EMERGENCY DEPARTMENT
OBSERVATION UNIT
FLANK PAIN
ADMISSION/DISCHARGE CRITERIA

EXCLUSION CRITERIA
1. Fever over 103
2. Obstruction and infection
3. Sepsis
4. Acute Peritonitis
5. Systemic disorder (Renal failure, D.M., Sickle cell disease, immunosuppression)
6. Age over 65

OBSERVATION UNIT INTERVENTIONS
1. Serial exams including vital signs
2. Analgesic
3. Antipyretic
4. Antiemetics
5. IV hydration
6. Antimicrobial agents

DISPOSITION
1. HOME
   a. DX of renal calculi
   b. Pain control
   c. DX of Pyelonephritis without vomiting x 12 hours
   d. Tolerate po medications
2. HOSPITAL
   a. DX of renal calculi with UTI
   b. Inability to control pain and N&V on po medications
   c. Pyelonephritis with inability to tolerate po medications

TIME FRAME
1. 8-24 hours observation and treatment

NOT A PART OF THE MEDICAL RECORD
DIAGNOSIS:

_____ Dehydration  _____ Flank Pain  _____ Minor Head Injury

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

FLANK PAIN
PROGRESS NOTE

Please date and sign each entry.

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<th>DATE:</th>
<th>TIME:</th>
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**PROTOCOL:** FLANK PAIN

**RELEVANT HISTORY/PHYSICAL FINDINGS:**

- [ ]
- [ ]
- [ ]

**OBSERVATION INTERVENTIONS:**

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<thead>
<tr>
<th>Serial Vital Signs</th>
<th>IVP or CT Renal Scan for suspected kidney stone</th>
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<tr>
<td>Antiemetics and pain medications as needed</td>
<td>IVF for Hydration and IV Antibiotics as indicated</td>
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**GOALS OF OBSERVATION PERIOD:**

- [ ]
- [ ]
- [ ]

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

**MORNING PLAN**

**PRIMARY PHYSICIAN CONTACTED:**

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<th>NAME:</th>
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**ATTENDING SIGNATURE / DATE**
EMERGENCY DEPARTMENT
OBSERVATION UNIT

FLANK PAIN
DISCHARGE NOTE

DATE:
TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

___ IVF
___ IV Antibiotics
___ IV Pain control
___ 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