

**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

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) $7.30 < \text{pH} < 7.50$, $\text{pO}_2 < 70$, $\text{pCO}_2 > 45$
- G. Pulse oxymeter < 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 oxymeter < 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**

Addressograph

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 (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 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

Addressograph

Please date and sign each entry.

DATE:		TIME:	
PROTOCOL: ASTHMA			
RELEVANT HISTORY/PHYSICAL FINDINGS:			
OBSERVATION INTERVENTIONS:			
	IV Hydration as indicated		Oxygen as needed
	Serial Exams and Vital Signs		Pulse Oximetry
	Bronchodilators, Steroids		Repeat ABG's as 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**

**ASTHMA
DISCHARGE NOTE**

Addressograph

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**

Addressograph

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

**EMERGENCY DEPARTMENT
OBSERVATION UNIT**

**CHEST PAIN / RO MI
PROGRESS NOTE**

Addressograph

Please date and sign each entry.

DATE:		TIME:	
PROTOCOL: CHEST PAIN / RO MI			
RELEVANT HISTORY/PHYSICAL FINDINGS:			
OBSERVATION INTERVENTIONS:			
	0 ₂ % Saturation Monitor		Stress test
	Cardiac Monitor		CT Scan if D-dimer positive
	Cardiac Enzymes		
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**

**CHEST PAIN / RO MI
DISCHARGE NOTE**

Addressograph

DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

<input type="checkbox"/> ECG 1	<input type="checkbox"/> ECG 2
<input type="checkbox"/> 0 hour CK	<input type="checkbox"/> 4 hour CK
<input type="checkbox"/> 0 hour Troponin	<input type="checkbox"/> 4 hour Troponin
<input type="checkbox"/> Stress Test	
<input type="checkbox"/> D-Dimer	<input type="checkbox"/> 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. < 500 cc 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. Natreacor 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

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. 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

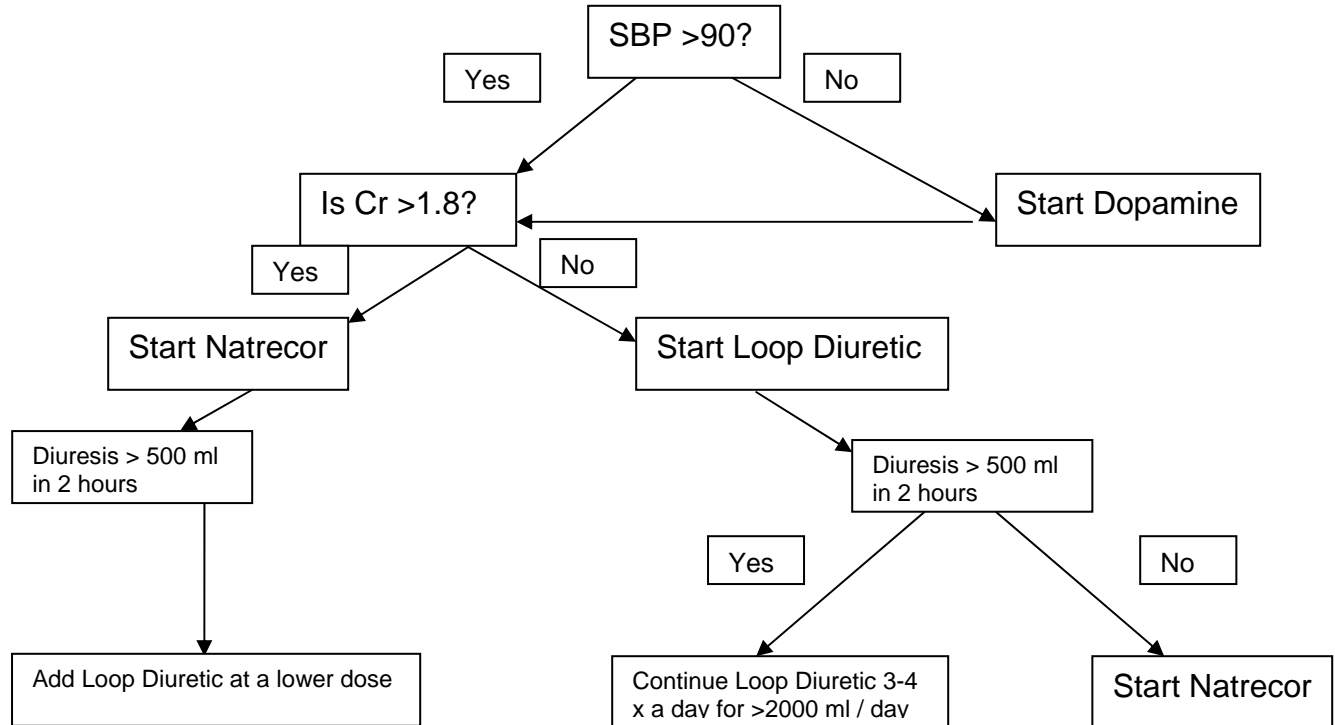
Emergency Department Physician Signature

