

## Hospital of Central Connecticut ED Observation Unit Protocols

Abdominal Pain .....	2
Allergic Reaction.....	4
Asthma/COPD .....	5
Back Pain.....	7
Cellulitis.....	9
Chest Pain .....	11
Confusion .....	13
Dehydration .....	15
GI Bleed.....	17
Headache .....	19
Metabolic Abnormality .....	21
Pyelonephritis .....	23
Seizure .....	25
Syncope .....	27

Source: Used with permission of the Hospital of Central Connecticut,  
Submitted by Louis G. Graff, MD, FACEP, July 2010

**ABDOMINAL PAIN RISK STRATIFICATION TOOL**

UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)			
Level of Care determination after Risk Stratification (Check One): <input type="checkbox"/> Observation <input type="checkbox"/> Admit (Use the appropriate admission order forms)			
<b>IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.</b>			
<b>***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED &amp; PLACED IN THE CHART***</b>			
<b>ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)</b>			
<input type="checkbox"/>	Severe dehydration		
<input type="checkbox"/>	Hemodynamic instability		
<input type="checkbox"/>	Na < 130 mEq; Na > 155 mEq		
<input type="checkbox"/>	Concomitant acute severe medical condition (e.g. acute renal failure, sepsis)		
<input type="checkbox"/>	Chronic adominal pain		
<input type="checkbox"/>	Acute peritonitis		
<input type="checkbox"/>	Probability of discharge within 24 hours <80%		
<input type="checkbox"/>	High probability serious dangerous cause sx such as acute appendicitis, sbo, bowel perforation		
<b>PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)</b>			
<b>***THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.***</b>			
<b>OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)</b>			
<input type="checkbox"/>	Inability to correct symptoms		
<input type="checkbox"/>	Inability to take po fluids		
<input type="checkbox"/>	Possibility pt has serious dangerous cause of sx		
<input type="checkbox"/>	Inability to control pain with po medication		
<b>Observation Unit Disposition Decision</b>			
Resolution of symptoms	All criteria present	<b>DISCHARGE</b>	
Stable vital signs			
Taking po fluids			
Completion of diagnostic evaluation			
Inability to correct symptoms	Any criteria present	<b>ADMIT</b>	
Inability to take po fluids			
Abnormal imaging requiring hospitalization			

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

ALLERGY STICKER

Date/Time:	Refer to Observation For Service of Dr. _____
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DO NOT USE ABBREVIATIONS:  $\mu$ , mcg, u, iu, QD, QID, QOD, B.I.W., T.I.W., MgSO<sub>4</sub>, MSO<sub>4</sub>, MS, HISS, RISS, AD, AU, AS  
Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

Non-Medication Orders	Medication Orders
<input type="checkbox"/> <b>Cardiac Monitoring: Indication</b> _____	<input type="checkbox"/> IV fluids: _____
<b>DX: Abdominal Pain</b>	@ _____ ml/hr x _____ liters
<input type="checkbox"/> Vitals: Every 4 hours	<input type="checkbox"/> Analgesics: use the pain control order set
Diet (Check One): <input type="checkbox"/> Regular/house <input type="checkbox"/> Clear Liquids <input type="checkbox"/> NPO	<input type="checkbox"/> Acetaminophen 650 mg PO/PR every _____
<input type="checkbox"/> Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	<input type="checkbox"/> 4hrs <input type="checkbox"/> 6 hrs (check one) PRN
<input type="checkbox"/> 2 gram Na <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____	Pain Score 1 - 4 and/or Temp > 101F
Activity (Check One): <input type="checkbox"/> Ambulate ad lib <input type="checkbox"/> OOB to BR	<input type="checkbox"/> Famotidine (Pepcid) 20 mg <input type="checkbox"/> IV <input type="checkbox"/> PO (check route) twice daily
<input type="checkbox"/> Ambulate with assist <input type="checkbox"/> Other: _____	<input type="checkbox"/> For smokers: Nicotine (Nicoderm)
<input type="checkbox"/> Intake and Output q shift	<input type="checkbox"/> 7 mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21 mg (check one) patch topically Daily
<input type="checkbox"/> Insert saline lock	<input type="checkbox"/> Ondansetron (Zofran) 4 mg <input type="checkbox"/> IV <input type="checkbox"/> PO (check route)
Labs at _____ (Check Box(es)): <input type="checkbox"/> CBC <input type="checkbox"/> Iytes	every 6 hours PRN nausea/vomiting
<input type="checkbox"/> other labs: _____	<input type="checkbox"/> Metoclopramide (Reglan) <input type="checkbox"/> 5mg <input type="checkbox"/> 10 mg (check one)
<input type="checkbox"/> O <sub>2</sub> (circle): _____ per liter nasal; Other _____	<input type="checkbox"/> IV <input type="checkbox"/> PO (check route) every 6 hours PRN nausea/vomiting
<input type="checkbox"/> Notify MD for: HR < 55 or > 100	<b>Other Medications:</b>
RR < 12 or > 25	
Temp < 96 F or > 100.4F	
SBP < 100, SBP > 170, DBP > 120	
SaO <sub>2</sub> < 90%	
<input type="checkbox"/> CT Scan Abd: indication _____	
(Check Applicable) <input type="checkbox"/> PO Contrast <input type="checkbox"/> IV contrast	
<input type="checkbox"/> Ultrasound abdomen: indication _____	
<input type="checkbox"/> Ultrasound pelvis endovaginal: indication _____	
<input type="checkbox"/> Consult Dr. _____	
Reason for Consult: _____	

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**ALLERGIC REACTION RISK STRATIFICATION TOOL**

<b>UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)</b>		
<b>Level of Care determination after Risk Stratification (Check One): <input type="checkbox"/> Observation <input type="checkbox"/> Admit (Use the appropriate admission order forms)</b>		
<b>IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.</b>		
<b>***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED &amp; PLACED IN THE CHART***</b>		
<b>ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)</b>		
<input type="checkbox"/>	Stridor or evidence of impending airway compromise	
<input type="checkbox"/>	Room air oxygen saturation < 90%	
<input type="checkbox"/>	Hypotension or other signs of hemodynamic instability	
<input type="checkbox"/>	Probability of discharge within 24 hours < 80%	
<b>PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)</b>		
<b>***THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.***</b>		
<b>OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)</b>		
<input type="checkbox"/>	Lack of improvement during ER visit	
<input type="checkbox"/>	Acute allergic reaction with respiratory complications	
<input type="checkbox"/>	Diffuse wide spread allergic rash not responding tx	
<b>Observation Unit Disposition Decision</b>		
Improvement in clinical condition	All criteria present	<b>DISCHARGE</b>
No improvement in clinical condition	Any criteria present	<b>ADMIT</b>

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**ALLERGY STICKER**

Date/Time:	Refer to Observation For Service of Dr. _____
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**DO NOT USE ABBREVIATIONS:** μ, mcg, u, iu, QD, QID, QOD, B.I.W., T.I.W., MgSO<sub>4</sub>, MSO<sub>4</sub>, MS, HISS, RISS, AD, AU, AS  
**Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.**

