

ED OBSERVATION UNIT:

Inability to Ambulate GUIDELINES

NYC H+H KINGS COUNTY HOSPITAL CENTER

General Observation Guidelines apply for all ED observation patients.

INCLUSION CRITERIA

- The **etiology** for the patient's inability to ambulate **must be known** prior to being placed on Observation, **or a plan for safe diagnosis** must be implemented at the time of disposition to Observation.
- Acute **life and limb threatening pathology must be ruled out** prior to disposition to Observation. *Ex: limb ischemia, deep tissue infections, compartment syndrome, acute cord compression etc.*
- Patient must meet the General Observation guidelines inclusion and exclusion criteria

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EXCLUSION CRITERIA

- An acute exacerbation of chronic pain requiring significant parenteral opioid analgesia
- Unstable or significantly abnormal vital signs (*may include*: HR \geq 110, SBP \geq 220 or \leq 90, DBP \geq 110, RR \geq 30)
- New onset neurological symptoms
- Acute alcohol withdrawal or history of withdrawal seizure with last drink in the last 24-48 hours
- Exacerbation of psychiatric condition (i.e. psychosis, concern for threat to others or patient him/herself) or severe behavioral disorder
- Two or more uncontrolled co-morbid conditions (i.e. worsening CKD and uncontrolled DM now requiring insulin and teaching)
- Pelvic/Hip fractures, or diagnosis that would indicate admission or observation under the trauma service
- Worsening malignancy/hospice evaluation or initiating end of life care

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INTERVENTIONS

- Escalation of imaging/sub-specialty consultation if etiology causing inability to ambulate is unclear
- “Fall Precautions” order
- 1:1 for high risk patients
- Turn patient q2 hours
- Activity orders where applicable for: assistance with meals, walking with assistance, up to chair
- Order Bed rest
- Physical Therapy Evaluation
- Occupational Therapy Evaluation when indicated
- Social Work and Case Management Evaluation
- Pain control as indicated
- DVT prophylaxis as indicated
- Home medications as indicated for comorbid conditions

Last updated xx/xx/xxxx
*Reviewed by ******

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DISPOSITION

Discharge:

- Stable vital signs
- Etiology of inability to ambulate identified or critical diagnoses ruled out and follow up plan is in place.
- Safe discharge location
- Benign observation course
- Appropriate and adequate follow up plan

Admission:

- Unstable vital signs
- Significant testing abnormalities
- Significant complication
- PO intolerance
- Unsafe home environment, inability to provide self-care, and difficulty being placed
- Another acute process becomes apparent that requires hospitalization
- Does not meet discharge criteria after observation period