EMERGENCY DEPARTMENT
OBSERVATION UNIT

ALLERGY
ADMISSION/DISCHARGE CRITERIA

EXCLUSION CRITERIA
A. Pulmonary complications or 02 Sat < 90% on RA
B. EKG changes
C. Stridor

OBSERVATION UNIT INTERVENTIONS
A. IV fluids
B. IV Antihistamines
C. Corticosteroids
D. Cardiac Monitoring
E. Respiratory Treatments
F. Pulse Oximeter monitoring

DISPOSITION
1. HOME
   A. Improvement in clinical condition
   B. Resolution or improvement in local skin irritations and/or pulmonary function
2. HOSPITAL
   A. Delayed reaction or reoccurrence
   B. Respiratory problems persistent wheezing with S.O.B.
   C. Inability to take po medications

TIME FRAME
1. Up to 24 hours

NOT A PART OF THE MEDICAL RECORD
DIAGNOSIS:
_____ ALLERGY

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 with pulse oximetry
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
   ___ Solumedrol ___mg IV every 6 hours
   ___ Benadryl ______mg IV every 6 hours
   ___ Pepcid 20 mg IV every 12 hours
   ___ Oxygen ___ liter NC to keep POX over 94%
   ___ Albuterol nebulizer one UD every 4 hours and prn
14. Re-evaluate for discharge every 3 hours
15. D/C with epi pen.

____________________________________________  _______________________
Emergency Department Physician Signature   Date/Time
Please date and sign each entry.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
</tr>
</thead>
</table>

**PROTOCOL: ALLERGY**

**RELEVANT HISTORY/PHYSICAL FINDINGS:**

<table>
<thead>
<tr>
<th>OBSERVATION INTERVENTIONS:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Hydration</td>
<td>Steroids</td>
</tr>
<tr>
<td>Serial Exams and Vital Signs</td>
<td>Respiratory treatments PRN</td>
</tr>
<tr>
<td>Antihistamine</td>
<td>Cardiac/Pulse Ox monitoring</td>
</tr>
</tbody>
</table>

**GOALS OF OBSERVATION PERIOD:**

<table>
<thead>
<tr>
<th>HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:</th>
</tr>
</thead>
</table>

**MORNING PLAN**

**PRIMARY PHYSICIAN CONTACTED:**

<table>
<thead>
<tr>
<th>YES NAME:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NO</th>
</tr>
</thead>
</table>
EMERGENCY DEPARTMENT
OBSERVATION UNIT

ALLERGY
DISCHARGE NOTE

DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

____ IVF
____ Antihistamines
____ Nebulizer treatment
____ Steroids
____ Tolerating PO
____ Pulse oximetry over 95% on room air

PHYSICAL EXAM:

FINAL DIAGNOSIS:

DISPOSITION: ___ Home ___ Admission

DISCHARGE INSTRUCTION GIVEN: ___ Yes ___ No

****D/C with Epi Pen

PRIMARY PHYSICIAN CONTACTED: ___ Yes ___ No

NAME: ____________________________

FOLLOW UP:

______________________________________________________________________

ATTENDING SIGNATURE / DATE
ASTHMA

I. Exclusion Criteria

A. New EKG change (except sinus tachycardia)
B. RR >40
C. Impending respiratory fatigue/failure
D. Evidence of CHF
E. Inability to perform spirometry
F. ABG’s (if obtained) 7.30 < pH > 7.50, pO2 < 70, pCO2 >45
G. Pulse oximeter < 90% on room air
H. Bronchospasm due to epiglottitis, aspiration, FB
I. Temp > 101F

II. OBS Interventions

A. Serial exams including vital signs every 1-4 hours
B. Pulse oximeter monitoring
C. Supplement oxygen
D. Repeat ABG’s if indicated
E. Hydration
F. Steroids, bronchodilator
G. Peak flow

III. Disposition Criteria

HOME

A. Major resolution of SOB
B. Resolution of accessory muscle usage
C. Resolution of most wheezing

HOSPITAL

A. Deterioration of condition
B. PEFR deterioration to < 20% expected
C. RR >35
D. EKG abnormalities
E. Pulse oximeter < 90% on room air x 30 min.

