

Emergency Department Observation Unit Protocols

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Source: Used with permission of the Brigham and Women's
Hospital, March 2010



ABDOMINAL PAIN

I. Exclusion Criteria:

- A. Chronic abdominal pain
- B. Acute peritonitis
- C. Hypotension
- D. Anticipated OBS LOS < 4-6 hours (use Transition protocol).
- E. Probability of discharge within 24 hours < 80%

II. Typical OBS Interventions:

- A. NPO except meds
- B. IV hydration
- C. Symptomatic control with meds (antiemetics, narcotics, GI cocktail)
- D. Serial exams and vital signs
- E. Abdominal imaging as indicated
- F. General surgery or other consultation as indicated

III. Disposition Criteria:

A. HOME

- 1. Resolution or significant improvement of pain
- 2. Completion of diagnostic evaluation

B. HOSPITAL

- 1. Abnormal imaging requiring hospitalization
- 2. Persistent nausea or vomiting, inability to hydrate as outpatient

IV. Time Frame:

- A. 8-24 hour observation

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NOT A PART OF THE MEDICAL RECORD



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Please date and sign each entry

ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
PROTOCOL: ABDOMINAL PAIN		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
OBS INTERVENTIONS:		
<input type="checkbox"/> NPO <input type="checkbox"/> Serial exams <input type="checkbox"/> Imaging <input type="checkbox"/> Consultations:		
<input type="checkbox"/> IV hydration <input type="checkbox"/> Repeat labs <input type="checkbox"/> Serial exams <input type="checkbox"/> Other:		
MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
PCP CONTACTED:	Y N	NAME:
***** **		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.		
SIGNATURE:	(PRINTED):	ID #

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Please date and sign each entry

ED PROGRESS NOTE

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Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE

DATE:		
TIME:		
PRESENTING COMPLAINT:		
OBSERVATION COURSE:		
<input type="checkbox"/> Pain improved	<input type="checkbox"/> Imaging reviewed	<input type="checkbox"/> Consultations: _____
<input type="checkbox"/> IV hydration	<input type="checkbox"/> Labs reviewed	<input type="checkbox"/> Relevant Physical Exam and VS reviewed
DISPOSITION:		
DISCHARGE DIAGNOSIS:		
DISCHARGE INSTRUCTIONS GIVEN: Y N		
PRIMARY PHYSICIAN CONTACTED: Y N NAME:		
WHAT FOLLOW-UP HAS BEEN ARRANGED:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
***** **		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND PARTICIPATED IN THE DISCHARGE FROM OBSERVATION. I AGREE WITH THE DISCHARGE ARRANGEMENTS ABOVE.		
<input type="checkbox"/> PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:		
SIGNATURE:	(PRINTED):	ID #:



ALLERGIC REACTION

I. Exclusion Criteria:

- A. Stridor or other evidence of actual or impending airway compromise
- B. Room air oxygen saturation < 90%
- C. Hypotension
- D. Probability of discharge within 24 hours < 80%

II. Typical OBS Interventions:

- A. IV fluids
- B. Antihistamines
- C. Corticosteroids
- D. Albuterol ± ipratropium
- E. Monteleukast
- F. Telemetry and oxygen saturation monitoring
- G. Airway monitoring
- H. Epi-pen teaching

III. Disposition Criteria:

- A. **HOME**
 - 1. Improvement in clinical condition
- B. **HOSPITAL**
 - 1. No improvement in clinical condition

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD

NOT A PART OF THE MEDICAL RECORD



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Please date and sign each entry

ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
PROTOCOL: ALLERGIC REACTION		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
OBS INTERVENTIONS:		
<input type="checkbox"/> Hydration	<input type="checkbox"/> Corticosteroids	<input type="checkbox"/> Bronchodilator Treatments
<input type="checkbox"/> Antihistamines	<input type="checkbox"/> Pulse Oximeter monitoring	<input type="checkbox"/> Other: _____
MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
PCP CONTACTED: Y N	NAME:	
***** **		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.		
SIGNATURE:	(PRINTED):	ID #

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ED PROGRESS NOTE

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DATE/TIME



STAMP

Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE

DATE:		
TIME:		
PRESENTING COMPLAINT:		
OBSERVATION COURSE:		
<input type="checkbox"/> Hydration	<input type="checkbox"/> Antihistamines	<input type="checkbox"/> Corticosteroids
		<input type="checkbox"/> Epi Pen Rx
<input type="checkbox"/> Bronchodilator Treatments		<input type="checkbox"/> Relevant Physical Exam and Vital Signs Reassessed
DISPOSITION:		
DISCHARGE DIAGNOSIS:		
DISCHARGE INSTRUCTIONS GIVEN:	Y	N
PRIMARY PHYSICIAN CONTACTED:	Y	N
NAME:		
WHAT FOLLOW-UP HAS BEEN ARRANGED:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
***** **		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
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<input type="checkbox"/> PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:		
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ASTHMA

I. Exclusion Criteria:

- A. RR >40
- B. Impending respiratory fatigue/failure
- C. Inability to perform spirometry
- D. Pulse oximeter < 90% on room air
- E. Need for continuous nebulizer treatments, BIPAP, or heliox

II. Typical OBS Interventions:

- A. Serial exams including vital signs every 4 hours
- B. Pulse oximeter monitoring
- C. Supplemental oxygen
- D. Serial peak-flow measurements
- E. Bronchodilator treatments every 1-4 hours
- F. Steroids
- G. Asthma/MDI teaching

III. Disposition Criteria:

A. HOME

- 1. Major resolution of SOB / wheezing
- 2. Ambulating comfortably without significant O₂ desaturation

B. HOSPITAL

- 1. Deterioration of condition
- 2. Peak flow deterioration to < 20% expected
- 3. RR >35
- 4. Pulse oximeter < 90% on room air for 30 minutes

