

**EMERGENCY DEPARTMENT  
OBSERVATION UNIT**

**FLANK PAIN  
ADMISSION/DISCHARGE CRITERIA**

**EXCLUSION CRITERIA**

1. Fever over 103
2. Obstruction and infection
3. Sepsis
4. Acute Peritonitis
5. Systemic disorder (Renal failure, D.M., Sickle cell disease, immunosuppression)
6. Age over 65

**OBSERVATION UNIT INTERVENTIONS**

1. Serial exams including vital signs
2. Analgesic
3. Antipyretic
4. Antiemetics
5. IV hydration
6. Antimicrobial agents

**DISPOSITION**

1. HOME
  - a. DX of renal calculi
  - b. Pain control
  - c. DX of Pyelonephritis without vomiting x 12 hours
  - d. Tolerate po medications
2. HOSPITAL
  - a. DX of renal calculi with UTI
  - b. Inability to control pain and N&V on po medications
  - c. Pyelonephritis with inability to tolerate po medications

**TIME FRAME**

1. 8- 24 hours observation and treatment

**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**

**FLANK PAIN  
PROGRESS NOTE**

Addressograph

Please date and sign each entry.

<b>DATE:</b>		<b>TIME:</b>	
<b>PROTOCOL: FLANK PAIN</b>			
<b>RELEVANT HISTORY/PHYSICAL FINDINGS:</b>			
<b>OBSERVATION INTERVENTIONS:</b>			
	Serial Vital Signs		IVP or CT Renal Scan for suspected kidney stone
	Antiemetics and pain medications as needed		IVF for Hydration and IV Antibiotics as indicated
<b>GOALS OF OBSERVATION PERIOD:</b>			
<b>HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:</b>			
<b>MORNING PLAN</b>			
<b>PRIMARY PHYSICIAN CONTACTED:</b>			
	<b>YES NAME:</b>		
	<b>NO</b>		

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**ATTENDING SIGNATURE / DATE**

**EMERGENCY DEPARTMENT  
OBSERVATION UNIT**

**FLANK PAIN  
DISCHARGE NOTE**

Addressograph

**DATE:**

**TIME:**

**PRESENTING COMPLAINT:**

**OBSERVATION COURSE:**

- IVF
- IV Antibiotics
- IV Pain control
- Tolerating PO

**PHYSICAL EXAM:**

**FINAL DIAGNOSIS:**

**DISPOSITION:**                     Home     Admission

**DISCHARGE INSTRUCTION GIVEN:**     Yes     No

**PRIMARY PHYSICIAN CONTACTED:**     Yes     No

**NAME:** \_\_\_\_\_

**FOLLOW UP:**

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**ATTENDING SIGNATURE / DATE**