<b>Non-Medication Orders</b>	<b>Medication Orders</b>
<input type="checkbox"/> <b>Cardiac Monitoring: Indication</b> _____	<input type="checkbox"/> IV fluids: _____
<b>DX: Allergic Reaction</b>	@ _____ ml/hr x _____ liters
<input type="checkbox"/> Vitals: Every 4 hours	<input type="checkbox"/> Albuterol neb 2.5mg every _____ hours (every 4 or 6 hours)
Diet (Check One): <input type="checkbox"/> Regular/house <input type="checkbox"/> Clear Liquids <input type="checkbox"/> NPO	<input type="checkbox"/> Methylprednisolone (Solumedrol) 125 mg IV x 1
<input type="checkbox"/> Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	<input type="checkbox"/> Prednisone _____ mg PO <input type="checkbox"/> Daily <input type="checkbox"/> twice daily (check one)
<input type="checkbox"/> 2 gram Na <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Acetaminophen 650 mg PO/PR every _____
Activity (Check One): <input type="checkbox"/> Ambulate ad lib <input type="checkbox"/> OOB to BR	<input type="checkbox"/> 4hrs <input type="checkbox"/> 6 hrs (check one) PRN
<input type="checkbox"/> Ambulate with assist <input type="checkbox"/> Other: _____	Pain Score 1 - 4 and/or Temperature > 101F
<input type="checkbox"/> Intake and Output q shift	<input type="checkbox"/> Diphenhydramine (Benadryl) <input type="checkbox"/> 25 <input type="checkbox"/> 50 mg (check one)
<input type="checkbox"/> Insert saline lock	<input type="checkbox"/> IV <input type="checkbox"/> PO (check route) every 6 hours PRN allergic reaction
Labs at _____ (check box(es)): <input type="checkbox"/> CBC <input type="checkbox"/> lytes	<input type="checkbox"/> For smokers: Nicotine (Nicoderm)
<input type="checkbox"/> other labs: _____	<input type="checkbox"/> 7 mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21 mg (check one) patch topically Daily
<input type="checkbox"/> O <sub>2</sub> (circle): _____ per liter nasal; Other _____	<b>Other Medications:</b>
<input type="checkbox"/> Notify MD for: HR < 55 or > 100	
RR < 12 or > 25	
Temp < 96 F or > 100.4F	
SBP < 100, SBP > 170, DBP > 120	
SaO <sub>2</sub> < 90%	
<input type="checkbox"/> Epi-pen teaching	

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**ASTHMA/COPD RISK STRATIFICATION TOOL**
**UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)**
**Level of Care determination after Risk Stratification (Check One):  Observation  Admit (Use the appropriate admission order forms)**
**IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**
**\*\*\*DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART\*\*\***
**ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)**

- Respiratory fatigue / failure
- Respiratory Rate (RR) > 40
- Pulse oximetry < 90 % on supplemental oxygen
- pCO<sub>2</sub> > 45
- pH < 7.3
- Inability to perform spirometry or peak flows
- Peak flow < 20% of predicted
- Pneumonia
- Bronchospasm due to aspiration or foreign body
- Pregnancy
- Abnormal mentation
- Evidence of CHF
- Temperature > 101F
- Need for continuous nebs tx, BIPAP, heliox
- Diagnostic EKG changes
- Positive cardiac biomarkers

**PATIENT MUST MEET ALL OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**
**\*\*\*THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.\*\*\***
**OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)**

- Shortness of breath
- Mild to moderate use of accessory muscles
- Wheezing
- Fair to good air exchange
- Stable blood pressure
- Normal mentation

**Observation Unit Disposition Decision**

Major resolution of SOB / wheezing	All criteria present	<b>DISCHARGE</b>
Peak flow > 50% of predicted		
Ambulating comfortably		
Deterioration of condition	Any criteria present	<b>ADMIT</b>
Peak flow < 20% of predicted		
Respiratory rate (RR) > 35		
Pulse oximetry < 90% on room air x 30 minutes		

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

ALLERGY STICKER

Date/Time:	Refer to Observation For Service of Dr. _____
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Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

Non-Medication Orders	Medication Orders
Date/Time	Date/Time
<input type="checkbox"/> <b>Cardiac Monitoring: Indication</b> _____	<input type="checkbox"/> IV fluids: _____
<b>DX: Asthma / COPD</b>	@ _____ ml/hr x _____ liters
<input type="checkbox"/> Vitals: Every 4 hours	<input type="checkbox"/> Methylprednisolone <input type="checkbox"/> 40 mg <input type="checkbox"/> 125 mg (check one) IV x 1
Diet (Check One): <input type="checkbox"/> Regular/house <input type="checkbox"/> Clear Liquids <input type="checkbox"/> NPO	<input type="checkbox"/> Prednisone _____ mg PO twice daily
<input type="checkbox"/> Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	<b>Nebulizer Orders (check one)</b>
<input type="checkbox"/> 2 gram Na <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Albuterol neb 2.5 mg Nebs every _____ hours (every 4 or 6 hours)
Activity (Check One): <input type="checkbox"/> Ambulate ad lib <input type="checkbox"/> OOB to BR	PRN SOB/Wheezing
<input type="checkbox"/> Ambulate with assist <input type="checkbox"/> Other: _____	<input type="checkbox"/> Albuterol 2.5 mg / Ipratropium 0.5 mg Nebs
<input type="checkbox"/> Intake and Output q shift	every _____ hours (every 4 or 6 hours) PRN SOB/Wheezing
<input type="checkbox"/> Insert Saline lock	
Labs at _____ (check box(es)): <input type="checkbox"/> CBC <input type="checkbox"/> lytes	<input type="checkbox"/> Acetaminophen 650 mg PO/PR every
<input type="checkbox"/> other labs: _____	_____ <input type="checkbox"/> 4hrs <input type="checkbox"/> 6 hrs (check one) PRN
<input type="checkbox"/> O <sub>2</sub> (circle): _____ per liter nasal; Other _____	pain score 1-4 <b>and/or</b> Temp > 101F
<input type="checkbox"/> Notify MD for: HR < 55 or > 100	<input type="checkbox"/> For smokers: Nicotine (Nicoderm)
RR < 12 or > 25	<input type="checkbox"/> 7 mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21 mg (check one) patch topically Daily
Temp < 96F or > 100.4F	<b>Other Medications:</b>
SBP < 100, SBP > 170, DBP > 120	
SaO <sub>2</sub> < 90%	
<input type="checkbox"/> Peak flow pre and post every neb treatment	

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**BACK PAIN RISK STRATIFICATION TOOL**

UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)

**Level of Care determination after Risk Stratification (Check One):**  Observation  Admit (Use the appropriate admission order forms)

**IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**

**\*\*\*DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART\*\*\***

**ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)**

- Significant trauma involving other systems
- Acutely deteriorating neurologic exam

**PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**

**\*\*\*THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.\*\*\***

**OBSERVATION CRITERIA (including criteria that make observation level of care a possibility)**

- After ER, inability to tolerate pain on po medication

**Observation Unit Disposition Decision**

Ability to tolerate pain on po medication  
No change in neurological exam

All  
criteria  
present

**DISCHARGE**

Inability to tolerate pain on po medication  
Change in neurological exam

Any  
criteria  
present

**ADMIT**

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



ALLERGY STICKER

Date/Time:	Refer to Observation For Service of Dr. _____
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Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

Non-Medication Orders	Medication Orders
<input type="checkbox"/> <b>Cardiac Monitoring: Indication</b> _____	<input type="checkbox"/> IV fluids: _____
<b>DX: Back Pain</b>	@ _____ ml/hr x _____ liters
<input type="checkbox"/> Vitals: Every 4 hours	<input type="checkbox"/> Analgesics: use the pain control order set
Diet (Check One): <input type="checkbox"/> NPO <input type="checkbox"/> Regular/house <input type="checkbox"/> Clear Liquids	<input type="checkbox"/> Acetaminophen 650 mg PO/PR every _____
<input type="checkbox"/> Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	<input type="checkbox"/> 4hrs <input type="checkbox"/> 6 hrs (check one) PRN
<input type="checkbox"/> 2 gram Na <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____	pain score 1-4 <b>and/or</b> Temp > 101F
Activity (Check One): <input type="checkbox"/> Ambulate ad lib <input type="checkbox"/> OOB to BR	<input type="checkbox"/> For smokers: Nicotine (Nicoderm)
<input type="checkbox"/> Ambulate with assist <input type="checkbox"/> Other: _____	<input type="checkbox"/> 7 mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21 mg (check one) patch topically Daily
<input type="checkbox"/> Intake and Output q shift	<input type="checkbox"/> Ibuprofen <input type="checkbox"/> 400 mg <input type="checkbox"/> 600 mg <input type="checkbox"/> 800 mg (check one)
<input type="checkbox"/> Insert Saline lock	PO every <input type="checkbox"/> 4 <input type="checkbox"/> 6 or <input type="checkbox"/> 8 hours (check one) PRN pain
Labs at _____ (check box(es)): <input type="checkbox"/> CBC <input type="checkbox"/> lytes	***Do not use if ibuprofen ordered on Acute Pain Order Set***
<input type="checkbox"/> other labs: _____	(Maximum daily dose 2400 mg)
<input type="checkbox"/> O <sub>2</sub> (circle): _____ liter/min; Other _____	<b>Skeletal Muscle Relaxant (check only one)</b>
<input type="checkbox"/> Notify MD for: HR < 55 or > 100	<input type="checkbox"/> Cyclobenzaprine (Flexeril) 10 mg PO 3 times daily
RR < 12 or > 25	<input type="checkbox"/> Carisoprodol (Soma) 350 mg PO 4 times daily
Temp < 96 F or > 100.4F	
SBP < 100, SBP > 170, DBP > 120	<b>Other Medications:</b>
SaO <sub>2</sub> < 90%	
<input type="checkbox"/> Physical therapy assessment	

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CELLULITIS PAIN RISK STRATIFICATION TOOL**

<b>UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)</b>		
<b>Level of Care determination after Risk Stratification (Check One): <input type="checkbox"/> Observation <input type="checkbox"/> Admit (Use the appropriate admission order forms)</b>		
<b>IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.</b>		
<b>***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED &amp; PLACED IN THE CHART***</b>		
<b>ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)</b>		
<input type="checkbox"/>	Septic or toxic appearance, T > 102F, wbc > 20,000	
<input type="checkbox"/>	Immunosuppressed	
<input type="checkbox"/>	Involves periorbit or orbit, neck, or >9% TBSA	
<input type="checkbox"/>	Extensive tissue damage, sloughing	
<input type="checkbox"/>	Deeper process: abscess, osteomyelitis, deep wound, suspicion of necrotizing fasciitis	
<input type="checkbox"/>	Patient unable to care for self at home	
<input type="checkbox"/>	Patient already failed outpatient treatment	
<input type="checkbox"/>	Unstable vital signs	
<input type="checkbox"/>	Bite or puncture wound	
<input type="checkbox"/>	Post op infection	
<input type="checkbox"/>	Associated with diabetic ulcer	
<b>PATIENT MUST MEET ALL OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)</b>		
<b>***THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.***</b>		
<b>OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)</b>		
<input type="checkbox"/>	H and P consistent with cellulitis	
<input type="checkbox"/>	Require > 1 dose parenteral antibiotics	
<b>Observation Unit Disposition Decision</b>		
WBC nearly normal or significantly improved	All criteria present	<b>HOME</b>
Stable vital signs		
Taking po fluids and meds		
Area of cellulitis not increasing		
No response to iv therapy, rising wbc	Any criteria present	<b>ADMIT</b>  consider expert advice
Inability to take po fluids or medicines		
Increase in skin involvement, fluctuance		
Temperatures failed to significantly improve		
Unable to care for self, no home care		

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## ALLERGY STICKER

Date/Time:	Refer to Observation For Service of Dr. _____

DO NOT USE ABBREVIATIONS:  $\mu$ , mcg, u, iu, QD, QID, QOD, B.I.W., T.I.W., MgSO<sub>4</sub>, MSO<sub>4</sub>, MS, HISS, RISS, AD, AU, AS  
Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

Non-Medication Orders	Medication Orders
<b>DX: Cellulitis</b>	<input type="checkbox"/> IV fluids: _____
<input type="checkbox"/> Vitals: q shift	@ _____ ml/hr x _____ liters
<b>Diet (Check One):</b> <input type="checkbox"/> Regular/house <input type="checkbox"/> Clear Liquids <input type="checkbox"/> NPO	<input type="checkbox"/> Analgesics: use the pain control order set
<input type="checkbox"/> Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	<b>Antibiotics (check only one)</b>
<input type="checkbox"/> 2 gram Na <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cefazolin _____ grams IV every _____ hours (usual dose for normal renal fx - 1 or 2 g IV q 8 hrs)
<b>Activity (Check One):</b> <input type="checkbox"/> Ambulate ad lib	<input type="checkbox"/> Clindamycin 600 mg IV every 8 hours (For serious B-lactam allergy. If allergy NOT in Cerner,
<input type="checkbox"/> OOB to BR* <input type="checkbox"/> Ambulate with assist <input type="checkbox"/> Other: _____ *(For Lower Ext cellulitis OOB to BR recommended)	Document Allergy <b>with reaction</b> e.g. hives, anaphalaxis, rash, etc)
<input type="checkbox"/> Insert Saline lock	<input type="checkbox"/> Vancomycin _____ mg IV every _____ hours (usual dose is 15 mg/kg)
Labs at _____ (check box(es)): <input type="checkbox"/> CBC <input type="checkbox"/> lytes	Other considerations that would warrant different antibiotics include a history of an animal scratch, sea or aquarium exposure, or ticks. Consider expert advice
<input type="checkbox"/> other labs: _____	<input type="checkbox"/> Acetaminophen 650 mg PO/PR every _____ <input type="checkbox"/> 4hrs <input type="checkbox"/> 6 hrs (check one) PRN
<input type="checkbox"/> Notify MD for: HR < 55 or > 100 RR < 12 or > 25 Temp < 96 F or > 100.4F SBP < 100, SBP > 170, DBP > 120 SaO <sub>2</sub> < 90%	Pain Score 1 - 4 <b>and/or</b> Temp > 101F
<input type="checkbox"/> Care coordination consult	<input type="checkbox"/> For smokers: Nicotine (Nicoderm) <input type="checkbox"/> 7 mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21 mg (check one) patch topically Daily
<input type="checkbox"/> Elevation of infected area	<input type="checkbox"/> Heparin 5000 units SC every 8 hours
<input type="checkbox"/> Venous Doppler/Ultrasound of <input type="checkbox"/> L <input type="checkbox"/> R lower extremity Indication _____	<input type="checkbox"/> Clotrimazole 1% cream topically twice daily to interdigital areas of feet
	<b>Other Medications:</b>

