

Observation Care Documentation

- **Use the FirstNet PowerPlan Observation order set to place the pt in Obs Status.**
- Minimum of 3 statements required; **Medical, Social and Family Hx must ALL be reported; 10 ROS must be reported.** See reverse side of this sheet for tips on obs care.

Use the Obs Procedure Note template for documentation:

- Write in CC or initial diagnosis (e.g. chest pain, abd pain, r/o appy, EtOH intox)

Paragraph 1: Check off or explain all initial orders.

Paragraph 2: Obs Continuation notes:

- a. You must write a re-evaluation note and document continued treatments such as *IVF, pain meds, antiemetics, additional studies ordered.*

Paragraph 3: Obs discharge note:

- a. Document radiology findings, discussions with other doctors, and pertinent lab results. Write in total obs time.

Paragraph 4: Final diagnosis

- a. Write in final diagnosis

Paragraph 5: Final disposition

- a. "Pt admitted to inpt unit", or "pt discharged home with outpt f/up"

Example:

9am Pt Placed in Obs status pending CT, IVF for abdominal pain/vomiting. Initial obs exam revealed RLQ tenderness. Initial treatments included Morphine, Reglan and IV NS.

11am. Continued Obs exam revealed mild persistent RLQ tenderness. Continued treatments included IV NS, and additional dose of morphine.

1:15pm Observation discharge note: Re-eval revealed persistent mild RLQ tenderness. CT shows acute appendicitis. Case d/w senior surgical resident. Pt admitted to surgery and transferred to OR. Total obs time of 4 hours 15 min.

Alternatively, for a discharged pt:

1:15pm Observation discharge exam revealed no RLQ tenderness. CT was negative. Pt much improved subjectively and able to tolerate PO. Case d/w Dr . Primary and pt discharged for outpt f/up with Dr Primary. Total obs time of 4 hours 15min.

SEE REVERSE SIDE OF THIS SHEET FOR OBS CARE TIPS

Obs care tips:

What is obs care or when do I write an obs note?

-Obs care is used when the initial evaluation does not reveal immediate disposition and continuing treatments/work up are needed to determine disposition. If you walk into a room and say to yourself, “this pt is definitely going to be admitted”, then they don’t qualify for obs. If you’re unsure, then they DO qualify!

What pts qualify for obs care?

- All abd pain pts getting a CT and many getting an US qualify for obs care as long as there are continuing treatments such as IV Hydration, pain meds, antiemetics, etc...
- CTA Coronary pts and Chest pain pts awaiting 4-8 hour troponin may qualify. If you know you are going to admit a chest pain pt when you initially see them, then they are NOT an obs pt.
- Also may include dehydrated alcohol intoxication pts who require IV fluids and repeat neuro checks.
- Moderate asthma pts may qualify for obs if you need to give them repeated treatments and the disposition is dependent on improvement or failure to improve. Mild asthma would not qualify since you know you are going to discharge them, and severe asthma should be critical care.

What are the minimum time requirements for obs care:

- Minimum of 8 hours for medicare pts on one calendar day (rarely if ever occurs)
- Minimum of 3-4 hours for non medicare pts on one calendar day (frequently occurs as noted below)
- Minimum of 3-4 hours for medicare pts when spanning a time period including midnight (e.g. 10pm-2am)
- Obs pts should be treated in the ER for a minimum of 3-4 hours. If the US tech takes 4 hours to do an US but nothing else is done for the pt, that doesn’t count! If you are giving that pt pain meds and fluids, then it does count.

What are the documentation requirements? These requirements MUST be followed!

- At least 3 statements as noted on the reverse of this sheet. Use the obs procedure note template!! A 6 or 8 hour obs should have more than one re-evaluation.
- **ALL 3 Medical, Social and Family history components must be completed at top of the yellow sheet**
- **ALL 10 ROS must be reported**
- All obs notes/statements must be **timed** and signed.
- Calculate the number of hours of obs care at bottom of template
- **Residents can’t write obs notes**

How do I Code for Obs Care?

- Do NOT circle Level 1-5.
- Write “obs care” in coding box and coders will write the appropriate code number.
- Each E&M level of 3, 4, or 5 has an equivalent level of obs care called Low, Moderate or High complexity.
- You can help the coders by writing in the level of complexity. “Moderate complex obs care” for pts who would o/w be a level 4 and “High complex obs care” for pts who would o/w be a level 5.
- Obs billing generally results in 30-50% higher charges compared with regular E+M code.

Can I turn over an obs note to an oncoming physician?

- Yes. A second attending can complete the first attending obs note. Both of you share the credit for obs. If the second attending does not complete the note, all the work of the first attending will be wasted.