OBSERVATION UNIT ADMISSION GUIDE

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Northern Westchester Hospital
Northwell Health®

INTENDED USE.

This guide is to serve as a quick reference resource to help determine which patients are appropriate for admission to the Observation Unit with a focus on common pathologies.

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ABDOMINAL PAIN

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TYPICAL DIAGNOSIS FOR INCLUSION:

- Gastroenteritis
- Enterocolitis
- Colitis
- Uncomplicated diverticulitis
- Cyclic vomiting Syndrome
- Menstrual pain
- Mild pancreatitis
- Functional abdominal pain

EXCLUSIONS:

- Bowel obstruction
- Peritonitis
- Requiring surgical intervention
- Unable to tolerate ANY po intake
- Hemodynamic instability

ABDOMINAL TRAUMA

ABDOMINAL TRAUMA

TYPICAL DIAGNOSIS FOR INCLUSION:

- Low force blunt trauma

EXCLUSIONS:

- Peritoneal signs
- Perforation
- Active intraabdominal hemorrhage
- Requiring surgical intervention
- Unable to tolerate po intake
- Active anticoagulation use
- Hemodynamic instability

ALCOHOL INTOXICATION

ALCOHOL INTOXICATION

EXCLUSIONS:

- Encephalopathy
- Behavioral disturbance / requiring CO
- CIWA >/= 10
- Unable to tolerate po intake
- History withdrawal complications (ex. DTs, seizure)

ALLERGIC REACTIONS

ALLERGIC REACTIONS

EXCLUSIONS:

- Respiratory distress /compromised airway
- Active anaphylaxis
- Unable to tolerate po intake
- Severe initial reaction
- Encephalopathy
- Hemodynamic instability

ANEMIA

ANEMIA

TYPICAL DIAGNOSIS FOR INCLUSION:

- Anemia requiring 1-2 units of blood

EXCLUSIONS:

- Hgb < 5
- Hemodynamic instability
- Requiring bloodless medicine protocol
- Active hemorrhage
- History transfusion reaction
- Coagulopathy (INR > 1.5)
- **SEE GASTROINTESTINAL HEMORRHAGE FOR ANEMIA RELATED TO GI BLEED**

ASTHMA EXACERBATION

ASTHMA EXACERBATION

TYPICAL DIAGNOSIS FOR INCLUSION:

- Mild asthma exacerbation

EXCLUSIONS:

- New O2 requirement / increased O2 requirement from baseline
- Compromised airway / respiratory distress
- Respiratory acidosis (pH < 7.35)
- Hemodynamic instability
- History ICU level of care or intubation for respiratory condition

ATRIAL FIBRILLATION

ATRIAL FIBRILLATION

TYPICAL DIAGNOSIS FOR INCLUSION:

- New onset Atrial Fibrillation with RVR
- Paroxysmal Atrial Fibrillation with RVR

EXCLUSIONS:

- Persistent HR > 110
- Cardiac strain
- Decompensated CHF / Pulmonary edema
- Concern for underlying ACS
- Inability to titrate off IV drip
- Need for urgent / emergent cardioversion or ablation
- Associated severe metabolic derangement
- Initiation or titration of antiarrhythmics requiring monitoring (ex. Flecainide, sotalol)
- Hemodynamic instability

***Recommend Cardiology consultation to help determine disposition**

BACK PAIN

BACK PAIN

TYPICAL DIAGNOSIS FOR INCLUSION:

- Mechanical back pain (muscle spasm, sprains, disc related pathology)
- Back pain refractory to adequate analgesic regimen given in ED

EXCLUSIONS:

- Neurologic deficits
- Concern for spinal infection
- Concern for metastatic infiltration of the spine
- Requiring multiple high doses IV narcotics
- Requiring procedural intervention
- Hemodynamic instability

CHEST PAIN

CHEST PAIN

TYPICAL DIAGNOSIS FOR INCLUSION:

- Musculoskeletal pain / pleurisy refractory to adequate analgesic regimen given in ED
- Low risk chest pain (Heart score 4-6)

EXCLUSIONS:

- Ischemic EKG changes
- NSTEMI / STEMI / Unstable angina
- Tamponade
- Troponin > 100
- Need for cardiac cath or other surgical intervention
- Decompensated CHF
- Associated arrhythmia
- Active anticoagulation use
- Hemodynamic instability

CHEST TRAUMA

CHEST TRAUMA

TYPICAL DIAGNOSIS FOR INCLUSION:

- Low risk blunt trauma

EXCLUSIONS:

- 3 or > rib fractures
- Complicated rib fracture (displacement, flail, hemothorax, pneumothorax)
- Respiratory distress
- New O2 requirement / increased O2 requirement from baseline
- Hemodynamic instability

