

**EMERGENCY DEPARTMENT
OBSERVATION UNIT**

**DEHYDRATION
ADMISSION/DISCHARGE CRITERIA**

EXCLUSION CRITERIA

1. Severe dehydration
2. ($130 < \text{Na} > 155 \text{ mEq}$)
3. Pancreatitis, surgical abdomen, renal failure, GI bleed
4. Cardiac dysrhythmias (significant)
5. Age >70 years

OBSERVATION UNIT INTERVENTIONS

1. IV Hydration
2. Serial exams and vital signs
3. Antiemetic

DISPOSITION

1. HOME
 - a. Resolution of symptoms
 - b. Stable vital signs
 - c. Taking po fluids
2. HOSPITAL
 - a. Inability to correct symptoms
 - b. Inability to take po fluids

TIME FRAME

1. Up to 24 hours

NOT A PART OF THE MEDICAL RECORD

**EMERGENCY DEPARTMENT
OBSERVATION UNIT
Admission Orders**

Addressograph

DIAGNOSIS:

_____ Dehydration _____ Flank Pain _____ Minor Head Injury

1. Admit to Emergency Department Observation Unit
2. Initial Emergency Department Physician: _____
3. Private Physician: _____ Time Contacted: _____
4. Consult: _____
5. Condition: ___ Stable ___ Serious
6. Copies of Emergency Department H&P on chart
7. Allergies: _____
8. Routine Vital Signs
9. ST segment - continuous monitoring
10. Activity: ___ up ad lib ___ Other: _____
11. Diet: ___ Clear liquid, advance as tolerated ___ Regular
 ___ Oral rehydration solution (pedialyte) ___ Other: _____
12. IV Fluids: ___ D5½NS + 20 meq KCl/1000ml at ___ ml/hour
 ___ NS at ___ ml/hour
 ___ Other: _____
13. Medications:
 ___ Tylenol 1 gram po every 6 hours prn pain or fever > 101°
 ___ Tylenol 10mg/kg oral/rectal every 6 hours prn fever > 101°
 ___ Motrin 800 mg po every 6 hours prn pain
 ___ Ultram 50 mg po every 6 hours prn pain
 ___ Maalox 30 cc po every 4 hours prn indigestion
 ___ Phenergan
 ___ 25mg IV every 6 hours prn nausea/vomiting
 ___ 12.5mg IV every 6 hours prn nausea/vomiting
 ___ Zofran
 ___ 4mg IV every 4 hours prn nausea/vomiting
 ___ 0.15mg/kg IV every 4 hours prn nausea/vomiting
 ___ Rocephin 1 gram IV every 12 hours
 ___ Levaquin 500mg IV every 24 hours (only if allergic to cephalosporins)
 ___ Morphine Sulfate _____ mg IV every 4 hours prn pain
 ___ Stadol 1 mg IV every 4 hours prn pain
14. Re-evaluate for discharge every 3 hours

Emergency Department Physician Signature

Date/Time

EMERGENCY DEPARTMENT OBSERVATION UNIT

DEHYDRATION PROGRESS NOTE

Addressograph

Please date and sign each entry.

DATE:		TIME:	
PROTOCOL: DEHYDRATION			
RELEVANT HISTORY/PHYSICAL FINDINGS:			
OBSERVATION INTERVENTIONS:			
	IV Hydration		
	Serial Exams and Vital Signs		
	Antiemetic		
GOALS OF OBSERVATION PERIOD:			
HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:			
MORNING PLAN			
PRIMARY PHYSICIAN CONTACTED:			
	YES NAME:		
	NO		

ATTENDING SIGNATURE / DATE

**EMERGENCY DEPARTMENT
OBSERVATION UNIT**

**DEHYDRATION
DISCHARGE NOTE**

Addressograph

DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

- IVF
- IV Antiemetics
- Tolerating PO

PHYSICAL EXAM:

FINAL DIAGNOSIS:

DISPOSITION: Home Admission

DISCHARGE INSTRUCTION GIVEN: Yes No

PRIMARY PHYSICIAN CONTACTED: Yes No

NAME: _____

FOLLOW UP:

ATTENDING SIGNATURE / DATE