EMERGENCY DEPARTMENT 
OBSERVATION UNIT 

VENOUS THROMBOLITIC DISEASE
ADMISSION/DISCHARGE CRITERIA

EXCLUSION CRITERIA
1. Documented new PE
2. Complicating illness: A fib; infiltrate; advanced age, CHF
3. Hypoxemia on room air (O₂ % SAT < 90%)
4. For DVT - Contraindications to LMWH
   a. LMWH Exclusions:
      1) Suspicion for PE
      2) Active risk of bleeding
      3) Prior DVT or PE
      4) Serious co-morbid condition
      5) Patient compliance a problem
      6) Iliac vein DVT
      7) Not able to do home therapy

OBSERVATION UNIT INTERVENTIONS
1. Monitor VS
2. Monitor oxygen saturation
3. Monitor EKG
4. Initiate heparin/LMWH therapy if indicated
5. Obtain V/Q scan if indicated

DISPOSITION: LESS THAN 24 HOURS
1. HOME
   a. No suspicion of PE and LMWH initiated
   b. VQ normal
   c. Home therapy arranged
   d. Follow up arranged
2. HOSPITAL
   a. VQ medium or high probability
   b. Need for angiogram

NOT A PART OF THE MEDICAL RECORD
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. Activity: ___ up ad lib ___ Other: ___________________________________________________
10. Diet: ___ Cardiac ___ 1800 cal ADA ___ Regular ___ Other: ___________________________
11. IV Fluids: ___ Saline Lock ___ Other: _______________________________________________
12. Oxygen: ___ Nasal cannula @ ____ L/minute ___ Other: ________________________________
13. Medications:
   ___ Tylenol 1 gram po every 6 hours prn pain or fever > 101°
   ___ Motrin 800 mg po every 6 hours prn pain
   ___ Ultram 50 mg po every 6 hours prn pain
   ___ Darvocet 1 - 2 po every 6 hours prn pain
   ___ Maalox 30 cc po every 4 hours prn indigestion
   ___ Ambien 10 mg po every hs prn sleep
14. ___ STAT 12 Lead ECG for monitor alert, chest pain
    ___ ST segment continuous monitor
15. RN to complete the DVT Discharge Assessment / Instructions form.
16. Re-evaluate for discharge every 3 hours

_____________________________________________  ________________________
Emergency Department Physician Signature   Date/Time
# VENOUS THROMBOEMBOLIC DISEASE

PROGRESS NOTE

Please date and sign each entry.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
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**PROTOCOL:** VENOUS THROMBOEMBOLIC DISEASE / DVT

**RELEVANT HISTORY/PHYSICAL FINDINGS:**

- [ ]
- [ ]
- [ ]

**OBSERVATION INTERVENTIONS:**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>O₂ % Sat Monitor</td>
<td>V/Q Scan as indicated</td>
</tr>
<tr>
<td>EKG Monitor</td>
<td>Start Coumadin</td>
</tr>
<tr>
<td>Heparin / LMWH if indicated</td>
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</tbody>
</table>

**GOALS OF OBSERVATION PERIOD:**

- [ ]
- [ ]
- [ ]

**HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:**

- [ ]
- [ ]
- [ ]

**MORNING PLAN**

- [ ]
- [ ]
- [ ]

**PRIMARY PHYSICIAN CONTACTED:**

- [ ] YES  NAME:
- [ ] NO

**ATTENDING SIGNATURE / DATE**
DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

- ___ V/Q Scan
- ___ Start Coumadin
- ___ 0₂% Saturation Monitor
- ___ Heparin/LMWH if indicated

PHYSICAL EXAM:

FINAL DIAGNOSIS:

DISPOSITION:

- ___ Home  ___ Admission

DISCHARGE INSTRUCTION GIVEN:

- ___ Yes  ___ No

PRIMARY PHYSICIAN CONTACTED:

- ___ Yes  ___ No

NAME: ________________________________

FOLLOW UP:

______________________________________________________________________

ATTENDING SIGNATURE / DATE
EMERGENCY DEPARTMENT
OBSERVATION UNIT
DVT DISCHARGE ASSESSMENT / INSTRUCTIONS

RN Initials
_____ Explain to patient plan of care

Patient Education:
1. View Videos - to view call ext. 1708 and follow instructions
   _____ a. #2350 Coumadin - English
   _____ b. #2351 Coumadin - Spanish
   _____ c. #2353 Lovenox English - to be added
   _____ d. # 2354 Lovenox Spanish - if available

2. Provide printed Information - to obtain call the Education Department Monday -
   Friday from 7:00am-4:30pm at ext. 1772; call House Supervisor after hours
   _____ a. Deep Venous Thrombosis: Patient Handout - English or Spanish
   _____ b. Coumadin Booklet - English or Spanish
   _____ c. Lovenox Kit - English or Spanish

_____ Verify telephone number and address of patient. (Please hand write. Do not stamp.)
Name ____________________________________
Address ____________________________________
Telephone number __________________________

_____ RN’s evaluation of patient’s ability to administer LMWH at home
   a. Willingness    Y N
   b. Physical capability  Y N
   c. Able to understand  Y N
   d. Able to re-demonstrate Y N

_____ Family Support
   Name ____________________________________
   Relationship _______________________________

_____ WT _______________Kg (must weigh patient in ED.)

_____ Spo2 (O2 saturation) _____________________________

_____ CBC, Platelets on chart

_____ UCG results if female

_____ Stool Guaiac negative

_____ Enoxaparin (Lovenox) dose _______ (1mg/kg every 12 hrs-SQ)

_____ Warfarin (Coumadin) dose _______ (1 hour after Lovenox injection)

_____ Compression stockings size and apply appropriate length

_____ Fill out Patient Care Referral Form

_____ Notify Social Services or Case Management for Home Health referral

_____ Have patient identify pharmacy of choice (needs 4-5 day dose) - call in prescription to
   pharmacy

_____ Instruct the patient to call their primary care physician in the morning (Monday if
   discharged on the weekend) for a follow up visit and blood draw schedule.

_____ Discharge patient via wheelchair

_____ Discharge instructions given/potentially serious symptoms reviewed with patient/family
   questions answered.

_________________________________________  ________________________
Register Nurse Signature     Date/Time