

**EMERGENCY DEPARTMENT
OBSERVATION UNIT**

**ALLERGY
ADMISSION/DISCHARGE CRITERIA**

EXCLUSION CRITERIA

- A. Pulmonary complications or O₂ 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

**EMERGENCY DEPARTMENT
OBSERVATION UNIT
Admission Orders**

Addressograph

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

EMERGENCY DEPARTMENT OBSERVATION UNIT

ALLERGY PROGRESS NOTE

Addressograph

Please date and sign each entry.

DATE:		TIME:	
PROTOCOL: ALLERGY			
RELEVANT HISTORY/PHYSICAL FINDINGS:			
OBSERVATION INTERVENTIONS:			
	IV Hydration		Steroids
	Serial Exams and Vital Signs		Respiratory treatments PRN
	Antihistamine		Cardiac/Pulse Ox monitoring
GOALS OF OBSERVATION PERIOD:			
HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:			
MORNING PLAN			
PRIMARY PHYSICIAN CONTACTED:			
	YES NAME:		
	NO		

ATTENDING SIGNATURE / DATE

**EMERGENCY DEPARTMENT
OBSERVATION UNIT**

**ALLERGY
DISCHARGE NOTE**

Addressograph

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