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD



Please date and sign each entry

ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
PROTOCOL: ASTHMA		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
OBS INTERVENTIONS:		
<input type="checkbox"/> Serial exams including vital signs every 4 hrs	<input type="checkbox"/> Bronchodilators	<input type="checkbox"/> Asthma/MDI teaching
<input type="checkbox"/> Pulse oximeter monitoring	<input type="checkbox"/> Hydration	
<input type="checkbox"/> Supplemental oxygen	<input type="checkbox"/> Steroids	
MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
PCP CONTACTED:	Y N	NAME:

<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.		
ATTENDING SIGNATURE:	(PRINTED):	ID #:



Pre Treatment Assessment Time: _____ _____ Peak Flow: _____ % Predicted: _____ Signature: _____	Pre Treatment Assessment Time: _____ _____ Peak Flow: _____ % Predicted: _____ Signature: _____
Pre Treatment Assessment Time: _____ _____ Peak Flow: _____ % Predicted: _____ Signature: _____	Pre Treatment Assessment Time: _____ _____ Peak Flow: _____ % Predicted: _____ Signature: _____
Pre Treatment Assessment Time: _____ _____ Peak Flow: _____ % Predicted: _____ Signature: _____	Pre Treatment Assessment Time: _____ _____ Peak Flow: _____ % Predicted: _____ Signature: _____



BACK PAIN

I. Exclusion Criteria:

- A. Significant trauma involving other systems or other sites
- B. Acutely deteriorating neurologic exam
- C. Probability of discharge within 24 hours < 80%

II. Typical OBS Interventions:

- A. Serial exams
- B. Analgesics
- C. Physical Therapy assessment
- D. Consultation
- E. Imaging

III. Disposition Criteria:

A. HOME

- 1. Ability to tolerate pain on PO medication
- 2. Stable neurological exam

B. HOSPITAL

- 1. Inability to control pain with PO medication after 24 hour observation
- 2. Diagnosis requiring an inpatient admission

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD



Please date and sign each entry

STAMP

ED OBSERVATION ADMIT NOTE

DATE:

TIME:

PROTOCOL: **BACK PAIN**

RELEVANT HISTORY/PHYSICAL FINDINGS:

Family History: reviewed and noncontributory

other:

Social History: reviewed and noncontributory

other:

OBS INTERVENTIONS:

Serial exams

Physical Therapy assessment

Imaging: _____

Analgesics

Consultation: _____

Other: _____

MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:

HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: Q4H Q6H Q8H Q shift

MORNING PLAN:

RESIDENT / PA (circle) SIGNATURE:

(PRINTED):

PCP CONTACTED: Y N NAME:

THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.

I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.

ATTENDING SIGNATURE:

(PRINTED):

ID #:



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DATE/TIME



Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE

DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

Imaging reviewed Spine consultation Pain improved

PT evaluation Relevant Physical Exam and VS reviewed

DISPOSITION:

DISCHARGE DIAGNOSIS:

DISCHARGE INSTRUCTIONS GIVEN: Y N

PRIMARY PHYSICIAN CONTACTED: Y N NAME:

WHAT FOLLOW-UP HAS BEEN ARRANGED:

RESIDENT / PA (circle) SIGNATURE: (PRINTED):

THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.

I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND PARTICIPATED IN THE DISCHARGE FROM OBSERVATION. I AGREE WITH THE DISCHARGE ARRANGEMENTS ABOVE.

PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:

ATTENDING SIGNATURE: (PRINTED): ID #:



CELLULITIS

I. Exclusion Criteria:

- A. Suspicion for necrotizing fasciitis, Fournier's gangrene or Ludwig's angina
- B. Suspected sepsis
- C. Probability of discharge within 24 hours < 80%

II. Typical OBS Interventions:

- A. Antibiotics
- B. Analgesics and Anti-inflammatories
- C. Elevation/immobilization
- D. Consultation, if indicated
- E. Imaging, if indicated.
- F. Home care coordination, if indicated

III. Disposition Criteria:

A. HOME

- 1. Improvement in clinical condition
- 2. Tolerating medications

B. HOSPITAL

- 1. Spread of infection
- 2. Signs of systemic illness

IV. Time Frame:

- A. 8-24 hour observation

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Please date and sign each entry

ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
PROTOCOL: CELLULITIS		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
OBS INTERVENTIONS:		
<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Serial Exams	<input type="checkbox"/> Elevation/Immobilization
<input type="checkbox"/> Analgesics/Anti-inflammarories	<input type="checkbox"/> Consultation:	<input type="checkbox"/> Other:
MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
PCP CONTACTED:	Y N	NAME:
***** **		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
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ED PROGRESS NOTE

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CHEST PAIN

I. Exclusion Criteria:

- A. Ischemic EKG changes
- B. Troponin or CKMB percentage newly positive
- C. Probability of discharge home within 24 hours < 80%

II. Typical OBS Interventions:

- A. Monitor vital signs
- B. Telemetry
- C. Serial EKG's at 0 and 6 hrs, and with any recurrent pain
- D. Cardiac markers at 0 and 6 hrs from arrival in ED, unless otherwise ordered
- E. Provocative testing (ETT, MIBI, ECHO) or coronary CT at attending discretion

III. Disposition Criteria:

A. HOME

- 1. ED attending does not suspect cardiac ischemia
- 2. No elevations in TnT or CKMB percentage
- 3. Results of any imaging or provocative testing reviewed

B. HOSPITAL

- 1. Ischemia suspected
- 2. Abnormal vital signs other than mild or moderate hypertension

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD

NOT A PART OF THE MEDICAL RECORD



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Please date and sign each entry

ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
PROTOCOL: CHEST PAIN		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Symptoms/chief complaint:	Family History:	<input type="checkbox"/> reviewed and noncontributory
EKG:		<input type="checkbox"/> other:
CAD risk factors:	Social History:	<input type="checkbox"/> reviewed and noncontributory
Previous Stress/Cath dates & results:		<input type="checkbox"/> other:
OBS INTERVENTIONS:		
<input type="checkbox"/> Monitor vital signs	<input type="checkbox"/> Telemetry at ED attending's discretion	
<input type="checkbox"/> ECG at 0 and 6 hours, and with any recurrent CP if not, explain rationale:	<input type="checkbox"/> Cardiac markers at 0 and 6 hours if not, explain rationale:	
<input type="checkbox"/> Provocative testing: (should be NPO for 6 hours) <ul style="list-style-type: none"> <input type="checkbox"/> Standard ETT <input type="checkbox"/> Nuclear study <input type="checkbox"/> Stress ECHO <input type="checkbox"/> Coronary CTA <input type="checkbox"/> No test from OBS } explain rationale		
GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/ PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle) SIGNATURE	(PRINTED)	
PCP CONTACTED: Y N	NAME:	

<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
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SIGNATURE:	(PRINTED):	ID #



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DATE/TIME



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Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE

DATE:		
TIME:		
PRESENTING COMPLAINT:		
OBSERVATON COURSE:		
<input type="checkbox"/> 0 hr CKMB %	<input type="checkbox"/> 6 hr CKMB %	<input type="checkbox"/> CXR reviewed
<input type="checkbox"/> 0 hr TnT reviewed	<input type="checkbox"/> 6 hr TnT	<input type="checkbox"/> Relevant Physical Exam and VS
<input type="checkbox"/> Provocative test or CTA result:		
DISPOSITION:		
DISCHARGE DIAGNOSIS:		
DISCHARGE INSTRUCTIONS GIVEN: Y N		
PRIMARY PHYSICIAN CONTACTED: Y N NAME:		
WHAT FOLLOW-UP HAS BEEN ARRANGED:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
***** **		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND PARTICIPATED IN THE DISCHARGE FROM OBSERVATION. I AGREE WITH THE DISCHARGE ARRANGEMENTS ABOVE.		
<input type="checkbox"/> PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:		
SIGNATURE:	(PRINTED):	ID #:



DEHYDRATION

I. **Exclusion Criteria:**

- A. Severe dehydration
- B. Concomitant acute severe medical condition (i.e., acute renal failure, sepsis)
- C. $130 < \text{Na} > 155$ mEq or hemodynamic instability
- D. Probability of discharge within 24 hours $< 80\%$

II. **Typical OBS Interventions:**

- A. IV Hydration
- B. Serial exams and vital signs
- C. Antiemetic
- D. Repeat labs

III. **Disposition Criteria:**

A. **HOME**

- 1. Resolution of symptoms
- 2. Stable vital signs

B. **HOSPITAL**

- 1. Inability to correct symptoms after 24 hours of observation

IV. **Time Frame:**

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD



Please date and sign each entry.

ED OBSERVATION ADMIT NOTE

DATE:

TIME:

PROTOCOL: **DEHYDRATION**

RELEVANT HISTORY/PHYSICAL FINDINGS:

Family History: reviewed and noncontributory other:

Social History: reviewed and noncontributory other:

OBS INTERVENTIONS:

Serial exams IV hydration Antiemetic

Repeat labs Advance diet Other: _____

MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:

HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: Q4H Q6H Q8H Q shift

MORNING PLAN:

RESIDENT / PA (circle)

SIGNATURE:

(PRINTED):

PCP CONTACTED:

Y N NAME:

THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.

I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.

ATTENDING SIGNATURE:

(PRINTED):

ID #:



Please date and sign each entry

ED PROGRESS NOTE

DATE/TIME

DATE/TIME

DATE/TIME

DATE/TIME



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DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

Labs reviewed

Relevant Physical Exam and VS reviewed

DISPOSITION:

DISCHARGE DIAGNOSIS:

DISCHARGE INSTRUCTIONS GIVEN: Y N

PRIMARY PHYSICIAN CONTACTED: Y N NAME:

WHAT FOLLOW-UP HAS BEEN ARRANGED:

RESIDENT / PA (circle)

SIGNATURE:

(PRINTED):

THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.

I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND PARTICIPATED IN THE DISCHARGE FROM OBSERVATION. I AGREE WITH THE DISCHARGE ARRANGEMENTS ABOVE.

PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:

ATTENDING SIGNATURE:

(PRINTED):

ID #:



VENOUS THROMBOEMBOLIC DISEASE

I. Exclusion Criteria:

- A. Documented or highly suspected PE
- B. Complex DVT requiring catheter-directed thrombolysis
- C. Complicating illness
- D. Probability of discharge within 24 hours < 80%

Note: This pathway is not meant for workup of patients with isolated calf DVT

II. Typical OBS Interventions:

- A. Weigh Patient
- B. Monitor VS & oxygen saturation
- C. Check appropriate lab tests (CBC, Creatinine, PT/INR, UHCG)
- D. Initiate low molecular weight heparin (LMWH)
- E. Imaging studies
- F. Initiate warfarin therapy
- G. LMWH and warfarin teaching

III. Disposition Criteria:

A. HOME

- 1. Adequate home support
- 2. Teaching completed
- 3. Appropriate follow up arranged

B. HOSPITAL

- 1. Deterioration in clinical status
- 2. Newly diagnosed PE
- 3. Need for unfractionated heparin (IV) therapy
- 4. Inadequate home support for outpatient LMWH therapy

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD



Please date and sign each entry

DATE:

TIME:

PROTOCOL: **VENOUS THROMBOEMBOLIC DISEASE//DVT**

Family History: reviewed and noncontributory other:

Social History: reviewed and noncontributory other:

RELEVANT HISTORY/PHYSICAL FINDINGS (enter values):

HCG: (+) (-) (N/A) INR: _____ PTT: _____
 Hematocrit: _____ Platelets: _____ Cr: _____
 Rectal guaiac: Pos Neg

OBS INTERVENTIONS:

Oxygen Saturation Monitor Weight / height Pharmacy Consult
 Cardiac Monitor Initiate LMWH Patient Education
 Imaging: _____ Initiate Warfarin

MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:

HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: Q4H Q6H Q8H Q shift

MORNING PLAN:

RESIDENT / PA (circle) SIGNATURE: _____ (PRINTED): _____

PCP CONTACTED: Y N NAME: _____

THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.

