

**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 (O_2 % 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

**EMERGENCY DEPARTMENT
OBSERVATION UNIT
Venous Thrombolytic Disease
Admission Orders**

Addressograph

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. 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

**EMERGENCY DEPARTMENT
OBSERVATION UNIT**

**VENOUS THROMBOEMBOLIC DISEASE
PROGRESS NOTE**

Addressograph

Please date and sign each entry.

DATE:		TIME:	
PROTOCOL: VENOUS THROMBOEMBOLIC DISEASE / DVT			
RELEVANT HISTORY/PHYSICAL FINDINGS:			
OBSERVATION INTERVENTIONS:			
	O ₂ % Sat Monitor		V/Q Scan as indicated
	EKG Monitor		Start Coumadin
	Heparin / LMWH if indicated		
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**

**VENOUS THROMBOLITIC DISEASE
DISCHARGE NOTE**

Addressograph

DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

- V/Q Scan
- Start Coumadin
- O₂% 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

Addressograph

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