IV. Time Frame

A. 8-12 hours for observation and treatment

NOT A PART OF THE MEDICAL RECORD
EMERGENCY DEPARTMENT
OBSERVATION UNIT
Admission Orders

DIAGNOSIS: ASTHMA

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, ____ continuous pulse oximetry
10. Activity: ___ up ad lib ___ Other: ____________________________________________
11. Diet: ___ Clear liquid, advance as tolerated ___ Regular
   ____ Oral rehydration solution (pedalyte) ___ 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 24 hours plus Zithromax 500mg IV every day
   ___ Levaquin 500mg IV every 24 hours (only if allergic to cephalosporins)
   ___ Solumedrol 80 mg IV q 8 hours
   ___ Prednisone ___mg po q day
   ___ Albuterol 1 ud q 3 hours and prn OR ______ Albuterol ___ud q ___ hours and prn
   ___ Atrovent 1 ud q 6 hours and prn
14. Re-evaluate for discharge every 3 hours
15. Peak Flow before each treatment
16. Oxygen ____L NC or ____% VM to keep O2 sat above 94%

____________________________________________  ______________________
Emergency Department Physician Signature   Date/Time
### EMERGENCY DEPARTMENT
### OBSERVATION UNIT

### ASTHMA
### PROGRESS NOTE

Please date and sign each entry.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
</tr>
</thead>
</table>

**PROTOCOL:** ASTHMA

**RELEVANT HISTORY/PHYSICAL FINDINGS:**

- [ ]
- [ ]
- [ ]

**OBSERVATION INTERVENTIONS:**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Hydration as indicated</td>
<td>Oxygen as needed</td>
</tr>
<tr>
<td>Serial Exams and Vital Signs</td>
<td>Pulse Oximetry</td>
</tr>
<tr>
<td>Bronchodilators, Steroids</td>
<td>Repeat ABG’s as indicated</td>
</tr>
</tbody>
</table>

**GOALS OF OBSERVATION PERIOD:**

- [ ]
- [ ]
- [ ]

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

**MORNING PLAN**

**PRIMARY PHYSICIAN CONTACTED:**

<table>
<thead>
<tr>
<th>Option</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

**ATTENDING SIGNATURE / DATE**
EMERGENCY DEPARTMENT
OBSERVATION UNIT

ASTHMA
DISCHARGE NOTE

DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

_____ Serial Exams, Vital Signs, Pulse oximetry
_____ Bronchodilators
_____ Steroids
_____ IV Hydration
_____ Tolerating PO
_____ Peak Flow with improvement

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
CHEST PAIN / RO MI
ADMISSION/DISCHARGE CRITERIA

ADMISSION CRITERIA
1. History of chest pain
2. Normal or unchanged ECG
3. Initial cardiac enzymes within normal range
4. Stable Vital Signs
5. No history of ACS

EXCLUSION CRITERIA
1. ECG evidence of MI
2. High suspicion of MI
3. Unstable Vital Signs
4. Clear diagnosis of ACS by history
5. Prior history of ACS
6. Private attending chooses IP admission

EMERGENCY DEPARTMENT INTERVENTIONS
1. IV, oxygen, ECG, CXR
2. Cardiac monitoring
3. Aspirin 325 mg po if not contraindicated
4. Initial cardiac enzymes obtained in Emergency Department
5. Nitrates as needed for pain
6. Emergency Department attending speaks with PMD or Cardiologist (on call)

OBSERVATION UNIT INTERVENTIONS
1. IV, oxygen, ST-segment monitoring
2. Obtain stat 12 lead ECG for worsening pain
3. Contact ED attending for rhythm abnormalities or ST-segment changes
4. Add D-dimer to blood in lab
   1. if positive, order CT scan of chest to R/O pulmonary embolus
5. Time 0 and 4 hours CK, troponin
6. If cardiac enzymes abnormal, admit to hospital
7. If cardiac enzymes negative, order appropriate stress test.

