

# **ED OBSERVATION UNIT: TRAUMA OBSERVATION CLINICAL GUIDELINES NYC H+H KINGS COUNTY HOSPITAL CENTER**

## ***INTRODUCTION***

Trauma Observation Unit (OU) - a monitored unit, located in CG-105, that accepts patients who present in the hospital's Emergency Department (ED) who do not meet admission criteria but would benefit from a greater period of evaluation and treatment than feasible in the ED. The OU functions under the administrative oversight of the Chief of Emergency Medicine.

## ***PURPOSE/SERVICE GUIDELINE***

To provide observation, diagnosis and stabilization of trauma patients from the ED for whom diagnosis and a determination concerning admission, discharge or transfer cannot be accomplished within 8 hours but can be reasonably expected within 47 hours. The length of stay (LOS) in the OU is calculated beginning with time the ED physician's order assigns the patient to the OU. The patients are observed in the OU under the Trauma service care for a time period not to exceed a 47 hour stay, with a minimal LOS in the unit 8 hours.

## ***TRAUMA OBSERVATION OPERATIVE GUIDELINES***

1. A consult from the Trauma service **MUST** be obtained prior to the patient being admitted and transferred to the OU.
2. Emergency Department physician completes ED patient chart.
3. **The ED attending physician gives patient handoff to ED-OBS resident for patient safety and unit awareness (not for management).**
4. ED nurse or physician calls the OU to check bed availability.
5. Managed by the Trauma Consult Resident or PA
6. The on-call Trauma Attending will supervise the consult resident/ PA for all surgical issues being observed in the unit as noted with the Surgical Indications above.
7. The surgical service is responsible for writing an initial/consult note, standing orders for the patient while in the OU, and the discharge documentation if that is the patient's ultimate disposition.
8. All laboratory and other test results must be back within the allotted time of less than 47 hours from OU arrival.
9. Patients requiring treatment beyond the 48 hr. observation limit must be admitted to the supervising service.
10. The OU clerk will schedule follow-up clinic visit appointments as requested.
11. All procedures to be done in the CCT suite excluding suturing and wound care.

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<b><i>SURGICAL DIAGNOSIS</i></b>	<b><i>INCLUSION CRITERIA</i></b>	<b><i>EXCLUSION CRITERIA</i></b>
Head Trauma	<ol style="list-style-type: none"> <li>1. Concussion with persistent symptoms</li> <li>2. Blunt Head Trauma with use of anticoagulants</li> </ol>	<ol style="list-style-type: none"> <li>1. Unstable vital signs or clinical condition</li> <li>2. Multi-system trauma</li> <li>3. Focal Neurological deficit</li> </ol>
Rib Fractures	<ol style="list-style-type: none"> <li>1. Isolated ribs Fracture</li> </ol>	<ol style="list-style-type: none"> <li>1. Associate Hemothorax or Pneumothorax</li> <li>2. Age &gt; 65</li> <li>3. Associated injuries</li> </ol>
Pneumothorax	<ol style="list-style-type: none"> <li>1. Lung collapse <math>\leq</math> 10%, occult on CT</li> </ol>	<ol style="list-style-type: none"> <li>1. Unstable VS or unstable clinical condition</li> <li>2. Need for chest tube placement</li> <li>3. Rib fractures</li> </ol>

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<b><i>SURGICAL DIAGNOSIS</i></b>	<b><i>INTERVENTIONS</i></b>	<b><i>DISCHARGE</i></b>	<b><i>INPATIENT ADMISSION/O R</i></b>
Head Trauma	<ol style="list-style-type: none"> <li>1. Monitor Vital Signs and Mental Status</li> <li>2. Serial Neuro Checks (Q1h-Q4h depending on clinical status)</li> <li>3. Pulse Oximetry if indicated</li> <li>4. Consider Neurology consultation for post-concussive syndromes</li> </ol>	<ol style="list-style-type: none"> <li>1. Baseline Mental Status</li> <li>2. No focal neurologic deficits</li> <li>3. Able to ambulate and tolerate PO</li> <li>4. Stable VS</li> </ol>	<ol style="list-style-type: none"> <li>1. New focal neurologic deficit</li> <li>2. New onset decrease in mental status</li> <li>3. Hemodynamic instability</li> </ol>
Pneumothorax (<10-15%)	<ol style="list-style-type: none"> <li>1. Repeat Chest X-ray in 6-8 hours</li> <li>2. Nasal O2 4L/min</li> <li>3. May have regular diet as tolerated.</li> </ol>	<ol style="list-style-type: none"> <li>1. No progression and VS and O2 sat remains stable</li> <li>2. Appointment to Thoracic Surgery or Trauma clinic in 1 week.</li> <li>3. Return to ED if symptoms, e.g. increasing pain, SOB, etc.</li> </ol>	<ol style="list-style-type: none"> <li>1. Deterioration of clinical condition</li> <li>2. Increase in pneumothorax, insert chest tube with water seal drainage</li> </ol>

***ADMISSION TO TRAUMA INPATIENT SERVICE***

During the observation period (47 hours) should patients need hospitalization, they will be admitted to the Trauma inpatient unit, by using the existing admission flow (see Admission Flow Policy).