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CARDIAC PAIN RISK STRATIFICATION TOOL**

UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)

**Level of Care determination after Risk Stratification (Check One):**  Observation  Admit (Use the appropriate admission order forms)

**IF PATIENT MEETS ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**
**\*\*\*DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART\*\*\***
**ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)**

- Diagnostic EKG changes or positive biomarkers
- Cardiac Risk Score 5 or greater points = moderate to high risk
- Continuing chest pain
- Unstable vital signs

**PATIENT MUST MEET ALL OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**
**\*\*\*THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.\*\*\***
**OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)**

- Cardiac Risk Score 2 to 4 points = low risk
- No continuing chest pain
- Stable vital signs

**Observation Unit Disposition Decision**

Benign observation course	All criteria present	<b>DISCHARGE</b>
Stable vital signs		
Deterioration of clinical course	Any criteria present	<b>ADMIT</b>
Unstable vital signs or unstable dysrhythmia		
Diagnosis requiring inpatient admission		

**HCC Cardiac Risk Score tool for Possible ACS**

Non diagnostic EKG changes (1 point)

- EKG ST segment changes (< 1 mm ST seg change)
- OR T wave changes OR LBBB

Age / sex (1 point)

- (Male > 45 years old; Female > 55 years old)

Past history CAD (2 points)

- (Angina or PCI or Coronary surgery or MI)

Cardiac Risk Factors (up to 5 points)

- Family history of CAD
- hyperlipidemia
- diabetes mellitus
- history of smoking
- hypertension

Chest Pain (up to 3 points)

- substernal
- exercise related
- relieved with NTG

Chest Pain Equivalent (up to 4 points)

- syncope
- SOB/dyspnea
- rapid heart beat
- unexplained weakness

**ADD UP TOTAL # POINTS ABOVE:**

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

ALLERGY STICKER

Date/Time:	Refer to Observation For Service of Dr. _____
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DO NOT USE ABBREVIATIONS:  $\mu$ , mcg, u, iu, QD, QID, QOD, B.I.W., T.I.W., MgSO<sub>4</sub>, MSO<sub>4</sub>, MS, HISS, RISS, AD, AU, AS  
Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

Non-Medication Orders	Medication Orders
<b>INITIAL ORDERS:</b>	<b>Aspirin Order (check applicable box)</b>
<b>Dx: Chest Pain or Chest Pain Equivalent</b>	<input type="checkbox"/> Aspirin 81 mg, chew 3 tabs PO now (unless taken in ED)
<b>Cardiac Monitoring:</b> Indication: (check one)	<input type="checkbox"/> Hold aspirin because <b>contraindicated</b>
<input type="checkbox"/> Chest Pain or <input type="checkbox"/> Chest Pain Equivalent	<input type="checkbox"/> Patient received aspirin within 24 hours of hospital arrival
<input type="checkbox"/> Vitals: every 4 hours	<input type="checkbox"/> Acetaminophen 650 mg PO/PR every
<input type="checkbox"/> Saline lock / laboratory testing	<input type="checkbox"/> 4hrs <input type="checkbox"/> 6 hrs (check one) PRN
<input type="checkbox"/> CK, CKMB, Troponin	Pain Score 1 - 4 <b>and/or</b> Temp > 101F
<input type="checkbox"/> Electrolytes, Creatinine, BUN	<input type="checkbox"/> Nitroglycerin paste _____ inches every 8 hours
<input type="checkbox"/> CBC with diff	<input type="checkbox"/> For smokers: Nicotine (Nicoderm)
<input type="checkbox"/> Glucose	<input type="checkbox"/> 7 mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21 mg (check one) patch topically Daily
<input type="checkbox"/> Old Record to the Floor	<b>Other Medications:</b>
<input type="checkbox"/> EKG	
<input type="checkbox"/> CXR: Indication _____	
<b>SUBSEQUENT ORDERS:</b>	
<input type="checkbox"/> CPK/MB/Troponin I & EKG q 4 h x's 2	
<input type="checkbox"/> EKG prn for chest pain or dysrhythmia	
<input type="checkbox"/> Activity: Bedrest 4 h, then ambulate if stable & neg enzymes	
<input type="checkbox"/> May go off monitor for testing if stable	
<input type="checkbox"/> Diet : NPO from 4 am on _____ (Date)	
<input type="checkbox"/> Blood glucose before meals if glucose > 120 or diabetic	
<input type="checkbox"/> Cardiac Consult Dr. _____	
8a to 5p <input type="checkbox"/> MD contacted by me at _____ m OR	
5p to 8a <input type="checkbox"/> Message left for MD at #5276	
(Cardiologist to schedule stress study if appropriate)	

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CONFUSION PAIN RISK STRATIFICATION TOOL**

<b>UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)</b>		
<b>Level of Care determination after Risk Stratification (Check One): <input type="checkbox"/> Observation <input type="checkbox"/> Admit (Use the appropriate admission order forms)</b>		
<b>IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.</b>		
<b>***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED &amp; PLACED IN THE CHART***</b>		
<b>ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)</b>		
<input type="checkbox"/>	Moderate/High HCC cardiac risk score (> 4 points)	
<input type="checkbox"/>	Abnormal Vital Signs:	
<input type="checkbox"/>	(SBP <90 or >220, DBP >110, HR <50 or >100; RR >24)	
<input type="checkbox"/>	Visual Hallucinations	
<input type="checkbox"/>	Elderly (> 75 year old)	
<input type="checkbox"/>	Diagnostic EKG changes or positive biomarkers	
<input type="checkbox"/>	Acute Seizure (see seizure obs order set)	
<input type="checkbox"/>	Acute Headache (see headache obs order set)	
<input type="checkbox"/>	Loss Coordination	
<input type="checkbox"/>	Focal Neurologic Findings	
<b>PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)</b>		
<b>***THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.***</b>		
<b>OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)</b>		
<input type="checkbox"/>	Intermediate risk (i.e. patient almost has one or more of the above high risk criteria)	
<input type="checkbox"/>	Confusion not clearing during ER evaluation	
<input type="checkbox"/>	Possible pathologic cause of the confusion	
<b>Observation Unit Disposition Decision</b>		
Benign observation course	All criteria present	<b>DISCHARGE</b>
Stable vital signs		
Appropriate home environment		
Deterioration of clinical course	Any criteria present	<b>ADMIT</b>
Unstable vital signs		
Unstable dysrhythmia		
Diagnosis requiring inpatient admission		