DISPOSITION
1. HOME
   a. Stable VS
   b. Normal cardiac enzymes and D-dimer
   c. Unremarkable stress test
   d. No significant ECG changes
2. HOSPITAL
   a. Unstable VS
   b. Positive cardiac enzymes
   c. Abnormal CT scan
   d. ECG changes
   e. Significant stress test abnormality
   f. ED/PMD/CARD clinical discretion

NOT A PART OF THE MEDICAL RECORD
EMERGENCY DEPARTMENT
OBSERVATION UNIT
Chest Pain/RO MI
Admission Orders

1. Admit to Emergency Department Observation Unit

2. Initial Emergency Department Physician: ________________________________

3. Private Physician: ____________________________ Time Contacted: ________________

4. Consult: ___________________________________________________________________

5. Condition: ___ Stable  ___ Serious  ___ Critical

6. Copies of Emergency Department H&P on chart

7. Allergies: __________________________________________________________________

8. Routine Vital Signs

9. ST segment - continuous monitoring until cardiac enzymes completed

10. Activity: ___ up ad lib ___ Other: _____________________________________________

11. Diet: ___ Cardiac  ___ 1800 cal ADA  ___ NPO 3 hours before Stress Test
    ___ Other: __________________________________________________________________

12. IV Fluids: ___ Saline Lock  ___ Other: __________________________________________________________________

13. Oxygen: ___ Nasal cannula @ ____ L/minute ___ Other: ___________________________

14. Medications:
    ___ EC ASA 325 mg every am
    ___ 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
    ___ SL NTG 0.4 mg prn chest pain every 5 minutes x 3
    ___ Maalox 30 cc po every 4 hours prn indigestion
    ___ Ambien 10 mg po every hs prn sleep

15. Testing Orders:
    ___ CK and troponin at 0 and 4 hours from Emergency department arrival, results on flow sheet
    ___ 12 Lead ECG at 0 and 4 hours from Emergency department arrival
    ___ STAT 12 Lead ECG for monitor alert, chest pain
    ___ Serum Pregnancy if indicated for nuclear imaging
    ___ D-dimer
    ___ Spiral CT scan of chest - if D-dimer positive

16. If all cardiac enzymes and ECGs within normal limits:
    ___ Exercise Stress Test  ___ Adenosine Myoview Stress  ___ Dobutamine Myoview Stress
    ___ Exercise Myoview Stress

17. Contact Emergency Department Physician for positive tests results, abnormal rhythm or ST segment changes.

18. Re-evaluate for discharge every 3 hours.

____________________________________________  ________________________
Emergency Department Physician Signature   Date
Please date and sign each entry.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
</tr>
</thead>
</table>

**PROTOCOL: CHEST PAIN / RO MI**

**RELEVANT HISTORY/PHYSICAL FINDINGS:**

<table>
<thead>
<tr>
<th>OBSERVATION INTERVENTIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0₂% Saturation Monitor</td>
</tr>
<tr>
<td>Cardiac Monitor</td>
</tr>
<tr>
<td>Cardiac Enzymes</td>
</tr>
</tbody>
</table>

**GOALS OF OBSERVATION PERIOD:**

<table>
<thead>
<tr>
<th>HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:</th>
</tr>
</thead>
</table>

**MORNING PLAN**

<table>
<thead>
<tr>
<th>PRIMARY PHYSICIAN CONTACTED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES NAME:</td>
</tr>
<tr>
<td>NO</td>
</tr>
</tbody>
</table>

ATTENDING SIGNATURE / DATE
EMERGENCY DEPARTMENT
OBSERVATION UNIT

CHEST PAIN / RO MI
DISCHARGE NOTE

DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

___ ECG 1           ___ ECG 2
___ 0 hour CK       ___ 4 hour CK
___ 0 hour Troponin ___ 4 hour Troponin
___ Stress Test     ___ D-Dimer    ___ CT Scan Chest

PHYSICAL EXAM:

DIAGNOSIS:

DISPOSITION:             ___ Home   ___ Admission

DISCHARGE INSTRUCTION GIVEN:   ___ Yes   ___ No

PRIMARY PHYSICIAN CONTACTED: ___ Yes   ___ No

NAME: ________________________________

FOLLOW UP:

____________________________________________________________________

ATTENDING SIGNATURE / DATE
EMERGENCY DEPARTMENT
OBSERVATION UNIT

CHF ADMISSION/DISCHARGE CRITERIA

ADMISSION CRITERIA
1. History of CHF
2. Normal or unchanged ECG
3. Initial cardiac enzymes within normal range
4. Stable Vital Signs
6. Elevated Serum Cr > 1.8
7. < 500cc of urine output within 2 hrs of IV diuretic
8. BNP assay > 500 pg/ml

