

# ED OBSERVATION UNIT: MALIGNANCY WORKUP PROTOCOL

## NYC H+H KINGS COUNTY HOSPITAL CENTER

*General Observation Guidelines apply for all ED observation patients. Protocol deviation may occur at the treating attendings discretion*

### **INCLUSION CRITERIA**

- ED workup concerning for new malignancy diagnosis
- Patient is able to make their own decisions regarding treatment, or has a clear surrogate/decision maker
- Patient does not have outpatient oncology established

### **EXCLUSION CRITERIA**

- Active infection or SIRS positive
- Blast crisis
- Evidence of life-threatening complication (obstruction, tumor lysis syndrome, CNS metastasis, cord compression, evidence of end organ damage, concomitant infectious process, blast crisis, etc.)
- Initiating chemotherapy or radiation therapy this visit
- Patient has an outside oncologist and has already initiated treatment at another NY based institution
- Meets Milliman criteria for electrolyte abnormality admission <sup>1</sup>

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***INTERVENTIONS***

- Heme/Onc evaluation
- Primary care consultation (EPIC Chat Dr. David Stevens and Dr. David Little).  
Medicine consultation on weekends.
- Care management and Social Work Consult
- CT and MRI imaging as indicated
- Initiation of outpatient medications for long-term risk reduction (HTN, DM, HLD, etc.)
- IV hydration as indicated
- Pain control as indicated

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DISPOSITION	
<b>Home:</b> <ul style="list-style-type: none"> <li>• Patient remains hemodynamically stable</li> <li>• Appropriate follow up is arranged</li> </ul>	<b>Admission:</b> <ul style="list-style-type: none"> <li>• Patient to start inpatient chemotherapy or radiation therapy</li> <li>• Imaging modality required that will not occur within 72 hours of being placed on Observation</li> <li>• Life threatening complication</li> <li>• Intractable pain</li> <li>• Unable to correct electrolytes despite Observation Care</li> </ul>

## Appendix

### 1) Milliman Electrolyte abnormality Criteria for admission

- Sodium less than 130 mEq/L (mmol/L) (new); Sodium less than 135 mEq/L (mmol/L) with severe finding (eg, Altered mental status, seizures); Sodium greater than 155 mEq/L (mmol/L); Sodium greater than 150 mEq/L (mmol/L) with severe finding (eg, Altered mental status, seizures)
- Potassium less than 2.5 mEq/L (mmol/L); Potassium less than 3 mEq/L (mmol/L) with severe finding (eg, weakness, arrhythmia, cardiac conduction disturbance); Potassium greater than 6.5 mEq/L (mmol/L); Potassium greater than 5 mEq/L (mmol/L) with severe finding (eg, ECG findings, acute worsening of renal function, weakness)
- Calcium less than 7 mg/dL (1.75 mmol/L) or ionized calcium less than 3.2 mg/dL (0.8 mmol/L) not corrected to near normal or near chronic baseline despite observation care treatment; Calcium less than 8.6 mg/dL (2.15 mmol/L) or ionized calcium less than 4.65 mg/dL (1.16 mmol/L) with severe finding requiring inpatient management (eg, Altered mental status, seizures, arrhythmia, cardiac conduction disturbance); Calcium greater than 14 mg/dL (3.5 mmol/L) or ionized calcium greater than 10.0 mg/dL (2.50 mmol/L) not corrected to near normal or near chronic baseline despite observation care treatment<sup>(13)</sup>; Calcium greater than 12 mg/dL (3 mmol/L) or ionized calcium greater than 8.0 mg/dL (2.0 mmol/L) with severe finding requiring inpatient management (eg, Dehydration that is severe or persistent, Altered mental status, arrhythmia, cardiac conduction disturbance)

*Last updated 01/03/2024  
Reviewed by Drs. Doukas, Youssef, Taft,  
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