

Emergency Department Observation Unit Protocols

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Source: Used with permission of the Brigham and Women's
Hospital, March 2010



ABDOMINAL PAIN

I. Exclusion Criteria:

- A. Chronic abdominal pain
- B. Acute peritonitis
- C. Hypotension
- D. Anticipated OBS LOS < 4-6 hours (use Transition protocol).
- E. Probability of discharge within 24 hours < 80%

II. Typical OBS Interventions:

- A. NPO except meds
- B. IV hydration
- C. Symptomatic control with meds (antiemetics, narcotics, GI cocktail)
- D. Serial exams and vital signs
- E. Abdominal imaging as indicated
- F. General surgery or other consultation as indicated

III. Disposition Criteria:

A. HOME

- 1. Resolution or significant improvement of pain
- 2. Completion of diagnostic evaluation

B. HOSPITAL

- 1. Abnormal imaging requiring hospitalization
- 2. Persistent nausea or vomiting, inability to hydrate as outpatient

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD

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Please date and sign each entry

ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
PROTOCOL: ABDOMINAL PAIN		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
OBS INTERVENTIONS:		
<input type="checkbox"/> NPO <input type="checkbox"/> Serial exams <input type="checkbox"/> Imaging <input type="checkbox"/> Consultations:		
<input type="checkbox"/> IV hydration <input type="checkbox"/> Repeat labs <input type="checkbox"/> Serial exams <input type="checkbox"/> Other:		
MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
PCP CONTACTED:	Y N	NAME:
***** **		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.		
SIGNATURE:	(PRINTED):	ID #



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Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE

DATE:		
TIME:		
PRESENTING COMPLAINT:		
OBSERVATION COURSE:		
<input type="checkbox"/> Pain improved	<input type="checkbox"/> Imaging reviewed	<input type="checkbox"/> Consultations: _____
<input type="checkbox"/> IV hydration	<input type="checkbox"/> Labs reviewed	<input type="checkbox"/> Relevant Physical Exam and VS reviewed
DISPOSITION:		
DISCHARGE DIAGNOSIS:		
DISCHARGE INSTRUCTIONS GIVEN: Y N		
PRIMARY PHYSICIAN CONTACTED: Y N NAME:		
WHAT FOLLOW-UP HAS BEEN ARRANGED:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):

**		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND PARTICIPATED IN THE DISCHARGE FROM OBSERVATION. I AGREE WITH THE DISCHARGE ARRANGEMENTS ABOVE.		
<input type="checkbox"/> PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:		
SIGNATURE:	(PRINTED):	ID #:



ALLERGIC REACTION

I. Exclusion Criteria:

- A. Stridor or other evidence of actual or impending airway compromise
- B. Room air oxygen saturation < 90%
- C. Hypotension
- D. Probability of discharge within 24 hours < 80%

II. Typical OBS Interventions:

- A. IV fluids
- B. Antihistamines
- C. Corticosteroids
- D. Albuterol ± ipratropium
- E. Monteleukast
- F. Telemetry and oxygen saturation monitoring
- G. Airway monitoring
- H. Epi-pen teaching

III. Disposition Criteria:

- A. **HOME**
 - 1. Improvement in clinical condition
- B. **HOSPITAL**
 - 1. No improvement in clinical condition

IV. Time Frame:

- A. 8-24 hour observation

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DATE:		
TIME:		
PROTOCOL: ALLERGIC REACTION		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
OBS INTERVENTIONS:		
<input type="checkbox"/> Hydration	<input type="checkbox"/> Corticosteroids	<input type="checkbox"/> Bronchodilator Treatments
<input type="checkbox"/> Antihistamines	<input type="checkbox"/> Pulse Oximeter monitoring	<input type="checkbox"/> Other: _____
MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
PCP CONTACTED: Y N	NAME:	

**		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
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SIGNATURE:	(PRINTED):	ID #

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ED OBSERVATION DISCHARGE NOTE