EXCLUSION CRITERIA
1. ECG evidence of MI
2. High suspicion of MI
3. Unstable Vital Signs
4. Clear diagnosis of ACS by history
5. Mental status changes
6. Private attending chooses IP admission
7. Systolic BP less than 90 mmHg
8. Cardiogenic Shock
9. Evidence of low cardiac output syndrome

EMERGENCY DEPARTMENT INTERVENTIONS
1. IV, oxygen, ECG, CXR
2. Cardiac monitoring
3. Aspirin 325 mg po if not contraindicated
4. Initial cardiac enzymes obtained in Emergency Department
5. Nitrates as needed for pain
6. Emergency Department attending speaks with PMD or Cardiologist (on call)

OBSERVATION UNIT INTERVENTIONS
1. IV, oxygen, ST-segment monitoring
2. Obtain stat 12 lead ECG for worsening pain
3. Contact ED attending for rhythm abnormalities or ST-segment changes
4. Natrecor infusion for 15 hours, with repeat BNP
5. Time 0 and 4 hours CK, troponin, ECG
6. If cardiac enzymes abnormal, admit to hospital
7. If cardiac enzymes negative, order appropriate stress test.

DISPOSITION
1. HOME
   a. Stable VS
   b. Normal cardiac enzymes
   c. Unremarkable stress test
   d. No significant ECG changes
2. HOSPITAL
   a. Unstable VS
   b. Positive cardiac enzymes
   d. ECG changes
   f. ED/PMD/CARD clinical discretion

NOT A PART OF THE MEDICAL RECORD
EMERGENCY DEPARTMENT
OBSERVATION UNIT
CHF
Admission Orders

1. Admit to Emergency Department Observation Unit
2. Initial Emergency Department Physician: _______________________________
   Time Contacted: _____________________
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 until cardiac enzymes completed
10. Activity: ___ up ad lib ___ Other: ___________________________________________________________________________
11. Diet: ___ Cardiac ___ 1800 cal ADA ___ 1500 cc Fluid Restrict ___ Other:
12. IV Fluids: ___ Saline Lock ___ Other: ___________________________________________________________________________
13. Oxygen: ___ Nasal cannula @ ____ L/minute ___ Other: ___________________________________________________________________________
14. Medications:
   ___ EC ASA 325 mg every am
   ___ 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
   ___ SL NTG 0.4 mg prn chest pain every 5 minutes x 3
   ___ Maalox 30 cc po every 4 hours prn indigestion
   ___ Ambien 10 mg po every hs prn sleep
   ___ Lovenox 40 mg SQ every day
15. Cardiac Medications:
   **Loop Diuretics**
   ___ Furosemide (Lasix) ____mg IV every 6 hours
   ___ Torsemide (Demadix) ____mg IV every 12 hours
   
   **ACE inhibitors**
   ___ Altace 2.5 mg po once daily
   ___ Vasotec 2.5 mg po BID
   
   **Angiotensin Receptor Blockers (ARB’s)**
   ___ Cozaar 50 mg po BID
   ___ Diovan 80 mg po BID
   
   **Beta Blockers (continue only if chronic therapy over 2 weeks)**
   ___ Coreg 3.125 mg po BID
   ___ Toprol XL 25 mg po daily

____________________________________________  ________________________
Emergency Department Physician Signature   Date/Time
16. Testing Orders:
   ___ CK and troponin at 0 and 4 hours from Emergency department arrival, results on flow sheet
   ___ 12 Lead ECG at 0 and 4 hours from Emergency department arrival
   ___ STAT 12 Lead ECG for monitor alert, chest pain
   ___ BNP at 18 hours
   ___ PT/INR, CMP, CBC in am
   ___ 2D Echo with Doppler, % EF

17. Contact Emergency Department Physician for positive tests results, abnormal rhythm or ST segment changes.

18. Re-evaluate for discharge every 3 hours.

19. Smoking cessation instructions.

________________________________________________________________________
Emergency Department Physician Signature   Date/Time

SBP >90?

Yes

No

Is Cr >1.8?