I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.

ATTENDING SIGNATURE: _____ (PRINTED): _____ ID #: _____



Emergency Department DVT Protocol

RN Initials

_____ WT _____ Kg (must weigh patient in ED)

_____ HT: _____ cm

_____ RN's evaluation of patient's ability to administer LMWH at home

- | | | | | | |
|------------------------|---|---|--------------------------|---|---|
| a. Willingness | Y | N | c. Able to understand | Y | N |
| b. Physical capability | Y | N | d. Able to redemonstrate | Y | N |

_____ Telephone number and address of patient verified

_____ Verify family support if patient unable to administer medication alone

Name & Relationship _____

_____ View video (Spanish video available)

_____ Give patient DVT packet which includes

- | | |
|----------------------------------|------------------------------------------------------|
| a. "How to Use Lovenox" pamphlet | c. BWH warfarin booklet "A Guide to Taking warfarin" |
| b. Needle disposal container | |

_____ Review "Your Information," on page 5 of the BWH warfarin education booklet with patient

_____ Compression stockings size and apply appropriate length

_____ Enoxaparin (Lovenox) dose _____

_____ Warfarin (Coumadin) dose _____ (5mg is recommended starting dose – confirm with MD if not 5mg)

_____ Medications reconciled by pharmacist and dosages checked

MD/PA Initials: _____

_____ Labs Checked (HCT, Platelets, Creatinine, and INR; Urine HCG checked if female)

_____ Patient assessed for contraindications to anticoagulation:

- GI bleeding: (asked about melena or stool guaiac checked)
- Fall Risk

_____ Primary physician notified and asked where anticoagulation management should occur

_____ Ensure follow up visit and blood draw scheduled: _____ (Date)

- BIMA, Anticoagulation Management Service: (617) 732-7439
- Brigham and Women's Hospital, Main Anticoagulation Management Service: (617) 732-8887
- Dana Farber Cancer Institute, Anticoagulation Management Service: (617) 525-8213
- Brookside Community Health Center, Anticoagulation Management Service: (617) 983-6061



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_____ Complete "Your Information," on page 5 of the education booklet:
(indication for warfarin, warfarin manager, date and location of next INR with patient)

_____ If DVT not ruled out in ED, follow-up full vascular study arranged for _____(Site & Date)

_____ Discharge instructions given and potentially serious symptoms (including risk of bleeding) reviewed with patient/family



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DATE/TIME
DATE/TIME
DATE/TIME



Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE		
DATE:		
TIME:		
PRESENTING COMPLAINT:		
OBSERVATION COURSE:		
<input type="checkbox"/> Relevant Imaging reviewed	<input type="checkbox"/> Initiate LMWH	<input type="checkbox"/> Patient education
<input type="checkbox"/> Initiate Warfarin	<input type="checkbox"/> Pharmacy consult	
<input type="checkbox"/> Relevant Physical Exam and VS reviewed		
DISPOSITION:		
DISCHARGE DIAGNOSIS:		
DISCHARGE INSTRUCTIONS GIVEN:	Y	N
PRIMARY PHYSICIAN CONTACTED:	Y	N NAME:
WHAT FOLLOW-UP HAS BEEN ARRANGED:		
<input type="checkbox"/> Follow-up arranged at: _____		
RESIDENT / PA (circle) SIGNATURE:		(PRINTED)
***** THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN. *****		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND PARTICIPATED IN THE DISCHARGE FROM OBSERVATION. <input type="checkbox"/> THE ANTICOAGULATION PATHWAY WAS COMPLETED AND I AGREE WITH THE DISCHARGE ARRANGEMENTS LISTED ABOVE. <input type="checkbox"/> PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:		
ATTENDING SIGNATURE	(PRINTED):	ID #:



FLANK PAIN: PYELONEPHRITIS and UROLITHIASIS

I. Exclusion Criteria:

- A. Suspected sepsis
- B. Severe medical comorbidity.
- C. Known concomitant obstruction and infection
- D. Probability of discharge within 24 hours < 80%

II. Typical OBS Interventions:

- A. Analgesics
- B. Antipyretics
- C. Antiemetics
- D. IV hydration
- E. Antibiotics
- F. Imaging, as indicated
- G. Consultation, as indicated

III. Disposition Criteria:

- A. **HOME**
 - 1. Significant improvement in symptoms
- B. **HOSPITAL**
 - 1. Fever (T>101F) at 24 hours
 - 2. Deterioration in clinical status
 - 3. Obstruction requiring acute intervention

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD



STAMP

Please date and sign each entry

ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
PROTOCOL: PYELONEHRITIS/UROLITHIAS		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
OBS INTERVENTIONS:		
<input type="checkbox"/> Serial exams	<input type="checkbox"/> Antipyretics	<input type="checkbox"/> IV hydration
<input type="checkbox"/> Analgesics	<input type="checkbox"/> Antibiotics	
<input type="checkbox"/> Antiemetics	<input type="checkbox"/> Antimicrobial	<input type="checkbox"/> Imaging:
<input type="checkbox"/> Consultation:	<input type="checkbox"/> Other:	
MEDICAL DECISION MAKING / GOAL OF OBSERVATION:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle) SIGNATURE:	(PRINTED):	
PCP CONTACTED: Y N	NAME:	
***** **		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.		
SIGNATURE:	(PRINTED):	ID #



STAMP

Please date and sign each entry

ED PROGRESS NOTE

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Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE

DATE:		
TIME:		
PRESENTING COMPLAINT:		
OBSERVATION COURSE:		
<input type="checkbox"/> Antipyretics	<input type="checkbox"/> IV hydration	<input type="checkbox"/> Analgesics <input type="checkbox"/> Antibiotics
<input type="checkbox"/> Improvement in pain	<input type="checkbox"/> Consultation:	<input type="checkbox"/> Relevant Physical Exam and VS reassessed
DISPOSITION:		
DISCHARGE DIAGNOSIS:		
DISCHARGE INSTRUCTIONS GIVEN: Y N		
PRIMARY PHYSICIAN CONTACTED: Y N NAME:		
WHAT FOLLOW-UP HAS BEEN ARRANGED:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):