DATE:		
TIME:		
PRESENTING COMPLAINT:		
OBSERVATION COURSE:		
<input type="checkbox"/> Hydration	<input type="checkbox"/> Antihistamines	<input type="checkbox"/> Corticosteroids
		<input type="checkbox"/> Epi Pen Rx
<input type="checkbox"/> Bronchodilator Treatments	<input type="checkbox"/> Relevant Physical Exam and Vital Signs Reassessed	
DISPOSITION:		
DISCHARGE DIAGNOSIS:		
DISCHARGE INSTRUCTIONS GIVEN:	Y	N
PRIMARY PHYSICIAN CONTACTED:	Y	N
NAME:		
WHAT FOLLOW-UP HAS BEEN ARRANGED:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
***** **		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
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SIGNATURE:	(PRINTED):	ID #:



ASTHMA

I. Exclusion Criteria:

- A. RR >40
- B. Impending respiratory fatigue/failure
- C. Inability to perform spirometry
- D. Pulse oximeter < 90% on room air
- E. Need for continuous nebulizer treatments, BIPAP, or heliox

II. Typical OBS Interventions:

- A. Serial exams including vital signs every 4 hours
- B. Pulse oximeter monitoring
- C. Supplemental oxygen
- D. Serial peak-flow measurements
- E. Bronchodilator treatments every 1-4 hours
- F. Steroids
- G. Asthma/MDI teaching

III. Disposition Criteria:

A. HOME

- 1. Major resolution of SOB / wheezing
- 2. Ambulating comfortably without significant O₂ desaturation

B. HOSPITAL

- 1. Deterioration of condition
- 2. Peak flow deterioration to < 20% expected
- 3. RR >35
- 4. Pulse oximeter < 90% on room air for 30 minutes

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD



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ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
PROTOCOL: ASTHMA		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
OBS INTERVENTIONS:		
<input type="checkbox"/> Serial exams including vital signs every 4 hrs	<input type="checkbox"/> Bronchodilators	<input type="checkbox"/> Asthma/MDI teaching
<input type="checkbox"/> Pulse oximeter monitoring	<input type="checkbox"/> Hydration	
<input type="checkbox"/> Supplemental oxygen	<input type="checkbox"/> Steroids	
MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
PCP CONTACTED:	Y N	NAME:

<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.</i>		
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ATTENDING SIGNATURE:	(PRINTED):	ID #:



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PEAK FLOW RECORDS



Pre Treatment Assessment Time: _____ _____ Peak Flow: _____ % Predicted: _____ Signature: _____	Pre Treatment Assessment Time: _____ _____ Peak Flow: _____ % Predicted: _____ Signature: _____
Pre Treatment Assessment Time: _____ _____ Peak Flow: _____ % Predicted: _____ Signature: _____	Pre Treatment Assessment Time: _____ _____ Peak Flow: _____ % Predicted: _____ Signature: _____
Pre Treatment Assessment Time: _____ _____ Peak Flow: _____ % Predicted: _____ Signature: _____	Pre Treatment Assessment Time: _____ _____ Peak Flow: _____ % Predicted: _____ Signature: _____



BACK PAIN

I. Exclusion Criteria:

- A. Significant trauma involving other systems or other sites
- B. Acutely deteriorating neurologic exam
- C. Probability of discharge within 24 hours < 80%

II. Typical OBS Interventions:

- A. Serial exams
- B. Analgesics
- C. Physical Therapy assessment
- D. Consultation
- E. Imaging

III. Disposition Criteria:

A. HOME

- 1. Ability to tolerate pain on PO medication
- 2. Stable neurological exam

B. HOSPITAL

- 1. Inability to control pain with PO medication after 24 hour observation
- 2. Diagnosis requiring an inpatient admission

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD



Please date and sign each entry

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ED OBSERVATION ADMIT NOTE		
DATE:		
TIME:		
PROTOCOL: BACK PAIN		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
OBS INTERVENTIONS:		
<input type="checkbox"/> Serial exams	<input type="checkbox"/> Physical Therapy assessment	<input type="checkbox"/> Imaging: _____
<input type="checkbox"/> Analgesics	<input type="checkbox"/> Consultation: _____	<input type="checkbox"/> Other: _____
MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle) SIGNATURE:	(PRINTED):	
PCP CONTACTED: Y N	NAME:	