Yes

Start Natrecor

Diuresis > 500 ml
in 2 hours

Add Loop Diuretic at a lower dose

No

Start Loop Diuretic

Diuresis > 500 ml
in 2 hours

Yes

Continue Loop Diuretic 3-4 x a day for >2000 ml / day

No

Start Natrecor

Start Dopamine
Nesiritide (Natrecor®) Standing Orders

Date: _______________ Time: ___________ Patient Weight: _______ lbs _______ kg

Inclusion Criteria: (Check all that apply)

- Elevated Serum Cr > 1.8
- < 500cc of urine output within 2 hrs IV diuretic
- BNP assay > 400 pg/ml
- Severe volume overload- risk of intubation

1. Hold Nitroglycerin (if active) immediately prior to Nesiritide (Natrecor®)

Exclusion Criteria: (Check all that apply)

- Systolic BP less than 90 mmHg
- Cardiogenic Shock
- Evidence of low cardiac output syndrome
  - Cold, clammy skin
  - Mental status changes
- Furosemide (Lasix®) _____mg IV push
- Bumetanide (Bumex®) _____mg IV push
- Torsemide (Demedex®) _____mg IV push

Bolus Volume and Infusion Flow Rate

1.5 mg in 250 mL = 6 mcg/ml concentration

Bolus Volume (mL)
For 1 mcg/kg: bolus = patient weight (kg) ÷ 6
For 2 mcg/kg: bolus = patient weight (kg) ÷ 3

Infusion flow rate (mL/hr)
For 0.01 mcg/kg/min (mL/hr) = patient weight (kg) ÷ 10

<table>
<thead>
<tr>
<th>Patient Weight (kg)</th>
<th>Volume of Bolus (mL) 1 mcg/kg</th>
<th>Volume of Bolus (mL) 2 mcg/kg</th>
<th>Infusion Rate (mL/hr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>10</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>70</td>
<td>11.5</td>
<td>23</td>
<td>7</td>
</tr>
<tr>
<td>80</td>
<td>13.5</td>
<td>27</td>
<td>8</td>
</tr>
<tr>
<td>90</td>
<td>15</td>
<td>30</td>
<td>9</td>
</tr>
<tr>
<td>100</td>
<td>16.5</td>
<td>33</td>
<td>10</td>
</tr>
<tr>
<td>110</td>
<td>18.5</td>
<td>37</td>
<td>11</td>
</tr>
<tr>
<td>120</td>
<td>20</td>
<td>40</td>
<td>12</td>
</tr>
</tbody>
</table>

Note: The bolus should be drawn from the diluted 250 mL bag and NEVER from the reconstituted vial.

3. Begin Nesiritide (Natrecor®) bolus of
   - 1 mcg/kg over _____ 1 min. _____ 15 min.
   - 2 mcg/kg over _____ 1 min. _____ 15 min.
   - No bolus

NOTE: Bolus should be drawn from diluted 250 mL bag, NEVER from the reconstituted vial

4. Begin Nesiritide infusion at 0.01 mcg/kg/min

5. Check BP Q15 minutes x 1 hr following bolus, then
6. Check BP Q30 minutes x 1 hr, then
7. Check BP Q 1 hour x 2 hrs, then
8. Check BP Q 4 hours for duration of infusion
9. 1-2 hours prior to next infusion bag assess to determine need for continued therapy
10. For BP less than _____ mmHg, call Doctor and decrease infusion by ½ (0.005 mcg/kg/min)

11. For BP less than _____ mmHg, call Doctor and D/C Nesiritide
12. Stop Nesiritide at 18 hours of infusion or Stop at _____ hours/days of infusion

Signature:
CHF
PROGRESS NOTE

Please date and sign each entry.

DATE: ___________________________ TIME: ___________________________

PROTOCOL: CHF

RELEVANT HISTORY/PHYSICAL FINDINGS:

<table>
<thead>
<tr>
<th>OBSESSION INTERVENTIONS:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0₂% Saturation Monitor</td>
<td>Natrecor infusion</td>
</tr>
<tr>
<td>Cardiac Monitor</td>
<td></td>
</tr>
<tr>
<td>Cardiac Enzymes</td>
<td></td>
</tr>
</tbody>
</table>

GOALS OF OBSERVATION PERIOD:

HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:

MORNING PLAN

PRIMARY PHYSICIAN CONTACTED:

<table>
<thead>
<tr>
<th>YES NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
</tr>
</tbody>
</table>