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

ALLERGY STICKER

Date/Time:	Refer to Observation For Service of Dr. _____
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DO NOT USE ABBREVIATIONS: μ, mcg, u, iu, QD, QID, QOD, B.I.W., T.I.W., MgSO4, MS04, MS, HISS, RISS, AD, AU, AS  
Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

Non-Medication Orders	Medication Orders
<input type="checkbox"/> <b>Cardiac Monitoring: Indication</b> _____	<input type="checkbox"/> IV fluids: _____
<b>DX: Confusion</b>	@ _____ ml/hr x _____ liters
<input type="checkbox"/> Vitals: Every 4 hours	<input type="checkbox"/> Acetaminophen 650 mg PO/PR every _____
Diet (Check One): <input type="checkbox"/> Regular/house <input type="checkbox"/> Clear Liquids <input type="checkbox"/> NPO	<input type="checkbox"/> 4hrs <input type="checkbox"/> 6 hrs (check one) PRN
<input type="checkbox"/> Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	pain score 1-4 <b>and/or</b> Temp > 101F
<input type="checkbox"/> 2 gram Na <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____	<input type="checkbox"/> For smokers: Nicotine (Nicoderm)
<b>Activity (Check One):</b> <input type="checkbox"/> Ambulate ad lib	<input type="checkbox"/> 7 mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21 mg (check one) patch topically Daily
<input type="checkbox"/> OOB to BR <input type="checkbox"/> Ambulate with assist <input type="checkbox"/> Other _____	<b>Other Medications:</b>
<input type="checkbox"/> Intake and Output q shift	
<input type="checkbox"/> Insert Saline lock	
Labs at _____ (check box(es)): <input type="checkbox"/> CBC <input type="checkbox"/> Iytes	
<input type="checkbox"/> other labs: _____	
<input type="checkbox"/> CPK/MB/Troponin I & EKG every 4 h x's 2	
<input type="checkbox"/> EKG prn for chest pain or dysrhythmia	
<input type="checkbox"/> O <sub>2</sub> (circle): _____ liter/min; Other _____	
<input type="checkbox"/> Notify MD for: HR < 55 or > 100	
RR < 12 or > 25	
Temp < 96 F or > 100.4F	
SBP < 100, SBP > 170, DBP > 120	
SaO <sub>2</sub> < 90%	
<input type="checkbox"/> Consult Dr.	
Reason for Consult: _____	

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**DEHYDRATION RISK STRATIFICATION TOOL**

**UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)**

**Level of Care determination after Risk Stratification (Check One):**  Observation  Admit (Use the appropriate admission order forms)

**IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**

**\*\*\*DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART\*\*\***

**ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)**

- Severe dehydration
- hemodynamic instability
- Na < 120 mEq; Na > 155 mEq
- concomitant acute severe medical condition  
(e.g. acute renal failure, sepsis)

**PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**

**\*\*\*THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.\*\*\***

**OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)**

- Inability to correct symptoms in ER
- Inability to take po fluids

**Observation Unit Disposition Decision**

Resolution of symptoms	All criteria present	<b>DISCHARGE</b>
Stable vital signs		
Taking po fluids		
Inability to correct symptoms	Any criteria present	<b>ADMIT</b>
Inability to take po fluids		

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



## ALLERGY STICKER

Date/Time:	Refer to Observation For Service of Dr. _____
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 Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

Non-Medication Orders	Medication Orders
<b>DX: Dehydration</b>	<input type="checkbox"/> IV fluids: _____
<input type="checkbox"/> Vitals: Every 4 hours	@ _____ ml/hr x _____ liters
Diet (Check One): <input type="checkbox"/> Regular/house <input type="checkbox"/> Clear Liquids <input type="checkbox"/> NPO	<input type="checkbox"/> Analgesics: use the pain control order set
<input type="checkbox"/> Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	<input type="checkbox"/> Acetaminophen 650 mg PO/PR every
<input type="checkbox"/> 2 gram Na <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____	<input type="checkbox"/> 4hrs <input type="checkbox"/> 6 hrs (check one) PRN
<b>Activity (Check One):</b> <input type="checkbox"/> Ambulate ad lib	Pain Score 1 - 4 <b>and/or</b> Temp > 101F
<input type="checkbox"/> OOB to BR <input type="checkbox"/> Ambulate with assist <input type="checkbox"/> Other _____	<input type="checkbox"/> For smokers: Nicotine (Nicoderm)
<input type="checkbox"/> Intake and Output q shift	<input type="checkbox"/> 7 mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21 mg (check one) patch topically Daily
<input type="checkbox"/> Insert Saline lock	<input type="checkbox"/> Ondansetron (Zofran) 4 mg <input type="checkbox"/> IV <input type="checkbox"/> PO (check route)
Labs at _____ (check box(es)): <input type="checkbox"/> CBC <input type="checkbox"/> lytes	every 6 hours PRN nausea/vomiting
<input type="checkbox"/> other labs: _____	<input type="checkbox"/> Metoclopramide (Reglan) <input type="checkbox"/> 5mg <input type="checkbox"/> 10 mg (check one)
<input type="checkbox"/> O <sub>2</sub> (circle): _____ per liter nasal; Other _____	<input type="checkbox"/> IV <input type="checkbox"/> PO (check route) every 6 hours PRN nausea/vomiting
<input type="checkbox"/> Notify MD for: HR < 55 or > 100	<b>Other Medications:</b>
RR < 12 or > 25	
Temp < 96 F or > 100.4F	
SBP < 100, SBP > 170, DBP > 120	
SaO <sub>2</sub> < 90%	

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**GI BLEED RISK STRATIFICATION TOOL**

<b>UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)</b>		
<b>Level of Care determination after Risk Stratification (Check One):</b> <input type="checkbox"/> <b>Observation</b> <input type="checkbox"/> <b>Admit (Use the appropriate admission order forms)</b>		
<b>IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.</b>		
<b>***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED &amp; PLACED IN THE CHART***</b>		
<b>ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)</b>		
<input type="checkbox"/> > 2 episodes of bright red bleeding o hemorrhoids		
<input type="checkbox"/> hemodynamic instability		
<input type="checkbox"/> Active bleeding		
<input type="checkbox"/> concomitant acute severe medical condition (e.g. acute renal failure, sepsis)		
<input type="checkbox"/> EKG Changes		
<input type="checkbox"/> Melena		
<input type="checkbox"/> Drop of Hct > 10 in 4 hours		
<input type="checkbox"/> Orthostatic changes (SBP >20; standing pulse > 110) coagulopathy (e.g. warfarin rx, liver failure, hemophilia)		
<input type="checkbox"/> Hx of esophageal bleeding or coagulopathy (e.g. warfarin rx, liver failure, hemophilia)		
<input type="checkbox"/> Age > 70 years old		
<input type="checkbox"/> Inability to transfuse		
<b>PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)</b>		
<b>***THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.***</b>		
<b>OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)</b>		
<input type="checkbox"/> Abnormal Hct/Hgb values		
<input type="checkbox"/> Previous gi history		
<input type="checkbox"/> History of dark stool (not bright red) in last 48 hours		
<input type="checkbox"/> No more than 2 episodes of bright red blood		
<input type="checkbox"/> Guaiac positive ng drainage		
<input type="checkbox"/> Need for transfusion		
<input type="checkbox"/> GI consulted		
<b>Observation Unit Disposition Decision</b>		
Normal or stabilized serial exams	All criteria present	<b>DISCHARGE</b>
Stable vital signs		
No deterioration clinical condition		
If endoscopy - no active bleeding site		
Continued decrease in Hct/Hgb values	Any criteria present	<b>ADMIT</b>
Increase in bright red bleeding		
Deterioration in clinical condition		
Active bleeding by endoscopy		

