&P on chart
7. Allergies: ______________________________________________________________________
8. Routine Vital Signs
9. ST segment - continuous monitoring
10. Activity: ___ up ad lib ___ Other: ____________________________________________________________________________________________
11. Diet: ___ Clear liquid, advance as tolerated ___ Regular

___ Oral rehydration solution (pedialyte) ___ Other: ________________________________
12. IV Fluids: ___ D5½NS + 20 meq KCl/1000ml at ___ml/hour

___ NS at ___ml/hour ___ Other: ________________________________
13. Medications:

___ Tylenol 1 gram po every 6 hours prn pain or fever > 101°
___ Tylenol 10mg/kg oral/rectal every 6 hours prn fever > 101°
___ Motrin 800 mg po every 6 hours prn pain
___ Ultram 50 mg po every 6 hours prn pain
___ Maalox 30 cc po every 4 hours prn indigestion
___ Phenergan

_____ 25mg IV every 6 hours prn nausea/vomiting
_____ 12.5mg IV every 6 hours prn nausea/vomiting
___ Zofran

_____ 4mg IV every 4 hours prn nausea/vomiting
_____ 0.15mg/kg IV every 4 hours prn nausea/vomiting
___ Rocephin 1 gram IV every 12 hours
___ Levaquin 500mg IV every 24 hours (only if allergic to cephalosporins)
___ Morphine Sulfate _____ mg IV every 4 hours prn pain
___ Stadol 1 mg IV every 4 hours prn pain
14. Re-evaluate for discharge every 3 hours

______________________________________________________________________________

Emergency Department Physician Signature   Date/Time
EMERGENCY DEPARTMENT
OBSERVATION UNIT

DEHYDRATION
PROGRESS NOTE

Please date and sign each entry.

<table>
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<th>DATE:</th>
<th>TIME:</th>
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PROTOCOL: DEHYDRATION

RELEVANT HISTORY/PHYSICAL FINDINGS:

- 
- 
- 
- 

OBSERVATION INTERVENTIONS:

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<tr>
<th>Intervention</th>
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<tr>
<td>IV Hydration</td>
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<td>Serial Exams and Vital Signs</td>
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<tr>
<td>Antiemetic</td>
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GOALS OF OBSERVATION PERIOD:

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- 
- 
- 

HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:

MORNING PLAN

PRIMARY PHYSICIAN CONTACTED:

<table>
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<tr>
<th>YES NAME:</th>
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<tbody>
<tr>
<td>NO</td>
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ATTENDING SIGNATURE / DATE
DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:
- ____ IVF
- ____ IV Antiemetics
- ____ Tolerating PO

PHYSICAL EXAM:

FINAL DIAGNOSIS:

DISPOSITION: _____ Home  _____ Admission

DISCHARGE INSTRUCTION GIVEN: _____ Yes  _____ No

PRIMARY PHYSICIAN CONTACTED: _____ Yes  _____ No

NAME: ________________________________

FOLLOW UP:

______________________________________________________________________

ATTENDING SIGNATURE / DATE