ATTENDING SIGNATURE / DATE

Houston Northwest Medical Center
EMERGENCY DEPARTMENT
OBSERVATION UNIT

CHF
DISCHARGE NOTE

DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

___ ECG 1       ___ ECG 2
___ 0 hour CK    ___ 4 hour CK
___ 0 hour Troponin ___ 4 hour Troponin
___ BNP 1        ___ BNP 2
___ ECHO         ___ Natrecor

PHYSICAL EXAM:

DIAGNOSIS:

DISPOSITION:       ___ Home    ___ Admission

DISCHARGE INSTRUCTION GIVEN:  ___ Yes    ___ No

PRIMARY PHYSICIAN CONTACTED:  ___ Yes    ___ No

NAME: _____________________________

FOLLOW UP:

______________________________________________________________________

ATTENDING SIGNATURE / DATE

Houston Northwest Medical Center
SNAKEBITE--OBSERVATION GUIDELINES

I. Exclusion Criteria
   A. Fever over 103
   B. Need for Antivenom
   C. Unstable VS
   D. Need for fasciotomy
   E. Systemic disorder (Renal failure, D.M., Sickle cell disease, immunosuppression)

II. OBS Interventions
   A. Serial exams including vital signs
   B. Analgesic
   C. Antipyretic
   D. Antiemetics
   E. IV hydration
   F. Antihistamine as needed

III. Disposition

HOME
   A. No expanding swelling or cellulitis
   B. Pain control
   C. No antivenom given
   D. Tolerate po medications

HOSPITAL
   A. Expanding swelling or cellulitis
   B. Inability to control pain and N&V on po medications
   C. Need for antivenom or surgical management

IV. Time frame
   A. 8-24 hours observation and treatment
EMERGENCY DEPARTMENT
OBSERVATION UNIT
SNAKE BITE
Admission Orders

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       _____ Neurovascular checks every 2 hours/Notify ER MD for rapid increase in swelling or pain
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 24 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
     ___ Valium 10 mg po every 6 hours and PRN pain -hold if sedated.
14. Re-evaluate for discharge every 3 hours

____________________________________________  ________________________
Emergency Department Physician Signature   Date/Time
Please date and sign each entry.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
</tr>
</thead>
</table>

**PROTOCOL:** SNAKE BITE

**RELEVANT HISTORY/PHYSICAL FINDINGS:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OBSERVATION INTERVENTIONS:**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Hydration as indicated</td>
<td>Pain medications as needed</td>
</tr>
<tr>
<td>Serial Exams and Vital Signs</td>
<td>Neurovascular Checks</td>
</tr>
<tr>
<td>Antihistamines</td>
<td></td>
</tr>
</tbody>
</table>

**GOALS OF OBSERVATION PERIOD:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**MORNING PLAN**

**PRIMARY PHYSICIAN CONTACTED:**

<table>
<thead>
<tr>
<th>YES</th>
<th>NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>
EMERGENCY DEPARTMENT
OBSERVATION UNIT

SNAKE BITE
DISCHARGE NOTE

DATE:  
TIME:  

PRESENTING COMPLAINT: 

OBSERVATION COURSE: 
   ____ Serial Exams, Vital Signs, and Neurovascular Checks 
   ____ Pain Medications 
   ____ Antihistamines 
   ____ IV Hydration 

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

DRUG OVERDOSE
ADMISSION/DISCHARGE CRITERIA

EXCLUSION CRITERIA
1. Known ingestion of lethal material and amount
2. Unstable vital signs
3. Abnormal neurological exam including seizures, hallucinations, confusion, or narousable
4. Cardiac arrhythmias (significant)
5. Need for decontamination procedures (other than GI)
6. Body packer or stuffer
7. Ingestion of corrosives
8. Unstable respiratory status

OBSERVATION UNIT INTERVENTIONS
1. Serial exams including vital signs
2. Await toxicologic lab results (and repeat as indicated)
3. EKG monitoring
4. Pulse oximetry
5. Continued antidote administration up to 6 hours
6. Psychiatric consultation
7. Social Worker consultation

DISPOSITION
1. HOME OR PSYCHIATRIC TRANSFER
   a. Return of non-toxic lab values
   b. No change in normal exam
   c. Stable vital signs
   d. Return to pre-ingestion PE
2. HOSPITAL
   a. Return of lethal or significantly toxic lab value
   b. Deterioration in neurologic function
   c. Cardiac instability
   d. Rule in exclusionary causes
   e. Respiratory instability
   f. Unstable vital signs

