Observation Eligible

- Length of stay GREATER than 8 hours and LESS than 2 mid-nights
- Further work-up and/or tx required and/or diagnosis not yet established
- Vital signs WNL: i.e. 100 > SBP > 220 & 50 > DBP > 110 & 50 > pulse > 130
- Age 18 years or greater

Abdominal pain: lipase < 4x normal & no free air & no peritonitis & no identified surgical pathology
- Document: NPO in ED & need for IV fluid & pain assessment/treatment

Allergic reaction: O_2 sat ≥ 89% RA & continued need for IV steroids, histamine blockers or beta agonist
- Document: (requires antihistamine and corticosteroid) & (anaphylaxis or angioedema or requires airway monitor)

Anemia: hct > 21 & no active bleeding
- Document: (actual anemia or suspected anemia) & blood product transfusions requiring repeat h&h

Asthma/COPD: O_2 sat ≥ 89% RA & minimum 3 nebulization treatments & steroid requirement
- Document: O_2 sat ≥ 89% RA or (persistent wheezing & nebs & steroids)

Cellulitis: need for IV abx & immunocompetent (Inpatient eligible: failed greater than 3 days out patient abx treatment)
- Document: nausea/vomiting & requires >1 dose of antibiotics

Chest Pain: normal troponin & normal or unchanged EKG & CP free & no cardiac drips
- Document: ASA tx & need for cardiac monitor

CHF: nrl troponin & nrl or unchanged EKG & CP free & no drips & O_2 sat ≥ 89% RA & established diuresis & creat. < 2.5
- Document: DOE not returned to baseline after two hours or heart rate 100-120 or greater than 3 lb. weight gain

Closed head injury: normal head CT & normal neuro exam & GCS = 15
- Document: need for repeat CT & (concussion with LOC or disorientation or lethargy or irritability or increasing HA or unsteady gait)

Diverticulitis: no peritoneal signs or free air & no abscess on CT & requires IV hydration or abx
- Document: (actual or suspected diverticulitis) & (inadequate oral intake or LLQ pain or persistent vomiting)

DVT/PE: hemodynamically stable & confirmed by imaging & (fall risk or failed outpt tx)
- Document: medication administration & teaching requirement
- Inpatient eligible: hx of hypercoagulable or bleeding disorder / kidney failure / dialysis / pregnancy / cancer / liver disease

GI bleed: no anticoagulation therapy & hct > 22 & no ongoing hematemesis or melena & no orthostasis
- Document: (melena confirmed or hematemesis suspected) & H&H monitoring & requires IVF

Headache: definitive diagnosis of benign etiology & normal neuro exam & ongoing need for pain or nausea meds
- Document: migraine headache & (failed outpatient treatment or focal neurologic deficit or intractable)

Hyperglycemia: glucose < 600 & bicarb > 18 & no insulin drip & signs of dehydration (Inpatient eligible: DKA / HONK)
- Document: (new onset or pregnant) & initial glucose >500 & ((BUN>45, Cr >3 or 1.5x baseline) or (HR >100 or mental status change or orthostatic))

Hypertensive urgency: no new lab abnormalities & normal mental status & BP < 250/130 after tx
- Document: no evidence of end-organ injury & require IV meds to control

Hypoglycemia: glucose > 60 & glucose measurement frequency > 2 hours & sxs improve with treatment & no dextrose drips
- Document: glucose <50 on arrival & D50 boluses ≥ 2 & (need to monitor or caregiver unavailable)
- Inpatient eligible: excess ingestion of oral hypoglycemic medication / signs of infection / requires dextrose drip

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Intractable pain (e.g. low back): normal neuro exam & requires ongoing pain meds or muscle relaxants
- Document: both intractable and unresponsive to 2 doses of medication (oral or parenteral)

Kidney Stone: need for pain or nausea meds & no sign of infection (Inpatient eligible: solitary kidney / infect. / >5mm prox stone with high grade obst.)
- Document: hydronephrosis & (hematuria or pain or renal failure)

Pneumonia: single lobe & O_2 sat $\geq$ 89% RA & requires IV abx (Inpatient eligible: multilobar OR age greater than 74)
- Document: new onset confusion or BUN > 20 or respirations > 30

Pyelonephritis: positive UA with flank pain & ongoing need for pain or nausea meds & need for IV abx & fever > 99.3
- Document: UA positive & pain or persistent vomiting or failed outpatient treatment (>24hr tx or non-compliant or unable to tolerate meds)
- Inpatient eligible: altered mental status / immunosuppression / anatomic abnormality / DM

Syncope: no evidence of serious rhythm disturbance & normal troponin & normal or unchanged EKG or positive orthostasis
- Document: etiology unknown & history of (structural heart disease or diastolic dysfunction or EF <35% or previous MI or WPW or family history of sudden death) or (HR < 60 or QRS > 120) or (preceding sxs of palpitations or SOB)
- Inpatient eligible: abnrl neuro / >10 min duration

Tachyarrhythmia (e.g. atrial fib): no ischemic changes on EKG & no cardiac drips & normal troponin
- Document: atrial fibrillation onset < 48 hours & no evidence of acute comorbidities & hemodynamically stable & (antiarrhythmic or cardioversion)

TIA: no ongoing neuro sxs & normal or unchanged CT
- Document: Prior stroke with exacerbation or ($ABCD^2$ score 0-2 & outpatient work up not available in 2 days & MRI scheduled & (image carotid or echo scheduled or recent) & anti-platelet therapy)

Tonsillitis / pharyngitis: no stridor, trismus or drooling & requires IV hydration, abx or steroids
- Document: (impaired swallowing or inadequate oral intake) & (retropharyngeal or peritonsillar abscess suspected)

Vertigo: normal neuro exam & no concern for CVA
- Document: sxs not resolved with medication

Not Observation Eligible

- Alcohol (intoxication or withdrawal) requiring medical management
- Drug dependence or acute psychiatric disorder
- Placement issues/custodial care
- AMS requiring further work-up
- Psychiatric patients (primary psychiatric diagnosis that is new or worsening requiring admission)
- Acute kidney injury (creatinine doubled from baseline or if no comparison 2.6 or greater)
- Electrolytes: sodium < 122, potassium < 2.5 or > 6.2
- Hepatic encephalopathy (ammonia > 80g/dl)
- Awaiting single study that can be done on an outpatient bases or for convenience

(Version 6 – April 2017)

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