**		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND PARTICIPATED IN THE DISCHARGE FROM OBSERVATION. I AGREE WITH THE DISCHARGE ARRANGEMENTS ABOVE.		
<input type="checkbox"/> PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:		
SIGNATURE:	(PRINTED):	ID #:



GENERIC PROTOCOL

I. Global Exclusion Criteria for Management in the Observation Unit:

- A. Patient in restraints
- B. Patient with GCS of < 13 (if new)
- C. Patient with ongoing chest pain or angina equivalent associated with ischemic EKG changes or newly positive cardiac biomarkers
- D. Patient with acute intoxication
- E. Probability of discharge within 24 hours < 80%

Note that patients with exclusions A and D can still be managed in OBS status; same OBS documentation required, but patient does not move to OBS Unit

II. Typical OBS Interventions:

- A. Analgesics
- B. Anti-emetics
- C. Serial exams
- D. Telemetry and oxygen saturation monitoring.
- E. Imaging
- F. Care coordination/social work consultation

III. Disposition Criteria:

- A. **HOME**
 - 1. Treatment and evaluation complete, no indication for inpatient admission
- B. **HOSPITAL**
 - 1. Ongoing treatment or evaluation after 24 hours of observation

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD

NOT A PART OF THE MEDICAL RECORD



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Please date and sign each entry

ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
CHIEF COMPLAINT:		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
PLAN OF ACTION:		
MEDICAL DECISION MAKING / GOAL OF OBSERVATION:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
PCP CONTACTED:	Y N	NAME:

**		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.		
SIGNATURE:	(PRINTED):	ID #



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Please date and sign each entry

ED PROGRESS NOTE

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ED PROGRESS NOTE

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Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE

DATE:		
TIME:		
PRESENTING COMPLAINT:		
OBSERVATION COURSE:		
DISPOSITION:		
DISCHARGE DIAGNOSIS:		
DISCHARGE INSTRUCTIONS GIVEN: Y N		
PRIMARY PHYSICIAN CONTACTED: Y N NAME:		
WHAT FOLLOW-UP HAS BEEN ARRANGED:		
RESIDENT / PA (circle) SIGNATURE:		(PRINTED):
***** **		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND PARTICIPATED IN THE DISCHARGE FROM OBSERVATION. I AGREE WITH THE DISCHARGE ARRANGEMENTS ABOVE.		
<input type="checkbox"/> PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:		
SIGNATURE:		(PRINTED): ID #:



HEADACHE

I. Exclusion Criteria:

- A. Acutely deteriorating neurologic exam or new focal neurological deficit
- B. Suspected meningitis
- C. Hypertensive emergency (diastolic BP >120 with symptoms)

II. Typical OBS Interventions:

- A. Serial exams including vital signs
- B. Analgesics
- C. Imaging, as indicated
- D. Consultation (Neurology, Neurosurgery) as indicated

III. Disposition Criteria:

A. HOME

- 1. Resolution or significant improvement of pain
- 2. No deterioration in clinical course

B. HOSPITAL

- 1. Deterioration in clinical course
- 2. Diagnosis requiring inpatient admission

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD



Please date and sign each entry	ED OBSERVATION ADMIT NOTE
DATE:	
TIME:	
PROTOCOL: HEADACHE	
RELEVANT HISTORY/PHYSICAL FINDINGS:	
Family History: <input type="checkbox"/> reviewed and noncontributory	
<input type="checkbox"/> other:	
Social History: <input type="checkbox"/> reviewed and noncontributory	
<input type="checkbox"/> other:	
OBS INTERVENTIONS:	
<input type="checkbox"/> Serial Exams	<input type="checkbox"/> Imaging:
<input type="checkbox"/> Analgesics	<input type="checkbox"/> Consultation:
<input type="checkbox"/> Other:	
MEDICAL DECISION MAKING / GOAL OF OBSERVATION:	
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift	
MORNING PLAN:	
RESIDENT / PA (circle) SIGNATURE:	(PRINTED):

<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.</i>	
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.	
ATTENDING SIGNATURE:	(PRINTED):
ID #:	



Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE

DATE:		
TIME:		
PRESENTING COMPLAINT:		
OBSERVATION COURSE:		
DISPOSITION:		
DISCHARGE DIAGNOSIS:		
DISCHARGE INSTRUCTIONS GIVEN:	Y	N
PRIMARY PHYSICIAN CONTACTED:	Y	N NAME:
WHAT FOLLOW-UP HAS BEEN ARRANGED:		
RESIDENT / PA (circle) SIGNATURE:	(PRINTED):	

<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND PARTICIPATED IN THE DISCHARGE FROM OBSERVATION. I AGREE WITH THE DISCHARGE ARRANGEMENTS ABOVE.		
<input type="checkbox"/> PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:		
ATTENDING SIGNATURE:	(PRINTED):	ID #:



Metabolic Derangement

I. Exclusion Criteria:

HYPOGLYCEMIA

- A. Intentional over dosage of hypoglycemic medications
- B. Intake of large amounts of long acting oral hypoglycemic
- C. Altered mental status in spite of glucose administration
- D. Serious precipitating cause

HYPERGLYCEMIA:

- A. Ketoacidosis; pH <7.30 or total CO₂ < 18 or anion gap >15
- B. Hyperosmotic non-ketotic coma
- C. Glucose > 600mg/dl
- D. Serious precipitating cause

HYPOKALEMIA:

- A. K + < 2.5mEq/dl
- B. Cardiac dysrhythmia
- C. Serious precipitating cause

II. Typical OBS Interventions:

- A. Serial exams and vital signs
- B. IV hydration
- C. Serial labs
- D. Administration of glucose
- E. K + administration
- F. Diabetic counseling
- G. Insulin administration

