Observation Eligible

If after the ED work-up is complete, and a diagnosis has yet to be determined, the patient is then most appropriate for an OBSERVATION STATUS

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

- **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
    - Document: nausea/vomiting & requires >1 dose of antibiotics
    - Inpatient eligible: failed greater than 3 days out patient abx treatment
- **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: concussion with LOC or disorientation or lethargy or irritability or increasing headache 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 outpatient tx)
    - Document: medication administration & teaching requirement & & (fall risk or failed outpatient tx)
    - Inpatient eligible: hx of hypercoagulable or bleeding disorder / kidney failure / dialysis / pregnancy / cancer / liver dz
- **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
    - 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 changes))
    - Inpatient eligible: DKA / HONK
- **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 BP
- **Hypoglycemia**: glucose > 60 & glucose measurement frequency > 2 hours & sxs improve with treatment & no dex 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
- **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**: ongoing need for pain or nausea meds & no sign of infected stone
    - Document: hydronephrosis & (hematuria or pain or renal failure)
    - Inpatient eligible: solitary kidney / infection / >5mm proximal stone with high grade obstruction
- **Pneumonia**: single lobe & O_2 sat ≥ 89% RA & requires IV abx
    - Document: new onset confusion or BUN > 20 or respirations > 30
    - Inpatient eligible: multilobar OR age greater than 74
- **Pyelonephritis**: positive UA with flank pain & ongoing need for pain or nausea meds & need for IV abx & fever > 99.3
    - Document: UA positive & (abdominal pain or flank pain or CVAT) or persistent vomiting or failed outpatient treatment (>24hr treatment or non-compliant or unable to tolerate meds)
    - Inpatient eligible: altered mental status / immunosuppression / anatomic abnormality / DM
- **Syncope**: without 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: abnormal neuro exam / >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 (dependence or withdrawal) requiring medical mgmt
- Drug dependence or acute psychiatric disorder
- Placement issues/custodial care
- AMS requiring further work-up
- Psychiatric patients
- Acute kidney injury (creat 2x from baseline or, if no prior, ≥ 2.6)
- Electrolytes: sodium < 122, potassium < 2.5 or > 6.2
- Hepatic encephalopathy (ammonia > 80g/dl)
- Single study that can be done outpatient or for convenience