

Subject:
Emergency Department Observation

Effective Date:
July, 2010

Reviewed/Revised as of:

Scheduled Revision:
July, 2011

Definition:

Observation care is used when the initial physician evaluation does not reveal an immediate disposition and continuing treatment/work up are needed to determine the patient's disposition. If it is apparent, after initial physician evaluation that a patient is definitely going to be admitted or discharged then observation care is not appropriate. Placement of a patient on observation care is a clinical decision made by the ED physician on a case by case basis.

POLICY:

1. After initial or subsequent evaluation by the emergency department physician a patient may be placed on observation care.
2. Observation care is ordered for patients who meet observation care criteria and who will have an anticipated length of stay in the emergency department in excess of approximately three hours.
3. Patients placed on observation care must have a minimum of three physician statements which include (at a minimum)
 - a. The initial order and rationale for placing the patient on observation care
 - b. A minimum of one continuation note documenting the patient's clinical condition as well as any required continued treatments/tests while the patient remains on observation care. At a minimum, one continuation note must be completed during each attending physician shift.
 - c. An observation discharge note identifying the results of ordered tests/procedures, final patient evaluation and disposition (discharge or admit).

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4. As soon as a decision is made specific to patient disposition (admit or discharge) the observation order status should be completed and a note timed and dated reflecting this decision.
5. Patients who are awaiting a test/procedure while in the emergency department but do not require any clinical care and/or reevaluation during their emergency department visit are not appropriate for observation care.
6. This is a non exclusive list of patients who should, on an individual basis, be considered for observation status:
 - a. Coronary CT patients whose result will determine admission or discharge
 - b. COPD/Asthma patients requiring multiple reevaluations
 - c. Abdominal pain and/or gastrointestinal complaints requiring multiple reevaluations, IV fluids, antiemetics, pain management and/or awaiting results of a CT with contrast whose result will determine admission or discharge
 - d. Allergic reaction patients anticipated to be reevaluated over at least three hours whose reevaluation will determine admission or discharge
 - e. Pediatric croup patients requiring at least three hours in the emergency department with multiple reevaluations whose reevaluation will determine admission or discharge
 - f. Toxicology patients requiring multiple reevaluations and/or neurological checks whose reevaluation will determine admission or discharge
 - g. Acute pain patients (back pain) requiring multiple pain medications and/or MRI and/or neurology/neurosurgery consultation whose results/reevaluation will determine admission or discharge.

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7. Once an observation order has been placed it should not be cancelled unless it was entered in error. Coders will determine, base upon chart review, if it is appropriate to generate an observation charge.