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

ALLERGY STICKER

Date/Time:	Refer to Observation For Service of Dr. _____
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DO NOT USE ABBREVIATIONS:  $\mu$ , mcg, u, iu, QD, QID, QOD, B.I.W., T.I.W., MgSO<sub>4</sub>, MSO<sub>4</sub>, MS, HISS, RISS, AD, AU, AS  
Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

Non-Medication Orders	Medication Orders
<input type="checkbox"/> <b>Cardiac Monitoring: Indication</b> _____	<input type="checkbox"/> IV fluids: _____
<b>DX: GI Bleed</b>	@ _____ ml/hr x _____ liters
<input type="checkbox"/> Vitals: Every 2 hours	<input type="checkbox"/> Analgesics: use the pain control order set
<input type="checkbox"/> Orthostatic vital signs upon arrival in observation unit	<input type="checkbox"/> Acetaminophen 650 mg PO/PR every _____
Diet (Check One): <input type="checkbox"/> NPO <input type="checkbox"/> Regular/house <input type="checkbox"/> Clear Liquids	<input type="checkbox"/> 4hrs <input type="checkbox"/> 6 hrs (check one) PRN
<input type="checkbox"/> Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	Pain Score 1 - 4 and/or Temp > 101F
<input type="checkbox"/> 2 gram Na <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Esomeprazole (Nexium) IV 40 mg twice daily
Activity (Check One): <input type="checkbox"/> Ambulate ad lib <input type="checkbox"/> OOB to BR	<input type="checkbox"/> For smokers: nicotine (Nicoderm)
<input type="checkbox"/> Ambulate with assist <input type="checkbox"/> Other: _____	<input type="checkbox"/> 7 mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21 mg (check one) patch topically Daily
<input type="checkbox"/> Strict Intake and Output q shift	<input type="checkbox"/> Ondansetron (Zofran) 4 mg <input type="checkbox"/> IV <input type="checkbox"/> PO (check route)
<input type="checkbox"/> Insert Saline lock	every 6 hours PRN nausea/vomiting
Labs at _____ (check box(es)): <input type="checkbox"/> CBC <input type="checkbox"/> lytes	<input type="checkbox"/> Metoclopramide (Reglan) <input type="checkbox"/> 5mg <input type="checkbox"/> 10 mg (check one)
<input type="checkbox"/> other labs: _____	<input type="checkbox"/> IV <input type="checkbox"/> PO (check route) every 6 hours PRN nausea/vomiting
<input type="checkbox"/> Serial Hct/Hgb every 12 hours	<b>Other Medications:</b>
<input type="checkbox"/> Type and Screen, PT, PTT, INR	
<input type="checkbox"/> O <sub>2</sub> (circle): _____ liter/min; other _____	
<input type="checkbox"/> Guaiac stools / emesis prn	
<input type="checkbox"/> Notify MD for: HR < 55 or > 100	
RR < 12 or > 25	
Temp < 96 F or > 100.4F	
SBP < 100, SBP > 170, DBP > 120	
SaO <sub>2</sub> < 90%	
<input type="checkbox"/> Consult Dr. _____	
Reason for Consult: _____	

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**HEADACH RISK STRATIFICATION TOOL**

UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)

Level of Care determination after Risk Stratification (Check One):  Observation  Admit (Use the appropriate admission order forms)

**IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**

**\*\*\*DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART\*\*\***

**ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)**

- Acutely deteriorating neurologic exam
- Suspected meningitis
- Hypertensive emergency (diastolic > 120 with symptom)
- Acute Seizure (see seizure obs order set)
- Loss Coordination
- Abnormal new acute findings on Head CT scan
- Abnormal LP (if performed)
- Tender temporal artery and/or grossly elevated ESR (if performed)
- Blocked VP shunt

**PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**

**\*\*\*THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.\*\*\***

**OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)**

- Parenteral pain medicine treatment in ER > once
- Headache not resolving during ER evaluation
- Possible pathologic cause of the headache

**Observation Unit Disposition Decision**

Benign observation course	All criteria present	<b>DISCHARGE</b>
Stable vital signs		
Appropriate home environment		
Deterioration of clinical course	Any criteria present	<b>ADMIT</b>
Unstable vital signs		
No resolution of pain		
Diagnosis requiring inpatient admission		

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## ALLERGY STICKER

Date/Time:	Refer to Observation For Service of Dr. _____
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 Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

Non-Medication Orders	Medication Orders
<b>DX: Headache</b>	<input type="checkbox"/> IV fluids: _____
<input type="checkbox"/> Vitals: Every 4 hours	@ _____ ml/hr x _____ liters
Diet (Check One): <input type="checkbox"/> Regular/house <input type="checkbox"/> Clear Liquids <input type="checkbox"/> NPO	<input type="checkbox"/> Analgesics: use the pain control order set
<input type="checkbox"/> Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	<input type="checkbox"/> Acetaminophen 650 mg PO/PR every
<input type="checkbox"/> 2 gram Na <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____	<input type="checkbox"/> 4hrs <input type="checkbox"/> 6 hrs (check one) PRN
<b>Activity (Check One):</b> <input type="checkbox"/> Ambulate ad lib	pain score 1-4 <b>and/or</b> Temp > 101F
<input type="checkbox"/> OOB to BR <input type="checkbox"/> Ambulate with assist <input type="checkbox"/> Other _____	<input type="checkbox"/> For smokers: Nicotine (Nicoderm)
<input type="checkbox"/> Insert Saline lock	<input type="checkbox"/> 7 mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21 mg (check one) patch topically Daily
Labs at _____ (check box(es)): <input type="checkbox"/> CBC <input type="checkbox"/> Iytes	<input type="checkbox"/> Ondansetron (Zofran) 4 mg <input type="checkbox"/> IV <input type="checkbox"/> PO (check route)
<input type="checkbox"/> other labs: _____	every 6 hours PRN nausea/vomiting
<input type="checkbox"/> O <sub>2</sub> (circle): _____ per liter nasal; Other _____	<input type="checkbox"/> Metoclopramide (Reglan) <input type="checkbox"/> 5mg <input type="checkbox"/> 10 mg (check one)
<input type="checkbox"/> Notify MD for: HR < 55 or > 100	<input type="checkbox"/> IV <input type="checkbox"/> PO (check route) every 6 hours PRN nausea/vomiting
RR < 12 or > 25	<b>Other Medications:</b>
Temp < 96 F or > 100.4F	
SBP < 100, SBP > 170, DBP > 120	
SaO <sub>2</sub> < 90%	
<input type="checkbox"/> Consult Dr. _____	
Reason for Consult: _____	