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CELLULITIS

I. Exclusion Criteria:

- A. Suspicion for necrotizing fasciitis, Fournier's gangrene or Ludwig's angina
- B. Suspected sepsis
- C. Probability of discharge within 24 hours < 80%

II. Typical OBS Interventions:

- A. Antibiotics
- B. Analgesics and Anti-inflammatories
- C. Elevation/immobilization
- D. Consultation, if indicated
- E. Imaging, if indicated.
- F. Home care coordination, if indicated

III. Disposition Criteria:

A. HOME

- 1. Improvement in clinical condition
- 2. Tolerating medications

B. HOSPITAL

- 1. Spread of infection
- 2. Signs of systemic illness

IV. Time Frame:

- A. 8-24 hour observation

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ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
PROTOCOL: CELLULITIS		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
OBS INTERVENTIONS:		
<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Serial Exams	<input type="checkbox"/> Elevation/Immobilization
<input type="checkbox"/> Analgesics/Anti-inflammarories	<input type="checkbox"/> Consultation:	<input type="checkbox"/> Other:
MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
PCP CONTACTED:	Y N	NAME:
***** **		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
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SIGNATURE:	(PRINTED):	ID #

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ED OBSERVATION DISCHARGE NOTE

DATE:		
TIME:		
PRESENTING COMPLAINT:		
OBSERVATION COURSE:		
<input type="checkbox"/> Antibiotics <input type="checkbox"/> Home care coordination <input type="checkbox"/> Elevation/Immobilization		
<input type="checkbox"/> Analgesia <input type="checkbox"/> Relevant Physical Exam and VS reviewed		
DISPOSITION:		
DISCHARGE DIAGNOSIS:		
DISCHARGE INSTRUCTIONS GIVEN: Y N		
PRIMARY PHYSICIAN CONTACTED: Y N NAME:		
WHAT FOLLOW-UP HAS BEEN ARRANGED:		
RESIDENT / PA (circle) SIGNATURE:		(PRINTED):
***** **		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
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<input type="checkbox"/> PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:		
SIGNATURE:	(PRINTED):	ID #:



CHEST PAIN

I. Exclusion Criteria:

- A. Ischemic EKG changes
- B. Troponin or CKMB percentage newly positive
- C. Probability of discharge home within 24 hours < 80%

II. Typical OBS Interventions:

- A. Monitor vital signs
- B. Telemetry
- C. Serial EKG's at 0 and 6 hrs, and with any recurrent pain
- D. Cardiac markers at 0 and 6 hrs from arrival in ED, unless otherwise ordered
- E. Provocative testing (ETT, MIBI, ECHO) or coronary CT at attending discretion

III. Disposition Criteria:

A. HOME

- 1. ED attending does not suspect cardiac ischemia
- 2. No elevations in TnT or CKMB percentage
- 3. Results of any imaging or provocative testing reviewed

B. HOSPITAL

- 1. Ischemia suspected
- 2. Abnormal vital signs other than mild or moderate hypertension

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD

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Please date and sign each entry

ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
PROTOCOL: CHEST PAIN		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Symptoms/chief complaint:	Family History:	<input type="checkbox"/> reviewed and noncontributory
EKG:		<input type="checkbox"/> other:
CAD risk factors:	Social History:	<input type="checkbox"/> reviewed and noncontributory
Previous Stress/Cath dates & results:		<input type="checkbox"/> other:
OBS INTERVENTIONS:		
<input type="checkbox"/> Monitor vital signs	<input type="checkbox"/> Telemetry at ED attending's discretion	
<input type="checkbox"/> ECG at 0 and 6 hours, and with any recurrent CP if not, explain rationale:	<input type="checkbox"/> Cardiac markers at 0 and 6 hours if not, explain rationale:	
<input type="checkbox"/> Provocative testing: (should be NPO for 6 hours) <ul style="list-style-type: none"> <input type="checkbox"/> Standard ETT <input type="checkbox"/> Nuclear study <input type="checkbox"/> Stress ECHO <input type="checkbox"/> Coronary CTA <input type="checkbox"/> No test from OBS } explain rationale		
GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/ PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle) SIGNATURE	(PRINTED)	
PCP CONTACTED: Y N	NAME:	

