

**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.

<b>DATE:</b>		<b>TIME:</b>	
<b>PROTOCOL: DRUG OVERDOSE</b>			
<b>RELEVANT HISTORY/PHYSICAL FINDINGS:</b>			
<b>OBSERVATION INTERVENTIONS:</b>			
	Serial Vital Signs		O <sub>2</sub> % Sat Monitor if indicated
	Obtain & Review Tox Lab Results as indicated		Antidote Administration
	EKG Monitor if indicated		
<b>GOALS OF OBSERVATION PERIOD:</b>			
<b>HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:</b>			
<b>MORNING PLAN</b>			
<b>PRIMARY PHYSICIAN CONTACTED:</b>			
	<b>YES NAME:</b>		
	<b>NO</b>		

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**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:**

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**ATTENDING SIGNATURE / DATE**