OBS UNIT ADMISSION CHECKLIST

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1. Obs Admission Order Set (EPIC)
    - KCH OBS Protocols
2. Medication Reconciliation
    - Contact the patient's pharmacy to confirm the timing/dose of each medication if the patient does not have meds physically with them.
    - Restart medications that you would expect them to continue taking at home (BP meds, ASA, Statin, diabetic meds, unless specifically contraindicated).
3. Nursing Orders:
    - Vitals q4 (depending on specific patient/obs criteria)
    - Fingerstick for diabetics q8 hours or premeal + AM/PM unless protocol under which patient was admitted dictates otherwise
    - Telemetry/Cardiac Monitor order (if indicated for specific Obs protocol: Anaphylaxis/Angioedema, Acute Heart Failure, Afib, Chest Pain, Syncope/Presyncope, Arrhythmogenic electrolyte derangements, Transfusion)
    - IV heplock
    - Notify Provider [BP, HR, SaO2, Temp]
    - Daily weights
    - Strict I/Os
    - Morning labs
    - Wound care
    - Activity order: out-of-bed-to-chair for all ambulatory patients
    - Diet order vs. NPO
4. Routine Medication Orders:
    - Restart all home medication if not contraindicated for specific OBS diagnosis
        - Hold antihypertensives if required by hypotension, sepsis, worsening clinical status
        - Hold diabetic meds if hypoglycemic, not eating/NPO
        - Hold metformin/other oral DM meds; preferred to use insulin in OBS unit
        - If AKI, hold nephrotoxic drugs: NSAIDs, angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs), and nephrotoxins (eg, aminoglycoside antibiotics, amphotericin, tenofovir, nephrotoxic chemotherapy).
        - Hold acetaminophen and statins if transaminitis or acute liver injury
        - Hold anticoagulation for bleeding, planned procedure
    - Diabetes specific orders:
        - Diabetics not on home insulin: hold oral diabetic medication
        - Aspart insulin sliding scale coverage
        - Aspart insulin premeal TID [(0.3 to 0.5)U/kg / 2] /3
        - Insulin detemir long-acting (0.3 to 0.5)U/kg / 2 @bedtime
        - Fingerstick TID with meals and AM/PM

    - Diabetic Diet
- Hypoxemia
    - Supplemental oxygen (nasal cannulae, venti mask, NRB, BIPAP, etc; must include instructions, “maintain SaO2 >92%”)
    - Pulse oximetry (constant; required for all patients on supplemental oxygen; ensure the nurse places it at the bedside)
- Pain Management (any cause)
    - Ensure PRN medication for MILD pain
    - Ensure PRN medication for MODERATE pain
    - Ensure PRN medication for SEVERE pain
    - Consider PRN TOPICAL medication for MILD-MODERATE pain
    - Senna, Psyllium, Miralax (*critical for any patient on opioids*)
- DVT prophylaxis (Lovenox 40qdaily or Heparin 5000mg q8hr if AKI/CKD/ESRD)
    - Use “.dvtppx” dotphrase from Robby Allen to assist with risk stratification and choice of anticoagulation agent

APPENDIX A. THROMBOSIS RISK ASSESSMENT[1]

Choose all that apply.

Risk Factors: 1 point each	***Risk Factors: 2 points each***	***Risk Factors: 3 points each***
❑ Age ≥ 70 ❑ Heart and/or respiratory failure ❑ Acute MI and/or ischemic stroke ❑ Acute infection and/or rheumatologic disorder ❑ Obesity (BMI ≥ 30) ❑ Ongoing Hormonal treatment	❑ Recent (≤1 month) trauma and/o surgery	❑ Active cancer ❑ Previous VTE* ❑ Reduced mobility ❑ Known thrombophilic condition
Subtotal:	Subtotal:	Subtotal:
Total:		

*****excludes superficial vein thrombosis

APPENDIX B. Bleed RISK ASSESSMENT[2]

Please note: all bleeding contraindications are RELATIVE, not absolute, except as noted

Contraindications to Pharmacological Prophylaxis	*Contraindications to Mechanical Prophylaxis*
❑ Bleeding in 3 months before admission ❑ Surgery or severe trauma to head, spinal cord, or extremities with hemorrhage in the last 4 weeks ❑ Active gastroduodenal ulcer ❑ Platelet count < 50,000/mm ❑ Hepatic failure (INR >1.5) ❑ At high risk for bleeding according to clinical judgment ❑ Receiving therapeutic anticoagulation	❑ Severe peripheral vascular disease ❑ Acute DVT ❑ Severe lower extremity ulcers ❑ Heart failure

Recommendations
❑ **Score ≥ 4 (appendix A) and not at increased risk of bleeding (appendix B): Pharmacologic Prophylaxis** ❑ Weight-based LMWH according to hospital guidelines if no other contraindication* ❑ **Score ≥ 4 (appendix A) and at increased risk of bleeding (appendix B): Mechanical Prophylaxis** ❑ Intermittent pneumatic compression (IPC) ❑ **Score ≤ 3 (appendix A): No prophylaxis, encourage ambulation**

*if history of heparin-induced thrombocytopenia, avoid LMWH or heparin products, consider fondaparinux

5. Other General Orders:
    - Diet (regular, low sodium, heart-healthy, diabetic, renal, etc)
    - NPO order
    - PT/OT consult
    - Social Work consult
    - Code status (Full code vs DNR/DNI)
        - DNR/DNI
6. Disposition:
    - Discharge order

- Discharge note with hospital course (brief summary of course or care, pertinent results, consultant recommendations, medication changes, plan for discharge)
- Discharge medication reconciliation
- New discharge medication
- Follow up appointments
- Transportation form if necessary (EPIC workflow)
    - Transportation

Reference:

1. Kahn, Susan R., et al. "Prevention of VTE in nonsurgical patients: antithrombotic therapy and prevention of thrombosis: American College of Chest Physicians evidence-based clinical practice guidelines." Chest 141.2 (2012): e195S-e226S.
2. https://www.uptodate.com/contents/overview-of-the-management-of-acute-kidney-injury-aki-in-adults?search=acute%20kidney%20injur&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H144474721
3. https://www.uptodate.com/contents/drug-induced-liver-injury?search=hepatotoxic%20drugs&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H156230473
4. http://clinicalmonster.com/wp-content/uploads/2020/01/ALL-Observation-Protocols-12192019.pdf