CHF EXACERBATION

CHF EXACERBATION

TYPICAL DIAGNOSIS FOR INCLUSION:

- Mild CHF exacerbation

EXCLUSIONS:

- New onset CHF
- Concern for underlying ACS
- Anticipating > 48hrs diuresis
- Respiratory distress
- New O2 requirement / increased O2 requirement from baseline
- New or uncontrolled arrhythmia
- Associated severe metabolic derangement
- Cardiorenal syndrome
- Hemodynamic instability

COPD EXACERBATION

COPD EXACERBATION

TYPICAL DIAGNOSIS FOR INCLUSION:

- Mild COPD exacerbation

EXCLUSIONS:

- New O2 requirement / increased O2 requirement from baseline
- Compromised airway / respiratory distress
- Respiratory acidosis (pH < 7.35)
- CO2 retention (PACO2 > 45)
- Hemodynamic instability
- History ICU level of care or intubation for respiratory condition

DEHYDRATION

DEHYDRATION

TYPICAL DIAGNOSIS FOR INCLUSION:

- AKI
- Dehydration

EXCLUSIONS:

- Inability to tolerate po intake
- Severe ongoing fluid losses (intractable vomiting, ongoing high-volume diarrhea)
- Associated severe metabolic derangement
- Hemodynamic instability

DEPRESSION

DEPRESSION

EXCLUSIONS:

- Active suicidal or homicidal ideation
- Acute intoxication
- Behavioral disturbance / requiring CO

DRUG OVERDOSE

DRUG OVERDOSE

EXCLUSIONS:

- Acute intoxication
- Need for > 48hrs monitoring
- Encephalopathy
- Inability to tolerate po intake
- Associated severe metabolic derangement
- QTC > 500
- Ingestion of cardiac meds, TCAs
- Hemodynamic instability

DVT / PE

DVT / PE

TYPICAL DIAGNOSIS FOR INCLUSION:

- Low – intermediate risk VTE requiring additional monitoring, work up, or treatment planning beyond ED care

EXCLUSIONS:

- New O2 requirement / increased O2 requirement from baseline
- Cardiac strain
- PESI > 86
- Need for catheter directed intervention
- Contraindication to anticoagulation
- Decompensated CHF
- Hemodynamic instability

ELECTROLYTE IMBALANCES

ELECTROLYTE IMBALANCES

EXCLUSIONS:

- Inability to tolerate po intake
- Associated complicating features (ex. Seizure, coma)
- New or uncontrolled arrhythmia
- EKG changes
- Lack of improvement following initial interventions given in ED
- 125 > NA > 160
- 2.5 > K > 6
- CA > 12
- MG < 1
- Hemodynamic instability

FLANK PAIN / RENAL COLIC

FLANK PAIN / RENAL COLIC

TYPICAL DIAGNOSIS FOR INCLUSION:

- Nephrolithiasis
- Ureterolithiasis
- Refractory to analgesia given in ED

EXCLUSIONS:

- Inability to tolerate ANY po intake
- Requiring multiple high doses IV narcotics
- Stone > 6mm
- Evidence of obstruction / urinary retention
- Frank hematuria
- Superimposed infection / sepsis
- Requiring surgical intervention
- History solitary kidney or kidney transplant
- Hemodynamic instability

GASTROINTESTINAL BLEEDING

GASTROINTESTINAL BLEEDING

EXCLUSIONS:

- Active hemorrhage
- Variceal bleed as suspected etiology
- Corresponding myocardial ischemia
- Active anticoagulation use or coagulopathy (INR > 1.5)
- Requiring urgent / emergent endoscopy or colonoscopy or IR guided intervention
- History of cirrhosis
- Hemodynamic instability

*Recommend Gastroenterology consult to determine urgency of scope if indicated

HYPOGLYCEMIA / HYPERGLYCEMIA

HYPOGLYCEMIA / HYPERGLYCEMIA

TYPICAL DIAGNOSIS FOR INCLUSION:

- Blood sugar abnormalities refractory to ED interventions

EXCLUSIONS:

- Encephalopathy
- Inability to tolerate po intake
- Persistent symptoms
- HHS or DKA
- Associated acute illness warranting admission
- Hemodynamic instability

MARKEDLY ELEVATED BLOOD PRESSURE

MARKEDLY ELEVATED BLOOD PRESSURE

EXCLUSIONS:

- Acute end organ damage (CVA, encephalopathy, MI, unstable angina, pulmonary edema, acute CHF, AKI, retinopathy, preeclampsia / eclampsia)
- Requiring multiple doses IV push or requiring IV drip antihypertensive therapy
- Hemodynamic instability

