

**EMERGENCY DEPARTMENT
OBSERVATION UNIT**

**INTRACTABLE PAIN
ADMISSION/DISCHARGE CRITERIA**

EXCLUSION CRITERIA

1. Fever over 103
2. Obvious infection needing inpatient treatment
3. Sickle cell crisis
4. Chronic pain management
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. Muscle relaxant
4. Antiemetics
5. IV hydration

DISPOSITION

1. HOME
 - a. DX of acute pain
 - b. Pain control
 - c. No vomiting x 12 hours
 - d. Tolerate p.o. medications
2. HOSPITAL
 - a. DX of uncontrollable pain
 - b. Inability to control pain and N&V on po medications
 - c. 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 _____ Intractable Pain

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 24 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
 ___ Valium 10 mg po every 6 hours and PRN pain -hold if sedated.
14. Re-evaluate for discharge every 3 hours

Emergency Department Physician Signature

Date/Time

**EMERGENCY DEPARTMENT
OBSERVATION UNIT**

**INTRACTABLE PAIN
PROGRESS NOTE**

Addressograph

Please date and sign each entry.

| | | | |
|--|------------------------------|--------------|----------------------------|
| DATE: | | TIME: | |
| PROTOCOL: INTRACTABLE PAIN | | | |
| RELEVANT HISTORY/PHYSICAL FINDINGS: | | | |
| | | | |
| | | | |
| | | | |
| OBSERVATION INTERVENTIONS: | | | |
| | IV Hydration as indicated | | Pain medications as needed |
| | 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**

**INTRACTABLE PAIN
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