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



Nesiritide (Natrecor®) Standing Orders

Date: _____ Time: _____ Patient Weight: _____ lbs _____ kg

Inclusion Criteria: (Check all that apply)																																					
<input type="checkbox"/> Elevated Serum Cr \geq 1.8																																					
<input type="checkbox"/> < 500cc of urine output within 2 hrs IV diuretic																																					
<input type="checkbox"/> BNP assay > 400 pg/ml																																					
<input type="checkbox"/> Severe volume overload- risk of intubation			1. Hold Nitroglycerin (if active) immediately																																		
			prior to Nesiritide (Natrecor®)																																		
Exclusion Criteria: (Check all that apply)																																					
<input type="checkbox"/> Systolic BP less than 90 mmHg			2. Give Loop Diuretic IV Bolus																																		
<input type="checkbox"/> Cardiogenic Shock			(2x oral dose recommended)																																		
<input type="checkbox"/> Evidence of low cardiac output syndrome			<input type="checkbox"/> Furosemide (Lasix®) _____mg IV push																																		
<input type="checkbox"/> Cold, clammy skin			<input type="checkbox"/> Bumetanide(Bumex®) _____mg IV push																																		
<input type="checkbox"/> Mental status changes			<input type="checkbox"/> 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) \div 6 For 2 mcg/kg: bolus = patient weight (kg) \div 3																																					
Infusion flow rate (mL/hr) For 0.01 mcg/kg/min (mL/hr) = patient weight (kg) \div 10																																					
<table border="1"> <thead> <tr> <th rowspan="2">Patient Weight (kg)</th> <th colspan="2">Volume of Bolus (mL)</th> <th rowspan="2">Infusion Rate (mL/hr)</th> </tr> <tr> <th>1 mcg/kg</th> <th>2mcg/kg</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>			Patient Weight (kg)	Volume of Bolus (mL)		Infusion Rate (mL/hr)	1 mcg/kg	2mcg/kg	60	10	20	6	70	11.5	23	7	80	13.5	27	8	90	15	30	9	100	16.5	33	10	110	18.5	37	11	120	20	40	12	
Patient Weight (kg)	Volume of Bolus (mL)			Infusion Rate (mL/hr)																																	
	1 mcg/kg	2mcg/kg																																			
60	10	20	6																																		
70	11.5	23	7																																		
80	13.5	27	8																																		
90	15	30	9																																		
100	16.5	33	10																																		
110	18.5	37	11																																		
120	20	40	12																																		
Note: The bolus should be drawn from the diluted 250 mL bag and NEVER from the reconstituted vial.																																					
			3. Begin Nesiritide (Natrecor®) bolus of																																		
			<input type="checkbox"/> 1 mcg/kg over _____ 1 min. _____ 15 min.																																		
			<input type="checkbox"/> 2 mcg/kg over _____ 1 min. _____ 15 min.																																		
			<input type="checkbox"/> 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 $\frac{1}{2}$ (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:																																		

EMERGENCY DEPARTMENT OBSERVATION UNIT

CHF PROGRESS NOTE

Addressograph

Please date and sign each entry.

