

**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