III. Disposition Criteria:

NOT A PART OF THE MEDICAL RECORD



HYPOGLYCEMIA

A. HOME

1. Complete resolution of symptoms
2. Capable adult supervision
3. Blood sugars over 80mg/dl
4. Precipitating factor(s) addressed
5. Taking PO's

HYPERGLYCEMIA

A. HOME

1. Resolution of symptoms
2. Precipitating factor(s) addressed
3. Taking PO's

B. HOSPITAL

1. Deterioration of clinical status
2. Persistent hyperglycemia with widening anion gap

HYPOKALEMIA

A. HOME

1. $K^+ > 3.5$
2. Taking PO's

B. HOSPITAL

1. Deterioration of clinical signs
2. Inability to adequately treat precipitating factors
3. Cardiac dysrhythmia

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD



Please date and sign each entry	ED OBSERVATION ADMIT NOTE	
DATE:		
TIME:		
PROTOCOL: METABOLIC DERANGEMENT IF DIABETES: <input type="checkbox"/> TYPE 1 <input type="checkbox"/> TYPE 2		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
OBS INTERVENTIONS:		
<input type="checkbox"/> Serial exams	<input type="checkbox"/> Hydration	<input type="checkbox"/> Electrolytes Repletion
<input type="checkbox"/> Blood Glucose Monitoring	<input type="checkbox"/> Diabetic Counseling	<input type="checkbox"/> Other:
<input type="checkbox"/> Insulin Sliding Scale		
MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
PCP CONTACTED:	Y N	NAME:

<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.		
ATTENDING SIGNATURE:	(PRINTED):	ID#:



Please date and sign each entry

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Please date and sign each entry

ED PROGRESS NOTE



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DATE/TIME

DATE/TIME



PNEUMONIA

- I. Step 1) Calculate the PORT score at <http://www.mdcalc.com/>
- Step 2) Note exclusion criteria:
- High suspicion of PE
 - High suspicion of TB
 - Known HIV
- Step 3) Consider alternative diagnoses:
- Pulmonary infarction
 - CHF
 - Hypersensitivity
- Step 4) Disposition by PORT score class:

Class I (without hypoxemia) →HOME

- Antibiotic choice 1: Azithromycin 500 mg PO day 1, then 250 mg days 2-5
- Antibiotic choice 2: Doxycycline 100 mg PO twice daily for 7-10 days

Class II (under 60y without hypoxemia) →HOME

- Antibiotic choice 1: Amoxicillin 1 gram PO TID for 7-10 days + Azithromycin 500 mg x1, then 250 mg days 2-5
- Antibiotic choice 2: Respiratory quinolone (Levofloxacin 750 mg PO daily for 7 days or Moxifloxacin 400 mg PO daily for 7 days)

Class II (>59y or hypoxemia) →ED OBS or HOME

- Antibiotic choice 1: Ceftriaxone 1 gram IV + Azithromycin 500 mg PO
- Antibiotic choice 2: Levofloxacin 750 mg PO

If safe for discharge home after OBS stay:

- Antibiotic choice 1: Amoxicillin 1 gram PO TID for 6-9 days + Azithromycin 250 mg PO for 4 days
- Antibiotic choice 2: Levofloxacin 750 mg PO daily for 6 days or Moxifloxacin 400 mg PO daily for 6 days

Class III →ED OBS

- Treat as above for Class II >59 or hypoxemia

NOT A PART OF THE MEDICAL RECORD



Class IV → Admit to hospital using pneumonia template for antibiotic choices

Class V → Admit to ICU using pneumonia template for antibiotic choices

II. Typical OBS Interventions:

- A. IV Antibiotics
- B. O₂ % SAT Monitoring
- C. Supplemental O₂, as indicated
- D. Hydration
- E. Bronchodilator treatments, as indicated

III. Disposition Criteria:

A. **HOME**

- 1. Improvement in clinical condition

B. **HOSPITAL**

- 1. Symptoms unimproved in 24 hours
- 2. Deterioration in clinical status
- 3. O₂ % SAT <90 on RA after 24 hours (unless baseline is this value)

IV. Time frame

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD



Please date and sign each entry

ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
PROTOCOL: PNEUMONIA		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
OBS INTERVENTIONS:		
<input type="checkbox"/> Antibiotics	<input type="checkbox"/> O ₂ % Sat Monitoring	<input type="checkbox"/> Bronchodilator Treatments
<input type="checkbox"/> Supplemental Oxygen	<input type="checkbox"/> Hydration	<input type="checkbox"/> Other:
MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
PCP CONTACTED:	Y N	NAME:

<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.		
ATTENDING SIGNATURE:	(PRINTED):	ID #:



DATE/TIME

DATE/TIME

DATE/TIME

DATE/TIME



Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE

DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

DISPOSITION:

DISCHARGE DIAGNOSIS:

DISCHARGE INSTRUCTIONS GIVEN: Y N

PRIMARY PHYSICIAN CONTACTED: Y N NAME:

WHAT FOLLOW-UP HAS BEEN ARRANGED:

RESIDENT / PA (circle) SIGNATURE: (PRINTED):

THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.

I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND PARTICIPATED IN THE DISCHARGE FROM OBSERVATION. I AGREE WITH THE DISCHARGE ARRANGEMENTS ABOVE.

PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:

ATTENDING SIGNATURE: (PRINTED): ID #:



PSYCHIATRIC EMERGENCY

I. Exclusion Criteria for Transfer to Observation Unit:

- A. Demonstrating active violent or disruptive behavior
- B. Requiring physical restraints
- C. Patient not awake and alert
- D. Probability of discharge within 24 hours < 80%

II. Typical OBS Interventions:

- A. Completion of medical clearance and psychiatric evaluation
- B. Discharge to safe environment in the community
- C. Bed search for transfer to psychiatric facility or admission to hospital
- D. Trial use of medication

III. Disposition Criteria:

A. HOME

- 1. Safe discharge plan established
- 2. Completion of diagnostic evaluation

B. HOSPITAL

- 1. Patient under Section 12 or requiring hospitalization for any reason with no imminent transfer to Psychiatric hospital after 24 hours of observation

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD



Please date and sign each entry

ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
PROTOCOL: PSYCHIATRIC EMERGENCY		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History:	<input type="checkbox"/> reviewed and noncontributory	
	<input type="checkbox"/> other:	
Social History:	<input type="checkbox"/> reviewed and noncontributory	
	<input type="checkbox"/> other:	
OBS INTERVENTIONS:		
<input type="checkbox"/> Psychiatry consultation (p13088)	<input type="checkbox"/> Social Work consultation	<input type="checkbox"/> Sitter
<input type="checkbox"/> Administer medications	<input type="checkbox"/> Complete medical clearance	
MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle) SIGNATURE:	(PRINTED):	
PCP CONTACTED: Y N	NAME:	

<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.		
ATTENDING SIGNATURE:	(PRINTED):	ID #:



Please date and sign each entry

ED PROGRESS NOTE

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Please date and sign each entry

ED PROGRESS NOTE

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Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE

DATE:		
TIME:		
PRESENTING COMPLAINT:		
OBSERVATION COURSE:		
DISPOSITION:		
DISCHARGE DIAGNOSIS:		
DISCHARGE INSTRUCTIONS GIVEN: Y N		
PRIMARY PHYSICIAN CONTACTED: Y N NAME:		
WHAT FOLLOW-UP HAS BEEN ARRANGED:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):

<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND PARTICIPATED IN THE DISCHARGE FROM OBSERVATION. I AGREE WITH THE DISCHARGE ARRANGEMENTS ABOVE.		
<input type="checkbox"/> PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:		
ATTENDING SIGNATURE:	(PRINTED):	ID #:



SOCIAL INTERVENTIONS

I. Exclusion Criteria:

- A. Medicare (or other) requirement for inpatient admission prior to placement
- B. Probability of discharge within 24 hours < 80%

II. Typical OBS Interventions:

- A. Serial exams
- B. Care Coordination consultation
- C. Social Work consultation
- D. Physical Therapy evaluation

III. Disposition Criteria:

- A. **HOME**
 - 1. Safe discharge plan for home established
- B. **HOSPITAL**
 - 1. Inability to find appropriate placement after 24 hours of observation
 - 2. Development of clinical indication for inpatient hospitalization

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD

NOT A PART OF THE MEDICAL RECORD



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Please date and sign each entry

ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
PROTOCOL: SOCIAL INTERVENTIONS		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory <input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory <input type="checkbox"/> other:		
OBS INTERVENTIONS:		
<input type="checkbox"/> ED Care Coordination (x56412) <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Medical clearance		
<input type="checkbox"/> Social Work (x24623)		
MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
PCP CONTACTED:	Y N	NAME:

<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.		
SIGNATURE:	(PRINTED):	ID #



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Please date and sign each entry

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ED PROGRESS NOTE

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Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE

DATE:		
TIME:		
PRESENTING COMPLAINT:		
OBSERVATION COURSE:		
DISPOSITION:		
DISCHARGE DIAGNOSIS:		
DISCHARGE INSTRUCTIONS GIVEN:	Y	N
PRIMARY PHYSICIAN CONTACTED:	Y	N
NAME:		
WHAT FOLLOW-UP HAS BEEN ARRANGED:		
RESIDENT / PA (circle) SIGNATURE:	(PRINTED):	

<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND PARTICIPATED IN THE DISCHARGE FROM OBSERVATION. I AGREE WITH THE DISCHARGE ARRANGEMENTS ABOVE.		
<input type="checkbox"/> PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:		
SIGNATURE:	(PRINTED):	ID #:



UNEXPLAINED SYNCOPE AND NEAR SYNCOPE

I. Exclusion Criteria:

- A. Acute confusional state or intoxication
- B. New focal neurologic deficit
- C. Significantly abnormal or unstable vital signs
- D. History of or highly suspected ventricular arrhythmia (i.e., EF \leq 35%)
- E. Presence of cardiac device with dysfunction
- F. Probability of discharge home within 24 hours < 80%

II. Typical OBS Interventions:

- A. Serial vital signs (please obtain and document orthostatic vitals prior to Obs admission)
- B. IV hydration, if indicated
- C. Telemetry
- D. Serial cardiac biomarkers, if indicated
- E. Cardiac stress testing, at the discretion of the attending
- F. Echocardiogram, at the discretion of the attending
- G. Hold blood pressure medications, if appropriate

III. Disposition Criteria:

A. HOME

- 1. Benign observation course
- 2. Stable vital signs
- 3. Appropriate home environment

B. HOSPITAL

- 1. Any diagnosis requiring inpatient admission
- 2. Recurrent syncope or near syncope
- 3. Unable to be safely discharged home because of functional or social reasons

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD



Please date and sign each entry

ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
PROTOCOL: SYNCOPE		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
OBS INTERVENTIONS:		
<input type="checkbox"/> Serial exams	<input type="checkbox"/> Hydration	<input type="checkbox"/> Echocardiogram <input type="checkbox"/> 2 Sets of Cardiac markers
<input type="checkbox"/> Telemetry	<input type="checkbox"/> Cardiac Stress Test	<input type="checkbox"/> Other:
MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle) SIGNATURE:		(PRINTED):
PCP CONTACTED: Y N NAME:		

<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.		
ATTENDING SIGNATURE:	(PRINTED):	ID #:



Please date and sign each entry

ED PROGRESS NOTE

DATE/TIME
DATE/TIME
DATE/TIME
DATE/TIME



STAMP

Please date and sign each entry

ED PROGRESS NOTE

DATE/TIME
DATE/TIME
DATE/TIME
DATE/TIME



Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE

DATE:		
TIME:		
PRESENTING COMPLAINT:		
OBSERVATION COURSE:		
DISPOSITION:		
DISCHARGE DIAGNOSIS:		
DISCHARGE INSTRUCTIONS GIVEN:	Y	N
PRIMARY PHYSICIAN CONTACTED:	Y	N
NAME:		
WHAT FOLLOW-UP HAS BEEN ARRANGED:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):