DATE:		TIME:	
PROTOCOL: CHF			
RELEVANT HISTORY/PHYSICAL FINDINGS:			
OBSERVATION INTERVENTIONS:			
	0 ₂ % Saturation Monitor		Natreacor infusion
	Cardiac Monitor		
	Cardiac Enzymes		
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**

**CHF
DISCHARGE NOTE**

Addressograph

DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

<input type="checkbox"/> ECG 1	<input type="checkbox"/> ECG 2
<input type="checkbox"/> 0 hour CK	<input type="checkbox"/> 4 hour CK
<input type="checkbox"/> 0 hour Troponin	<input type="checkbox"/> 4 hour Troponin
<input type="checkbox"/> BNP 1	<input type="checkbox"/> BNP 2
<input type="checkbox"/> ECHO	
<input type="checkbox"/> Natrecor	

PHYSICAL EXAM:

DIAGNOSIS:

DISPOSITION: Home Admission

DISCHARGE INSTRUCTION GIVEN: Yes No

PRIMARY PHYSICIAN CONTACTED: Yes No

NAME: _____

FOLLOW UP:

ATTENDING SIGNATURE / DATE

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

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 _____ 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

EMERGENCY DEPARTMENT OBSERVATION UNIT

SNAKE BITE PROGRESS NOTE

Addressograph

Please date and sign each entry.

DATE:		TIME:	
PROTOCOL: SNAKE BITE			
RELEVANT HISTORY/PHYSICAL FINDINGS:			
OBSERVATION INTERVENTIONS:			
	IV Hydration as indicated		Pain medications as needed
	Serial Exams and Vital Signs		Neurovascular Checks
	Antihistamines		
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**

**SNAKE BITE
DISCHARGE NOTE**

Addressograph

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

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
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**

Addressograph

Please date and sign each entry.

DATE:		TIME:	
PROTOCOL: DRUG OVERDOSE			
RELEVANT HISTORY/PHYSICAL FINDINGS:			
OBSERVATION INTERVENTIONS:			
	Serial Vital Signs		O ₂ % Sat Monitor if indicated
	Obtain & Review Tox Lab Results as indicated		Antidote Administration
	EKG Monitor 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**

**DRUG OVERDOSE
DISCHARGE NOTE**

Addressograph

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**

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

MINOR HEAD INJURY PROGRESS NOTE

Addressograph

Please date and sign each entry.

DATE:		TIME:	
PROTOCOL: MINOR HEAD INJURY			
RELEVANT HISTORY/PHYSICAL FINDINGS:			
OBSERVATION INTERVENTIONS:			
	Serial Exam		IVF and antiemetics as indicated
	Conusltations as needed		
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**

**MINOR HEAD INJURY
DISCHARGE NOTE**

Addressograph

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

**EMERGENCY DEPARTMENT
OBSERVATION UNIT
Admission Orders**

Addressograph

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

Addressograph

Please date and sign each entry.

DATE:		TIME:	
PROTOCOL: INTRACTABLE PAIN			
RELEVANT HISTORY/PHYSICAL FINDINGS:			
OBSERVATION INTERVENTIONS:			
	IV Hydration as indicated		Pain medications as needed
	Serial Exams and Vital Signs		
	Antiemetic		
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**

**INTRACTABLE PAIN
DISCHARGE NOTE**

Addressograph

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

**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**

**FLANK PAIN
PROGRESS NOTE**

Addressograph

Please date and sign each entry.

DATE:		TIME:	
PROTOCOL: FLANK PAIN			
RELEVANT HISTORY/PHYSICAL FINDINGS:			
OBSERVATION INTERVENTIONS:			
	Serial Vital Signs		IVP or CT Renal Scan for suspected kidney stone
	Antiemetics and pain medications as needed		IVF for Hydration and IV Antibiotics as 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**

**FLANK PAIN
DISCHARGE NOTE**

Addressograph

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 (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

**EMERGENCY DEPARTMENT
OBSERVATION UNIT**

**DEHYDRATION
ADMISSION/DISCHARGE CRITERIA**

EXCLUSION CRITERIA

1. Severe dehydration
2. ($130 < \text{Na} > 155 \text{ mEq}$)
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

Addressograph

Please date and sign each entry.

DATE:		TIME:	
PROTOCOL: DEHYDRATION			
RELEVANT HISTORY/PHYSICAL FINDINGS:			
OBSERVATION INTERVENTIONS:			
	IV Hydration		
	Serial Exams and Vital Signs		
	Antiemetic		
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**

**DEHYDRATION
DISCHARGE NOTE**

Addressograph

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