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**DEHYDRATION RISK STRATIFICATION TOOL**

<b>UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)</b>		
<b>Level of Care determination after Risk Stratification (Check One): <input type="checkbox"/> Observation <input type="checkbox"/> Admit (Use the appropriate admission order forms)</b>		
<b>IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.</b>		
<b>***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED &amp; PLACED IN THE CHART***</b>		
<b>ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)</b>		
<b>HYPOGLYCEMIA</b>		
<input type="checkbox"/>	Intentional overdose hypoglycemic meds	
<input type="checkbox"/>	Intake large amounts long acting oral hypoglycemics	
<input type="checkbox"/>	Altered mental status in spite of glucose treatment	
<input type="checkbox"/>	Serious precipitating cause	
<b>HYPERGLYCEMIA</b>		
<input type="checkbox"/>	Ketoacidosis: pH<7.30 or total CO2<18 or anion gap >15	
<input type="checkbox"/>	Hyperosmotic hypertonic syndrome	
<input type="checkbox"/>	Glucose > 600 mg/dl	
<input type="checkbox"/>	Serious precipitating cause	
<b>SERUM POTASSIUM</b>		
<input type="checkbox"/>	K < 2.5 or > 6.0 mEq/dl	
<input type="checkbox"/>	Cardiac dysrhythmia	
<input type="checkbox"/>	Serious precipitating cause	
<b>SERUM SODIUM</b>		
<input type="checkbox"/>	Na < 120 or > 150 mEq/dl with mental status changes	
<b>PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)</b>		
<b>***THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.***</b>		
<b>OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)</b>		
<input type="checkbox"/>	Inability to correct symptoms	
<input type="checkbox"/>	Inability to take po fluids	
<input type="checkbox"/>	Inability to sufficiently correct abnormal findings:	
	BS < 50 mg/dl despite two bolus 50% glucose	
	or K < 3.0 or > 5.5 mEq/L no EKG changes	
	or Na < 120 or > 150 mEq/L no mental status change	
	or BS > 400 mg/dl with one of following:	
	disorientation/increasing lethargy	
	new onset type 1 diabetes	
	postural systolic bp drop > 30	
<b>Observation Unit Disposition Decision</b>		
Resolution of symptoms	All criteria present	<b>DISCHARGE</b>
Precipitating factor(s) addressed		
Taking po fluids		
Abnormal metabolic factor adequately corrected		
Adequate social situation at home		
Deterioration of clinical status	Any criteria present	<b>ADMIT</b>
Cardiac dysrhythmia		
Inability to adequately treat precipitating factors		

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

ALLERGY STICKER

Date/Time:	Refer to Observation For Service of Dr. _____
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DO NOT USE ABBREVIATIONS:  $\mu$ , mcg, u, iu, QD, QID, QOD, B.I.W., T.I.W., MgSO<sub>4</sub>, MSO<sub>4</sub>, MS, HISS, RISS, AD, AU, AS  
Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

Non-Medication Orders	Medication Orders
<input type="checkbox"/> Cardiac Monitoring: Indication _____	<input type="checkbox"/> IV fluids: _____
<b>DX: Metabolic Derrangement of</b> _____	@ _____ ml/hr x _____ liters
<input type="checkbox"/> Vitals: Every 4 hours	<input type="checkbox"/> Analgesics: use the pain control order set
Diet (Check One): <input type="checkbox"/> Regular/house <input type="checkbox"/> Clear Liquids <input type="checkbox"/> NPO	<input type="checkbox"/> Insulin: Use the applicable Insulin Order Set
<input type="checkbox"/> Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	<input type="checkbox"/> Acetaminophen 650 mg PO/PR every _____
<input type="checkbox"/> 2 gram Na <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____	<input type="checkbox"/> 4hrs <input type="checkbox"/> 6 hrs (check one) PRN
Activity (Check One): <input type="checkbox"/> Ambulate ad lib	Pain Score 1 - 4 <b>and/or</b> Temp > 101F
<input type="checkbox"/> OOB to BR <input type="checkbox"/> Ambulate with assist <input type="checkbox"/> Other _____	<input type="checkbox"/> For smokers: nicotine (Nicoderm)
<input type="checkbox"/> Intake and Output q shift	<input type="checkbox"/> 7 mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21 mg (check one) patch topically Daily
<input type="checkbox"/> Insert Saline lock	<input type="checkbox"/> Ondansetron (Zofran) 4 mg <input type="checkbox"/> IV <input type="checkbox"/> PO (check route)
Labs at _____ (check box(es)): <input type="checkbox"/> CBC <input type="checkbox"/> lytes	every 6 hours PRN nausea/vomiting
<input type="checkbox"/> other labs: _____	<input type="checkbox"/> Metoclopramide (Reglan) <input type="checkbox"/> 5mg <input type="checkbox"/> 10 mg (check one)
<input type="checkbox"/> O <sub>2</sub> (circle): _____ liter/min; Other _____	<input type="checkbox"/> IV <input type="checkbox"/> PO (check route) every 6 hours PRN nausea/vomiting
<input type="checkbox"/> Notify MD for: HR < 55 or > 100	<b>Other Medications:</b>
RR < 12 or > 25	
Temp < 96 F or > 100.4F	
SBP < 100, SBP > 170, DBP > 120	
SaO <sub>2</sub> < 90%	

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**PYELONEPHRITIS RISK STRATIFICATION TOOL**
**UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)**
**Level of Care determination after Risk Stratification (Check One):  Observation  Admit (Use the appropriate admission order forms)**
**IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**
**\*\*\*DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART\*\*\***
**ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)**

- Unstable Vital Signs
- Change in mentation
- Immunosuppression
- Underlying systemic disorder:  
e.g. diabetes mellitus, renal failure, sickle cell
- Anatomic abnormality of urinary tract or presence stones
- Males
- Renal Insufficiency with Cr Clearence of < 30

**PATIENT MUST MEET ALL OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**
**\*\*\*THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.\*\*\***
**OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)**

- Vital signs and mentation stable
- Patient has a diagnosis of Pyelonephritis

**Observation Unit Disposition Decision**

WBC near normal or improving	All criteria present	<b>DISCHARGE</b>
Stable vital signs		
Taking po fluids and meds		
Resolution or improvement of systemic symptoms		
No response to iv therapy, rising wbc	Any criteria present	<b>ADMIT</b>
Inability to take po fluids or medicines		
Systemic symptoms fail to improve		
Unstable vital signs; temperature fails to improve		
Unable to care for self, no home care		

