

ADULT ED Obs Criteria

<u>Medical</u>	Contraindications
<ul style="list-style-type: none"> • Cellulitis • Pyelonephritis • Pharyngitis • Acute Asthma Exacerbation • Blood Transfusion with Planned Discharge Pending • Mild Overdose with short observation required • Elevated CK (Cr <2.5, K<5) to hydrate and trend level <p>Trauma/Ortho</p> <ul style="list-style-type: none"> • Penetrating Chest Trauma (r/o Pneumothorax) • Blunt Abdominal Trauma with bruising, pain and NEGATIVE CT • Burns with Questionable Respiratory Component • Thoracic Spine Fracture awaiting TLSO • Rule-out Compartment Syndrome <p>Cardiac</p> <ul style="list-style-type: none"> • Chest Pain Rule Out • Syncope <p>Neurology</p> <ul style="list-style-type: none"> • TIA Rule-Out 	<ul style="list-style-type: none"> • NO Unstable Angina, no indeterminate troponins (unless cardiology consult already obtained) and ABSOLUTELY NO Elevated Troponins >0.120. NO DECOMPENSATED CHF or UNCONTROLLED HYPERTENSION • No new onset Afib, no Afib with RVR requiring rate control, no diagnosed symptomatic arrhythmia • Requires Neurology Consultation <i>BEFORE</i> being placed in OBS

Neurosurgery

- Isolated Head Injury(Positive CT)
 - GCS 14-15
 - Minor Positive Head CT findings consistent with trauma – including minor traumatic SAH, SDH, IPH, IVH, contusion
 - Neurosurgery Evaluation and Consult recommending Observation Unit
 - Adult only

- Concussion
 - Clinically concussed with negative CT
 - GCS 14-15

Contraindications

- GCS 13 or below
- Epidural Hematoma
- Skull Fracture with intracranial hemorrhage
- More than one post-traumatic seizure
- Age >60
- Multiple traumatic injuries requiring *ongoing* involvement of more than one consulting service
- Anticoagulation – INR > 1.5, Plavix use
- ED Attending may at his/her discretion decline admitting a patient to the Observation Unit

- GCS < 14
- Combative
- Clinically intoxicated