TIME FRAME
1. 24 hour observation

NOT A PART OF THE MEDICAL RECORD
**EMERGENCY DEPARTMENT**

**OBSERVATION UNIT**

**Overdose**

**Admission Orders**

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
10. Activity: ___ up ad lib ___ Other: ___________________________________________
11. Diet: ___ Clear liquid, advance as tolerated ___ Regular ___ Other: _________________________
12. IV Fluids: ___ D5½NS + 20 meq KCl/1000ml at ___ml/hour ___ NS at ___ml/hour ___ Other: _________________________
13. Oxygen: ___ Nasal cannula @ ____ L/minute ___ Other: _________________________
14. 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
   ___ 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 IV every 4 hours prn nausea/vomiting
15. Re-evaluate for discharge every 3 hours

_____________________________________________  ________________________
Emergency Department Physician Signature   Date/Time
# EMERGENCY DEPARTMENT
## OBSERVATION UNIT

## DRUG OVERDOSE
### PROGRESS NOTE

Please date and sign each entry.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
</tr>
</thead>
</table>

**PROTOCOL: DRUG OVERDOSE**

**RELEVANT HISTORY/PHYSICAL FINDINGS:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OBSERVATION INTERVENTIONS:**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serial Vital Signs</td>
<td></td>
</tr>
<tr>
<td>O$_2$ % Sat Monitor if indicated</td>
<td></td>
</tr>
<tr>
<td>Obtain &amp; Review Tox Lab Results as indicated</td>
<td></td>
</tr>
<tr>
<td>Antidote Administration</td>
<td></td>
</tr>
<tr>
<td>EKG Monitor if indicated</td>
<td></td>
</tr>
</tbody>
</table>

**GOALS OF OBSERVATION PERIOD:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MORNING PLAN**

**PRIMARY PHYSICIAN CONTACTED:**

<table>
<thead>
<tr>
<th>YES</th>
<th>NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

**ATTENDING SIGNATURE / DATE**
DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

_____ IVF
_____ IV Antiemetics
_____ Tolerating PO
_____ Psychiatry consult
_____ Antidotes given

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
MINOR HEAD INJURY
ADMISSION/DISCHARGE CRITERIA

EXCLUSION CRITERIA
1. Depressed LOC not due to alcohol, drugs or metabolic causes
2. Focal neurologic findings
3. Penetrating skull injuries
4. Depressed skull fractures
5. Positive CT scan
6. Signs of basilar skull fractures
7. Glasgow coma score < 13
8. Age > 70
9. Non ambulatory baseline + post trauma
10. Multiple medical problems, i.e., bleeding disorders, DM, Alzheimer's, Hemophilic
11. C spine injury
12. Respiratory instability

OBSERVATION UNIT INTERVENTIONS
1. Serial exams including vital signs
2. Serial neurologic exams
3. Analgesics

DISPOSITION
1. HOME
   a. Normal serial exams
   b. No deterioration in clinical course
2. HOSPITAL
   a. Deterioration in clinical course
   b. Rule in of exclusionary causes or criteria

TIME FRAME
1. 24 hour observation

NOT A PART OF THE MEDICAL RECORD
EMERGENCY DEPARTMENT
OBSERVATION UNIT
Admission Orders

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

MINOR HEAD INJURY
PROGRESS NOTE

Please date and sign each entry.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
</tr>
</thead>
</table>

| PROTOCOL: MINOR HEAD INJURY |

<table>
<thead>
<tr>
<th>RELEVANT HISTORY/PHYSICAL FINDINGS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBSERVATION INTERVENTIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serial Exam</td>
</tr>
<tr>
<td>IVF and antiemetics as indicated</td>
</tr>
<tr>
<td>Consultations as needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOALS OF OBSERVATION PERIOD:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MORNING PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRIMARY PHYSICIAN CONTACTED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES NAME:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>NO</td>
</tr>
</tbody>
</table>

