



EM2C354

**Emergency Department
Observation Procedure Note**

Initial Diagnosis/Chief Complaint _____

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

Initial orders:

- CT Scan _____ Pain control _____
- Antiemetics _____ Neuro Checks _____
- Rehydration _____ Labs _____
- Other _____

Signature _____ **ID#** _____ **Date** _____ **Time** _____

2. Periodic Observation Continuation Notes
Continued observation exam and continued treatments:

Signature _____ **ID#** _____ **Date** _____ **Time** _____

3. Observation Discharge Note
Discharge exam, lab, and imaging results, consultations, disposition, and total observation time

4. Final Diagnosis _____

5. Final Disposition _____

Total Physician Observation Time _____

Signature _____ **ID#** _____ **Date** _____ **Time** _____