<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.		
SIGNATURE:	(PRINTED):	ID #



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Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE

DATE:		
TIME:		
PRESENTING COMPLAINT:		
OBSERVATION COURSE:		
<input type="checkbox"/> 0 hr CKMB %	<input type="checkbox"/> 6 hr CKMB %	<input type="checkbox"/> CXR reviewed
<input type="checkbox"/> 0 hr TnT reviewed	<input type="checkbox"/> 6 hr TnT	<input type="checkbox"/> Relevant Physical Exam and VS
<input type="checkbox"/> Provocative test or CTA result:		
DISPOSITION:		
DISCHARGE DIAGNOSIS:		
DISCHARGE INSTRUCTIONS GIVEN: Y N		
PRIMARY PHYSICIAN CONTACTED: Y N NAME:		
WHAT FOLLOW-UP HAS BEEN ARRANGED:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
***** **		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
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<input type="checkbox"/> PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:		
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DEHYDRATION

I. **Exclusion Criteria:**

- A. Severe dehydration
- B. Concomitant acute severe medical condition (i.e., acute renal failure, sepsis)
- C. $130 < \text{Na} > 155$ mEq or hemodynamic instability
- D. Probability of discharge within 24 hours $< 80\%$

II. **Typical OBS Interventions:**

- A. IV Hydration
- B. Serial exams and vital signs
- C. Antiemetic
- D. Repeat labs

III. **Disposition Criteria:**

A. **HOME**

- 1. Resolution of symptoms
- 2. Stable vital signs

B. **HOSPITAL**

- 1. Inability to correct symptoms after 24 hours of observation

IV. **Time Frame:**

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD



Please date and sign each entry.

ED OBSERVATION ADMIT NOTE

DATE:

TIME:

PROTOCOL: **DEHYDRATION**

RELEVANT HISTORY/PHYSICAL FINDINGS:

Family History: reviewed and noncontributory other:

Social History: reviewed and noncontributory other:

OBS INTERVENTIONS:

Serial exams IV hydration Antiemetic

Repeat labs Advance diet Other: _____

MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:

HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: Q4H Q6H Q8H Q shift

MORNING PLAN:

RESIDENT / PA (circle)

SIGNATURE:

(PRINTED):

PCP CONTACTED:

Y N NAME:

THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.

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ATTENDING SIGNATURE:

(PRINTED):

ID #:



Please date and sign each entry

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Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE



STAMP

DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

Labs reviewed

Relevant Physical Exam and VS reviewed

DISPOSITION:

DISCHARGE DIAGNOSIS:

DISCHARGE INSTRUCTIONS GIVEN: Y N

PRIMARY PHYSICIAN CONTACTED: Y N NAME:

WHAT FOLLOW-UP HAS BEEN ARRANGED:

RESIDENT / PA (circle)

SIGNATURE:

(PRINTED):

THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.

I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND PARTICIPATED IN THE DISCHARGE FROM OBSERVATION. I AGREE WITH THE DISCHARGE ARRANGEMENTS ABOVE.

PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:

ATTENDING SIGNATURE:

(PRINTED):

ID #:



VENOUS THROMBOEMBOLIC DISEASE

I. Exclusion Criteria:

- A. Documented or highly suspected PE
- B. Complex DVT requiring catheter-directed thrombolysis
- C. Complicating illness
- D. Probability of discharge within 24 hours < 80%

Note: This pathway is not meant for workup of patients with isolated calf DVT

II. Typical OBS Interventions:

- A. Weigh Patient
- B. Monitor VS & oxygen saturation
- C. Check appropriate lab tests (CBC, Creatinine, PT/INR, UHCG)
- D. Initiate low molecular weight heparin (LMWH)
- E. Imaging studies
- F. Initiate warfarin therapy
- G. LMWH and warfarin teaching

III. Disposition Criteria:

A. HOME

- 1. Adequate home support
- 2. Teaching completed
- 3. Appropriate follow up arranged

B. HOSPITAL

- 1. Deterioration in clinical status
- 2. Newly diagnosed PE
- 3. Need for unfractionated heparin (IV) therapy
- 4. Inadequate home support for outpatient LMWH therapy

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD



Please date and sign each entry

DATE:

TIME:

PROTOCOL: **VENOUS THROMBOEMBOLIC DISEASE//DVT**

Family History: reviewed and noncontributory other:

Social History: reviewed and noncontributory other:

RELEVANT HISTORY/PHYSICAL FINDINGS (enter values):

HCG: (+) (-) (N/A) INR: _____ PTT: _____
 Hematocrit: _____ Platelets: _____ Cr: _____
 Rectal guaiac: Pos Neg

OBS INTERVENTIONS:

Oxygen Saturation Monitor Weight / height Pharmacy Consult
 Cardiac Monitor Initiate LMWH Patient Education
 Imaging: _____ Initiate Warfarin

MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:

HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: Q4H Q6H Q8H Q shift

MORNING PLAN:

RESIDENT / PA (circle) SIGNATURE: _____ (PRINTED): _____

PCP CONTACTED: Y N NAME: _____

THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.

I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.

ATTENDING SIGNATURE: _____ (PRINTED): _____ ID #: _____



Emergency Department DVT Protocol

RN Initials

_____ WT _____ Kg (must weigh patient in ED)

_____ HT: _____ cm

_____ RN's evaluation of patient's ability to administer LMWH at home

- | | | | | | | | |
|----|---------------------|---|---|----|-----------------------|---|---|
| a. | Willingness | Y | N | c. | Able to understand | Y | N |
| b. | Physical capability | Y | N | d. | Able to redemonstrate | Y | N |

_____ Telephone number and address of patient verified

_____ Verify family support if patient unable to administer medication alone

Name & Relationship _____

_____ View video (Spanish video available)

_____ Give patient DVT packet which includes

- | | | | |
|----|-------------------------------|----|---|
| a. | "How to Use Lovenox" pamphlet | c. | BWH warfarin booklet "A Guide to Taking warfarin" |
| b. | Needle disposal container | | |

_____ Review "Your Information," on page 5 of the BWH warfarin education booklet with patient

_____ Compression stockings size and apply appropriate length

_____ Enoxaparin (Lovenox) dose _____

_____ Warfarin (Coumadin) dose _____ (5mg is recommended starting dose – confirm with MD if not 5mg)

_____ Medications reconciled by pharmacist and dosages checked

MD/PA Initials: _____

_____ Labs Checked (HCT, Platelets, Creatinine, and INR; Urine HCG checked if female)

_____ Patient assessed for contraindications to anticoagulation:

- GI bleeding: (asked about melena or stool guaiac checked)
- Fall Risk

_____ Primary physician notified and asked where anticoagulation management should occur

_____ Ensure follow up visit and blood draw scheduled: _____ (Date)

- BIMA, Anticoagulation Management Service: (617) 732-7439
- Brigham and Women's Hospital, Main Anticoagulation Management Service: (617) 732-8887
- Dana Farber Cancer Institute, Anticoagulation Management Service: (617) 525-8213
- Brookside Community Health Center, Anticoagulation Management Service: (617) 983-6061



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_____ Complete "Your Information," on page 5 of the education booklet:
(indication for warfarin, warfarin manager, date and location of next INR with patient)

_____ If DVT not ruled out in ED, follow-up full vascular study arranged for _____(Site & Date)

_____ Discharge instructions given and potentially serious symptoms (including risk of bleeding) reviewed with patient/family



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Please date and sign each entry

ED PROGRESS NOTE

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