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



ALLERGY STICKER

Date/Time:	Refer to Observation For Service of Dr. _____
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DO NOT USE ABBREVIATIONS:  $\mu$ , mcg, u, iu, QD, QID, QOD, B.I.W., T.I.W., MgSO<sub>4</sub>, MSO<sub>4</sub>, MS, HISS, RISS, AD, AU, AS  
Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

Non-Medication Orders	Medication Orders
<b>DX: Pyelonephritis</b>	<input type="checkbox"/> IV fluids: _____
<input type="checkbox"/> Vitals: q shift	@ _____ ml/hr x _____ liters
Diet (Check One): <input type="checkbox"/> Regular/house <input type="checkbox"/> Clear Liquids <input type="checkbox"/> NPO	<input type="checkbox"/> Analgesics: use the pain control order set
<input type="checkbox"/> Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	<b>Antibiotics</b>
<input type="checkbox"/> 2 gram Na <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Ceftriaxone 1 gram IV daily
Activity (Check One): <input type="checkbox"/> Ambulate ad lib <input type="checkbox"/> OOB to BR	<input type="checkbox"/> Ciprofloxacin _____ mg IV every _____ hours
<input type="checkbox"/> Ambulate with assist <input type="checkbox"/> Other: _____	(usual dose for normal renal function: 400mg IV every 12 hours)
<input type="checkbox"/> Intake and Output q shift	(For use in patients with serious beta-lactam allergy
<input type="checkbox"/> Insert saline lock	or with previous resistant GNRs. Otherwise
Labs at _____ (check box(es)): <input type="checkbox"/> CBC <input type="checkbox"/> lytes	<b>ID approval required w/in 24 hours. Document allergy)</b>
<input type="checkbox"/> other labs: _____	<input type="checkbox"/> Acetaminophen 650 mg PO/PR every
(Check up to One) <input type="checkbox"/> PAS Stockings or <input type="checkbox"/> Venodyne Boots	<input type="checkbox"/> 4hrs <input type="checkbox"/> 6 hrs (check one) PRN
<input type="checkbox"/> Notify MD for: HR < 55 or > 100	Pain Score 1 - 4 and/or Temp > 101F
RR < 12 or > 25	<input type="checkbox"/> For smokers: nicotine (Nicoderm)
Temp < 96 F or > 100.4F	<input type="checkbox"/> 7 mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21 mg (check one) patch topically Daily
SBP < 100, SBP > 170, DBP > 120	<input type="checkbox"/> Ondansetron (Zofran) 4 mg <input type="checkbox"/> IV <input type="checkbox"/> PO (check route)
SaO <sub>2</sub> < 90%	every 6 hours PRN nausea/vomiting
<input type="checkbox"/> Care coordination consult	<input type="checkbox"/> Metoclopramide (Reglan) <input type="checkbox"/> 5mg <input type="checkbox"/> 10 mg (check one)
	<input type="checkbox"/> IV <input type="checkbox"/> PO (check route) every 6 hours PRN nausea/vomiting
	<b>Other Medications:</b>

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**SEIZURE RISK STRATIFICATION TOOL**
**UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)**
**Level of Care determination after Risk Stratification (Check One):  Observation  Admit (Use the appropriate admission order forms)**
**IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**
**\*\*\*DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART\*\*\***
**ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)**

- Status epilepticus
- Meningitis, positive LP
- CVA, SAH documented or suspected but not ruled out
- Brain mass (tumor, abscess, blood)
- Positive new acute findings on Head CT scan
- Delirium Tremens
- Known Organic Disease (dementia)
- Toxic exposure (e.g. theophylline or CO toxicity)
- Abnormal labs no appropriate for Observation Unit
- Persistent new focal neurologic findings
- New EKG changes or significant arrhythmia
- Pregnancy or eclampsia
- Seizure due to hypoxemia

**PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**
**\*\*\*THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.\*\*\***
**OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)**

- Hx seizures with breakthrough and/or subtherapeutic rx
- Seizure after head injury with normal neuro exam
- New onset seizure with Normal neuro exam and Head CT scan

**Observation Unit Disposition Decision**

Benign observation course	All criteria present	<b>DISCHARGE</b>
Therapeutic levels of anticonvulsants (if indicated)		
Correction of abnormal labs		
Appropriate home environment		
Deterioration of clinical course	Any criteria present	<b>ADMIT</b>
Unstable vital signs		
Unstable dysrhythmia		
Diagnosis requiring inpatient admission		
Recurrent seizures or status epilepticus		

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



**SYNCOPE RISK STRATIFICATION TOOL**

<b>UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)</b>			
<b>Level of Care determination after Risk Stratification (Check One):</b> <input type="checkbox"/> <b>Observation</b> <input type="checkbox"/> <b>Admit (Use the appropriate admission order forms)</b>			
<b>IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.</b>			
<b>***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED &amp; PLACED IN THE CHART***</b>			
<b>ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)</b>			
<input type="checkbox"/> Suspected acute stroke / TIA			
<input type="checkbox"/> Persistently altered mental status			
<input type="checkbox"/> Witnessed seizure			
<input type="checkbox"/> Unstable vital signs			
<input type="checkbox"/> Documented or highly suspected unstable dysrhythmia			
<input type="checkbox"/> Diagnostic EKG changes or positive biomarkers			
<input type="checkbox"/> High HCC cardiac risk score > 4 points			
<b>PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)</b>			
<b>***THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.***</b>			
<b>OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)</b>			
<input type="checkbox"/> Possible pathologic cause of the syncope			
<input type="checkbox"/> Intermediate HCC cardiac risk score (2-4 points)			
<b>Observation Unit Disposition Decision</b>			
Benign observation course	All criteria present	<b>DISCHARGE</b>	
Stable vital signs			
Deterioration of clinical course	Any criteria present	<b>ADMIT</b>	
Unstable vital signs or unstable dysrhythmia			
Diagnosis requiring inpatient admission			
<b>HCC Cardiac Risk Score tool for Use in ED Patients with Possible ACS</b>			
Non diagnostic EKG changes		(1 point)	
<input type="checkbox"/> EKG ST segment changes ( < 1 mm ST seg change)			
<input type="checkbox"/> OR T wave changes OR LBBB			
Age / sex		(1 point)	
<input type="checkbox"/> (Male > 45 years old; Female > 55 years old)			
Past history CAD		(2 points)	
<input type="checkbox"/> (Angina or PCI or Coronary surgery or MI)			
Cardiac Risk Factors		(up to 5 points)	
<input type="checkbox"/> Family history of CAD			
<input type="checkbox"/> hyperlipidemia			
<input type="checkbox"/> diabetes mellitus			
<input type="checkbox"/> history of smoking			
<input type="checkbox"/> hypertension			
Chest Pain		(up to 3 points)	
<input type="checkbox"/> substernal			
<input type="checkbox"/> exercise related			
<input type="checkbox"/> relieved with NTG			
Chest Pain Equivalent		(up to 4 points)	
<input type="checkbox"/> syncope			
<input type="checkbox"/> SOB/dyspnea			
<input type="checkbox"/> rapid heart beat			
<input type="checkbox"/> unexplained weakness			
<b>ADD UP TOTAL # POINTS ABOVE:</b>			

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

