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
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.

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<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
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**PROTOCOL:** MINOR HEAD INJURY

**RELEVANT HISTORY/PHYSICAL FINDINGS:**

- [ ]
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**OBSERVATION INTERVENTIONS:**

<table>
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<tr>
<th>Serial Exam</th>
<th>IVF and antiemetics as indicated</th>
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<tbody>
<tr>
<td>Consultations as needed</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>
<thead>
<tr>
<th>YES</th>
<th>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
- ___ 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