

# ED OBSERVATION UNIT: GENERAL OBSERVATION GUIDELINES

## NYC H+H KINGS COUNTY HOSPITAL CENTER

*General Observation Guidelines apply for all ED observation patients.*

### **INCLUSION CRITERIA**

- Patients deemed to be an **unsafe discharge**, but have a **definitive diagnosis** with a clear and **specific plan made by the ED provider** that can be **measurably followed up** and treated within a **48 hour time period**.
  - Examples include the following:
    - Asymptomatic hypokalemia requiring repletion
    - Teaching for wound care, medication self-administration
- Both ED attending and Observation attending agree that plan can be carried out in a 48 hour time period
- Patients will enter observation through a predetermined medical protocol or under subspecialty observation services (protocols available on sharepoint)

**If patient does not fall under any protocols, he/she/they can still be placed on observation if deemed appropriate upon agreement of ED physician, Observation attending and the PIC.**

### **EXCLUSION CRITERIA**

- Unstable or significantly abnormal vital signs (*may include: HR ≥ 110, SBP ≥ 220 or ≤ 90, DBP ≥ 110, RR ≥ 30*)
- An acute exacerbation of chronic pain requiring significant parenteral opioid analgesia
- Altered Mental Status, GCS < 13 or significant change from baseline
- New onset neurological symptoms
- New onset anemia
- Fever in an immunocompromised host
- Acute alcohol withdrawal, history of withdrawal seizure with last drink in the last 24-48 hours
- Exacerbation of psychiatric condition (i.e. psychosis, concern for threat to others or patient him/herself) or severe behavioral disorder
- Inability to ambulate (unless SW and case management have deemed patient can be discharged within 48 hours)
- High nursing/PCA requirement
- 1:1 observation status

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*Reviewed by Bobak Zonnoor MD*

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- Symptomatic COVID positive
- Patients requiring placement in a long-term facility
- A diagnosis specific to a subspecialty can be placed on that subspecialties observation service (ex. bleeding from a GYN source should be placed on GYN obs or admitted to GYN service) if capacity permits
- If the observation unit is at capacity, patients will be admitted to the appropriate service

***INTERVENTIONS***

- Serial vital signs and exams every 4-6 hours
- Interventions per ED provider placement in observation
- Appropriate consults obtained
- Pre-procedure labs as needed
- NPO or diet as indicated
- DVT prophylaxis as indicated
- Home medications as indicated for comorbid conditions
- Outpatient medications as indicated
- If patients are in obs for 24 hours, a re-assessment should be made for a potential upgrade to inpatient status
- **Special Circumstances:** Internal medicine consults may be placed for pre-approved patients with high likelihood of discharge (<48hours) at ED attending discretion (See escalation protocol on sharepoint).

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***DISPOSITION***

**Home:**

- Stable vital signs
- Met goals of treatment plan
- Benign observation course
- Resolution of symptoms
- PO tolerance
- Appropriate and adequate follow up plan

**Admission:**

- Unstable vital signs
- Significant testing abnormalities
- Significant complication
- PO intolerance
- Unsafe home environment or inability to provide self-care
- Another acute process becomes apparent that requires hospitalization
- Does not meet discharge criteria after observation period