MISCELLANEOUS INFECTIONS

MISCELLANEOUS INFECTIONS

EXCLUSIONS:

- Encephalopathy
- Severe sepsis or worse
- Inability to tolerate po intake
- Need for surgical intervention
- Pneumonia Severity Index (PSI) >/= 3
- Work up or IV abx duration expected > 48hrs
- High risk infection suspected or confirmed: Endocarditis, OM, Meningitis, Encephalitis, Spinal infections
- Severe or fulminant C Diff Colitis
- Immunocompromised: Neutropenia, Transplant, ESRD
- Hemodynamic instability

PYELONEPHRITIS

PYELONEPHRITIS

EXCLUSIONS:

- Severe sepsis or worse
- Inability to tolerate po intake
- Urinary obstruction
- Renal or perinephric abscess
- Presence of nephrolithiasis or ureterolithiasis
- Need for surgical intervention
- History solitary kidney
- Active pregnancy
- Immunocompromised: Neutropenia, Transplant, ESRD
- Hemodynamic instability

SEIZURE

SEIZURE

TYPICAL DIAGNOSIS FOR INCLUSION:

- Seizure related to medication non-adherence requiring Observation
- Known seizure disorder requiring medication titration
- First time seizure wo concerning circumstances

EXCLUSIONS:

- Encephalopathy
- Seizure duration >/= 5min, post ictal state >6hrs, GCS < 10, new unresolving neurologic deficit
- Recurrent seizure in ED / Hospital
- Underlying cause of seizure requiring > 48hrs to correct
- Associated illness / injury related to seizure requiring > 48hrs monitoring (ex. Head or spinal injury, asp PNA)
- Inability to tolerate ANY po intake
- Need for continuous EEG
- Hemodynamic instability
- **SEE ALCOHOL INTOXICATION OR ELECTROLYTE IMBALANCES FOR SEIZURES RELATED TO THOSE CONDITIONS**

SKIN / SOFT TISSUE INFECTIONS

SKIN / SOFT TISSUE INFECTIONS

TYPICAL DIAGNOSIS FOR INCLUSION:

- Refractory to 48hrs of adequate oral antibiotics

EXCLUSIONS:

- Necrotizing fasciitis
- Periorbital location
- Severe sepsis or worse
- Inability to tolerate po intake
- Need for debridement or surgical intervention
- Work up or IV abx duration expected > 48hrs
- Immunocompromised: Neutropenia, Transplant, ESRD
- Hemodynamic instability

SOCIAL DISPOSITION PROBLEMS

SOCIAL DISPOSITION PROBLEMS

EXCLUSIONS:

- Has indication to justify inpatient admit AND requires STR placement requiring 3MN
- Behavioral disturbance / requiring CO
- Will require > 48hrs to resolve issue

*Recommend Social Work/ Case Management before disposition decision made

SYNCOPE / NEAR SYNCOPE

SYNCOPE / NEAR SYNCOPE

TYPICAL DIAGNOSIS FOR INCLUSION:

- Syncope without clear benign etiology (vasovagal*, situational*, mild orthostatic syncope ruled OUT)

EXCLUSIONS:

- Complication of other acute pathology (ex. CVA, MI, GI bleed, PE)
- Encephalopathy
- Recurrent syncope or near syncope in ED / Hospital
- EKG abnormalities – ischemic changes, new conduction abnormalities, 40 > HR > 110
- Associated illness / injury related to syncope requiring > 48hrs monitoring
- Hemodynamic instability

*See supplemental references for definition of vasovagal and situational syncope

TRANSIENT NEUROLOGIC EVENT

TRANSIENT NEUROLOGIC EVENT

TYPICAL DIAGNOSIS FOR INCLUSION:

- TIA
- Acute CVA with minimal deficits
- Transient Global Amnesia

EXCLUSIONS:

- Thrombolytic administration
- Persistent neurologic deficits
- NIH > 2
- Encephalopathy
- Failed dysphagia screen
- Hemodynamic instability

SUPPLEMENTAL REFERENCES

SUPPLEMENTAL REFERENCES

Hemodynamic instability defined as any of the following vitals:

SBP	< 90
MAP	< 65
HR	< 40 OR > 110
RR	>22
SPO2	< 88%
PAO2	< 60

Vasovagal syncope: syncope with a clear trigger, often associated with prodrome (ex. Nausea, diarrhea, pallor, etc)

Situational syncope: syncope associated with a particular situation (ex. cough, micturition, defecation, swallowing, post-prandial) or other specific occurrences such as pain, venipunctures