



Emergency Department
Observation Procedure Note

Initial Diagnosis/CC _____

1. Pt was placed in observation status pending re-evaluation after the following initial orders:

Initial orders:

- CT Scan _____
- Antiemetics _____
- Rehydration _____
- Pain Control _____
- Neurological Checks _____
- Labs _____
- Other: _____

If the beginning of Observation period does not coincide with initial ED H&P, please write initial observation H&P here

Signature _____ ID _____

Date _____ Time _____

Signature _____ ID _____ Date _____ Time _____

2. Periodic Observation Continuation Notes (Repeat Examination and continued treatments):

Note 1 _____

Signature _____ ID _____ Date _____ Time _____

Note 2 _____

Signature _____ ID _____ Date _____ Time _____

Note 3 _____

Signature _____ ID _____ Date _____ Time _____

3. Observation Discharge Note

Discharge exam, lab, and imaging results, consultations, disposition, and total observation time

Signature _____ ID _____ Date _____ Time _____

Total Observation Time: _____

4. Final Diagnosis _____ 5. Final Disposition _____