ATTENDING SIGNATURE / DATE
EMERGENCY DEPARTMENT
OBSERVATION UNIT

MINOR HEAD INJURY
DISCHARGE NOTE

DATE:
TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

____ IVF
____ IV Antiemetics
____ Tolerating PO
____ Normal neurological exam
____ Consultation with neuro/neurosurgery

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

INTRACTABLE PAIN
ADMISSION/DISCHARGE CRITERIA

EXCLUSION CRITERIA
1. Fever over 103
2. Obvious infection needing inpatient treatment
3. Sickle cell crisis
4. Chronic pain management
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. Muscle relaxant
4. Antiemetics
5. IV hydration

DISPOSITION
1. HOME
   a. DX of acute pain
   b. Pain control
   c. No vomiting x 12 hours
   d. Tolerate p.o. medications
2. HOSPITAL
   a. DX of uncontrollable pain
   b. Inability to control pain and N&V on po medications
   c. 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   _____ Intractable Pain

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 24 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
     ___ Valium 10 mg po every 6 hours and PRN pain -hold if sedated.
14. Re-evaluate for discharge every 3 hours

____________________________________________  _________________________
Emergency Department Physician Signature   Date/Time
EMERGENCY DEPARTMENT
OBSERVATION UNIT

INTRACTABLE PAIN
PROGRESS NOTE

Please date and sign each entry.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
</tr>
</thead>
</table>

PROTOCOL: INTRACTABLE PAIN

RELEVANT HISTORY/PHYSICAL FINDINGS:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OBSERVATION INTERVENTIONS:

<table>
<thead>
<tr>
<th>Intervention</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Hydration as indicated</td>
<td>Pain medications as needed</td>
</tr>
<tr>
<td>Serial Exams and Vital Signs</td>
<td></td>
</tr>
<tr>
<td>Antiemetic</td>
<td></td>
</tr>
</tbody>
</table>

GOALS OF OBSERVATION PERIOD:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:

MORNING PLAN

PRIMARY PHYSICIAN CONTACTED:

<table>
<thead>
<tr>
<th>YES</th>
<th>NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

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
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
Please date and sign each entry.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
</tr>
</thead>
</table>

**PROTOCOL: FLANK PAIN**

**RELEVANT HISTORY/PHYSICAL FINDINGS:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OBSERVATION INTERVENTIONS:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Serial Vital Signs</td>
<td>IVP or CT Renal Scan for suspected kidney stone</td>
</tr>
<tr>
<td>Antiemetics and pain medications as needed</td>
<td>IVF for Hydration and IV Antibiotics as indicated</td>
</tr>
</tbody>
</table>

**GOALS OF OBSERVATION PERIOD:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**MORNING PLAN**

**PRIMARY PHYSICIAN CONTACTED:**

<table>
<thead>
<tr>
<th>YES</th>
<th>NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

**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
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: ________________________________
   Time Contacted: _____________________
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
**DATE:**

**TIME:**

**PROTOCOL:** VENOUS THROMBOEMBOLIC DISEASE / DVT

**RELEVANT HISTORY/PHYSICAL FINDINGS:**

**OBSERVATION INTERVENTIONS:**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Action</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>
<td></td>
</tr>
</tbody>
</table>

**GOALS OF OBSERVATION PERIOD:**

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

**MORNING PLAN**

**PRIMARY PHYSICIAN CONTACTED:**

<table>
<thead>
<tr>
<th>YES</th>
<th>NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

**ATTENDING SIGNATURE / DATE**

Addressograph
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
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
EMERGENCY DEPARTMENT
OBSERVATION UNIT
Admission Orders

Addressograph

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

DEHYDRATION
PROGRESS NOTE

Please date and sign each entry.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PROTOCOL: DEHYDRATION

RELEVANT HISTORY/PHYSICAL FINDINGS:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

OBSERVATION INTERVENTIONS:

<table>
<thead>
<tr>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Hydration</td>
</tr>
<tr>
<td>Serial Exams and Vital Signs</td>
</tr>
<tr>
<td>Antiemetic</td>
</tr>
</tbody>
</table>

GOALS OF OBSERVATION PERIOD:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:

MORNING PLAN

PRIMARY PHYSICIAN CONTACTED:

<table>
<thead>
<tr>
<th>YES</th>
<th>NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NO</th>
</tr>
</thead>
</table>

ATTENDING SIGNATURE / DATE
EMERGENCY DEPARTMENT
OBSERVATION UNIT

DEHYDRATION
DISCHARGE NOTE

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