<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND PARTICIPATED IN THE DISCHARGE FROM OBSERVATION. I AGREE WITH THE DISCHARGE ARRANGEMENTS ABOVE.		
<input type="checkbox"/> PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:		
ATTENDING SIGNATURE:	(PRINTED):	ID #:



TRANSFUSION

I. Exclusion Criteria:

- A. Acute, active bleeding
- B. History of severe transfusion reaction
- C. Fever or unstable vital signs
- D. Probability of discharge within 24 hours < 80%

II. Typical OBS Interventions:

- A. Transfuse blood products
- B. Telemetry and oxygen saturation monitoring
- C. Monitor for transfusion reactions
- D. Serial exams
- E. Repeat hematocrit, at discretion of ED attending

III. Disposition Criteria:

A. HOME

- 1. Transfusion complete
- 2. Target hematocrit reached

B. HOSPITAL

- 1. New fever
- 2. Deterioration in clinical status
- 3. Adverse reaction
- 4. Renewed bleeding

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD

NOT A PART OF THE MEDICAL RECORD



STAMP

Please date and sign each entry

ED OBSERVATION ADMIT NOTE

DATE:		
TIME:		
PROTOCOL: TRANSFUSION		
RELEVANT HISTORY/PHYSICAL FINDINGS:		
Family History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
Social History: <input type="checkbox"/> reviewed and noncontributory		
<input type="checkbox"/> other:		
OBS INTERVENTIONS:		
<input type="checkbox"/> Serial exams	<input type="checkbox"/> Transfuse	<input type="checkbox"/> Post-Transfusion hematocrit
<input type="checkbox"/> Other:		
MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:		
HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: <input type="checkbox"/> Q4H <input type="checkbox"/> Q6H <input type="checkbox"/> Q8H <input type="checkbox"/> Q shift		
MORNING PLAN:		
RESIDENT / PA (circle) SIGNATURE:		(PRINTED):
PCP CONTACTED:	Y N	NAME:
***** **		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
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SIGNATURE:	(PRINTED):	ID #



STAMP

Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE

DATE:		
TIME:		
PRESENTING COMPLAINT:		
OBSERVATION COURSE:		
DISPOSITION:		
DISCHARGE DIAGNOSIS:		
DISCHARGE INSTRUCTIONS GIVEN:	Y	N
PRIMARY PHYSICIAN CONTACTED:	Y	N
NAME:		
WHAT FOLLOW-UP HAS BEEN ARRANGED:		
RESIDENT / PA (circle)	SIGNATURE:	(PRINTED):
***** **		
<i>THE NEXT SECTION TO BE COMPLETED ONLY BY THE <u>ATTENDING PHYSICIAN</u>.</i>		
<input type="checkbox"/> I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND PARTICIPATED IN THE DISCHARGE FROM OBSERVATION. I AGREE WITH THE DISCHARGE ARRANGEMENTS ABOVE.		
<input type="checkbox"/> PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:		
SIGNATURE:	(PRINTED):	ID #:



TRANSIENT NEUROLOGIC EVENT

I. Exclusion Criteria:

- A. Suspected acute CVA
- B. Hypertensive crisis (diastolic BP >120)
- C. Concern for worsening neurological exam
- D. Newly depressed level of consciousness
- E. Probability of discharge home within 24 hours < 80%

II. Typical OBS Interventions:

- A. CT/MRI, as indicated
- B. Neurology/neurosurgery consultation, as indicated
- C. Telemetry
- D. Echocardiogram, if indicated
- E. Neuro checks every four hours
- F. Monitor vital signs
- G. Antiplatelet therapy, if indicated

III. Disposition Criteria:

A. HOME

- 1. Stable or improved neurologic exam
- 2. Initial work-up complete

B. HOSPITAL

- 1. Deterioration in clinical/neurological exam
- 2. Diagnosis requiring inpatient admission

IV. Time Frame:

- A. 8-24 hour observation

NOT A PART OF THE MEDICAL RECORD



Please date and sign each entry

ED OBSERVATION ADMIT NOTE

DATE:

TIME:

PROTOCOL: **TRANSIENT NEUROLOGIC EVENT**

RELEVANT HISTORY/PHYSICAL FINDINGS:

Family History: reviewed and noncontributory

other:

Social History: reviewed and noncontributory

other:

OBS INTERVENTIONS:

Neuro checks q4h ASA Imaging:

Telemetry Consultation: Other:

MEDICAL DECISION MAKING / GOAL OF OBSERVATION PERIOD:

HOW OFTEN WILL PATIENT BE EVALUATED BY MD/PA: Q4H Q6H Q8H Q shift

MORNING PLAN:

RESIDENT / PA (circle) SIGNATURE: (PRINTED):

PCP CONTACTED: Y N NAME:

.....

THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.

I HAVE INTERVIEWED AND EXAMINED THIS PATIENT AND I AGREE WITH THE OBSERVATION ADMISSION AND PLAN OF CARE AS DESCRIBED ABOVE. PLEASE SEE ED VISIT RECORD FOR FURTHER DETAIL.

ATTENDING SIGNATURE: (PRINTED): ID #:



Please date and sign each entry

ED OBSERVATION DISCHARGE NOTE

DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

Imaging reviewed Consultations: _____

Relevant Physical Exam and VS reviewed

DISPOSITION:

DISCHARGE DIAGNOSIS:

DISCHARGE INSTRUCTIONS GIVEN: Y N

PRIMARY PHYSICIAN CONTACTED: Y N NAME:

WHAT FOLLOW-UP HAS BEEN ARRANGED:

RESIDENT / PA (circle) SIGNATURE: (PRINTED):

THE NEXT SECTION TO BE COMPLETED ONLY BY THE ATTENDING PHYSICIAN.

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PLEASE SEE MY DICTATED NOTE ON THIS PATIENT. DICTATION #:

ATTENDING SIGNATURE: (PRINTED): ID #: