What Do I Need to Know about Caring for Patients under Observation

- **How long can a patient stay under observation?**
  Up to 24 hours. But anytime a patient has clear inpatient needs or diagnosis, then admit. You should have a general idea of the dispo before 24 hours.

- **What do I need to do to get a patient into observation?**

  OBS
  - **FIN**: Same FIN if coming from ED. New FIN if coming from outpatient.
  - **Place in Observation** + general orders (vitals, diet, activity) but not Admit to Inpatient
  - **Admission Meds/Orders Reconciliation**
  - **History & Physical**

- **What orders do I need to convert patient from observation to inpatient?**

  - **Consult to UR:** Will need documentation of why patient needs inpatient care. Must pass Interqual or have justification.   UR   IQ
  - **Request for Admit** order
  - **Admit to Inpatient** order
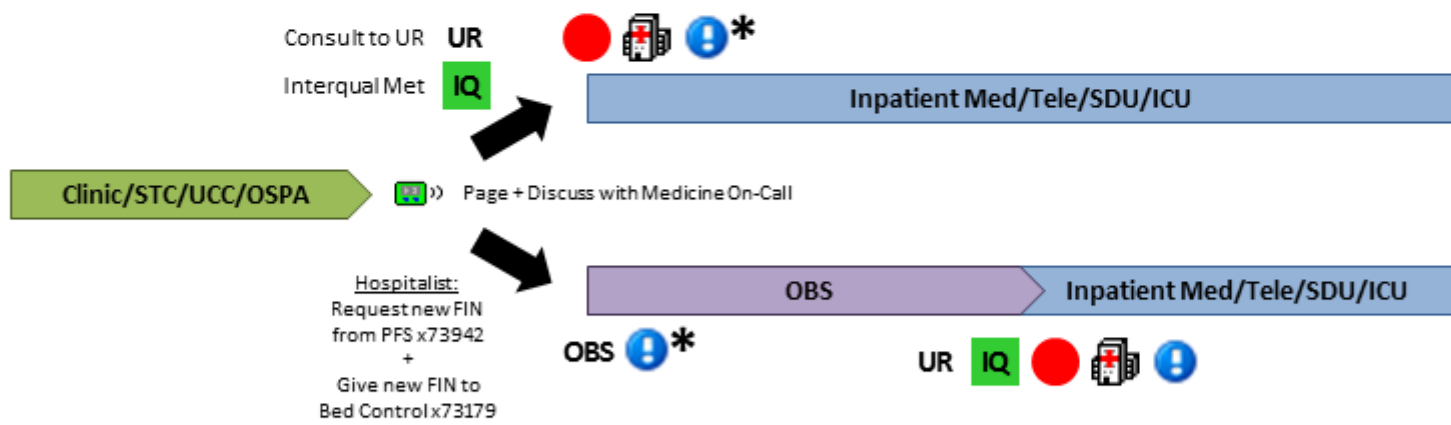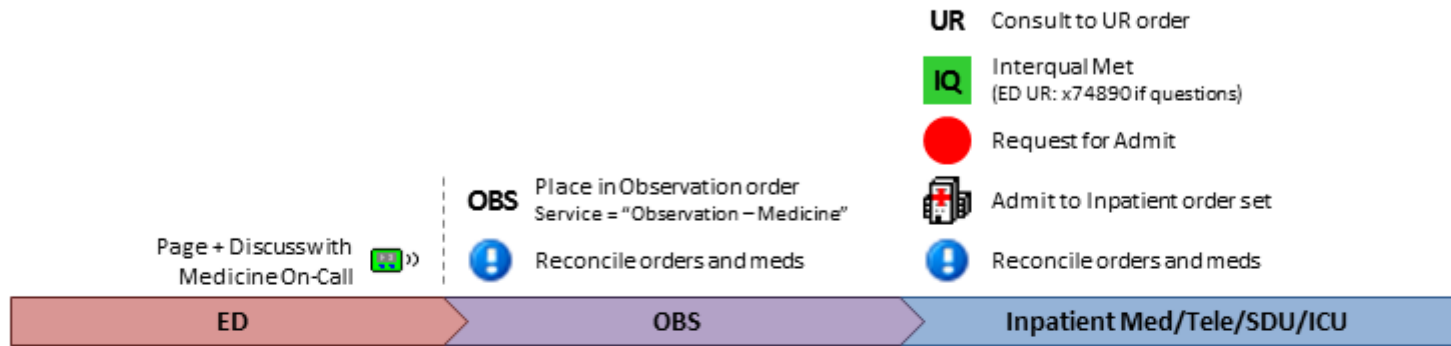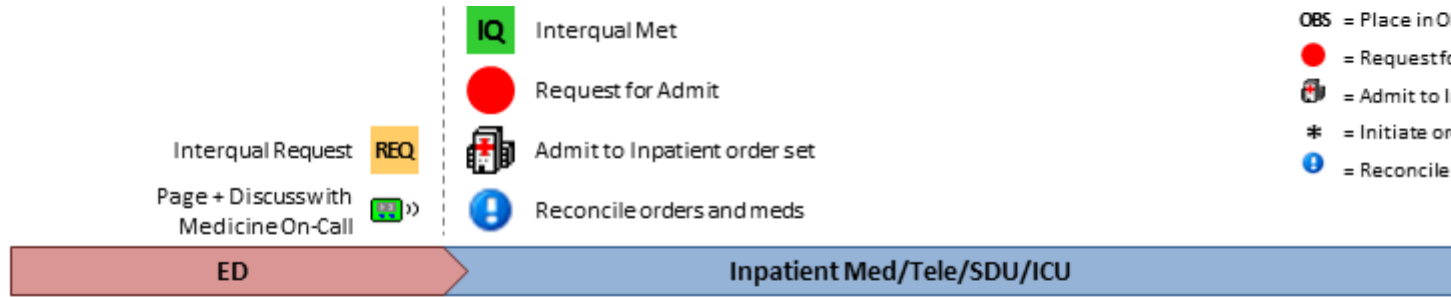 - **Reconcile Meds/Orders:** Existing orders carry over

  (no new H&P if one exists, but at least a progress note for the day)

Admission Workflow

LEGEND
➡ = new FIN
UR = Consult to UR order
IQ = Interqual Met
📟 = Page/Sign-out to accepting team
OBS = Place in Observation order
🔴 = Request for Admit order
🏥 = Admit to Inpatient order set
✳ = Initiate orders once patient arrives
ℹ = Reconcile orders and medications

IQ Interqual Met
🔴 Request for Admit
🏥 Admit to Inpatient order set
ℹ Reconcile orders and meds

Interqual Request REQ
Page + Discuss with Medicine On-Call 📟

ED → **Inpatient Med/Tele/SDU/ICU**

UR Consult to UR order
IQ Interqual Met (ED UR: x74890 if questions)
🔴 Request for Admit
🏥 Admit to Inpatient order set
ℹ Reconcile orders and meds

OBS Place in Observation order Service = "Observation – Medicine"
ℹ Reconcile orders and meds

Page + Discuss with Medicine On-Call 📟

ED → **OBS** → **Inpatient Med/Tele/SDU/ICU**

Consult to UR **UR**
Interqual Met **IQ**

🔴 🏥 ℹ ✳

Inpatient Med/Tele/SDU/ICU

Clinic/STC/UCC/OSPA 📟 Page + Discuss with Medicine On-Call

Hospitalist:
Request new FIN from PFS x73942
+
Give new FIN to Bed Control x73179

OBS ℹ ✳

OBS → **Inpatient Med/Tele/SDU/ICU**

UR IQ 🔴 🏥 ℹ

Reminder about FIN's

When **<u>new FIN</u>** is required for
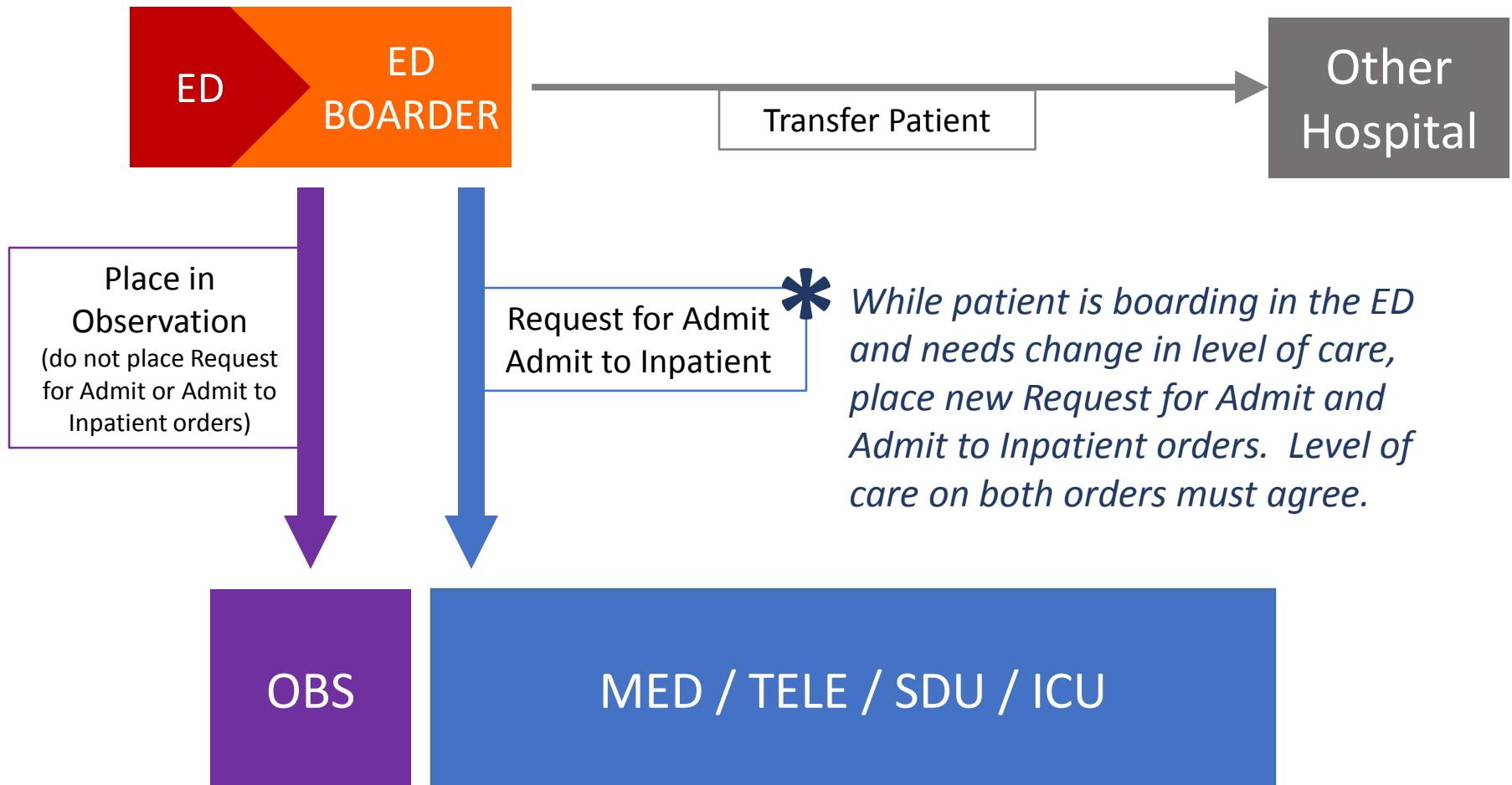Inpatient or Observation Admission,
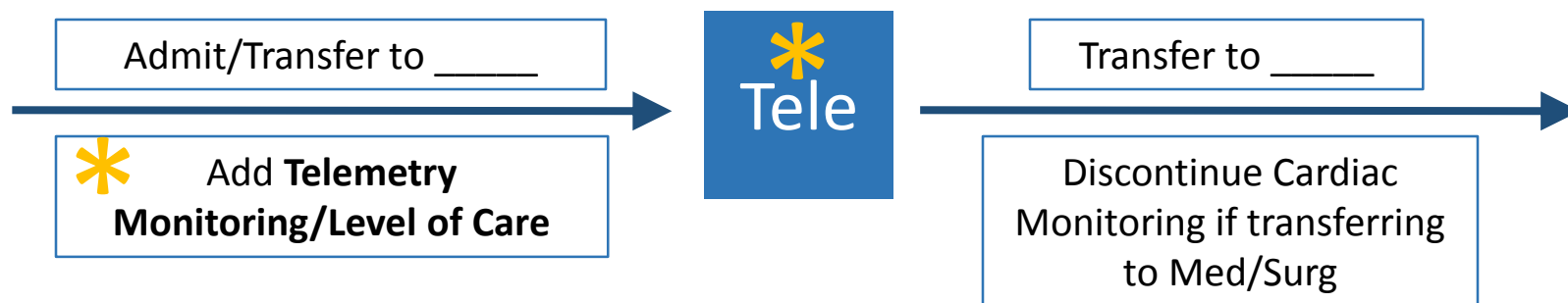
Use the New FIN

for

signing up as the primary contact

all physician orders

documentation

Call PFS (x73942) to create new FIN (usually done by hospitalist).
Call Nursing / Bed Control (x73179) if questions about which FIN to use.

Patient Flow Reminders:
"Transferring" Patient as ED Boarder

ED → ED BOARDER → **Transfer Patient** → Other Hospital

Place in Observation
(do not place Request for Admit or Admit to Inpatient orders)

Request for Admit
Admit to Inpatient

* *While patient is boarding in the ED and needs change in level of care, place new Request for Admit and Admit to Inpatient orders. Level of care on both orders must agree.*

OBS

MED / TELE / SDU / ICU

Patient Flow Reminders: Telemetry

Admit/Transfer to _____

Tele

Transfer to _____

* Add **Telemetry Monitoring/Level of Care**

Discontinue Cardiac Monitoring if transferring to Med/Surg

Example:

Class I (72 hours): Mild – Moderate Heart Failure

Class II (28 hours): Chest pain, Stroke, Syncope

Class III (24 hours): Electrolyte abnormality

SDU ICU

Note: Cardiac Monitoring should be included by protocol for patients in Step Down and ICU

Telemetry

OLIVE VIEW-UCLA MEDICAL CENTER
5C TELEMETRY USAGE GUIDLEINES

Based on AHA/ACC guidelines, see reference at: http://circ.ahajournals.org/content/110/17/2721.full

Instructions:

1. Telemetry *is not a replacement for a higher level of nursing care.* This does *not* apply to patients in ICU or SDU.
2. This is to be used as a reference by:
   - Physicians when *ordering* or *renewing* telemetry for patients admitted to the 5C Telemetry unit and entering the appropriate information in the "Special Instructions" field of the order,
   - Bed Flow Nurses to review the "Special Instructions" field on an order being placed by a patient for admission or transfer to 5C Telemetry Unit
   - 5C Telemetry Nurses to review the incoming and current patients with regard to their indications and length of telemetry
3. *Telemetry is continuous* (including for transport off floor) *until discontinued.*

Class I (Valid for **72 hours**) --CONSIDER SDU OR ICU LEVEL OF CARE, IF INDICATED—

- Mild – Moderate Heart Failure (Requiring IV Diuretics)
- Hemodynamically Stable Arrhythmia (HR >45 & <150 bpm):
  - Atrial Fibrillation/Flutter (AF),
  - Non-Sustained Ventricular Tachycardia (NSVT), or
  - Other non-sustained Supraventricular Tachycardia (SVT)
- Following Percutaneous Coronary Intervention (PCI)/Cardiac Catheterization
- QTc prolongation (>460 ms in women, >450 ms in men)
- Hemodynamically stable (HR >45 bpm) Atrioventricular (AV) Block (consider SDU/ICU for 3rd degree)
- Drug overdose with arrhythmic potential:
  - Digitalis, Tricyclic Antidepressants, Phenothiazines, Antiarrythmics

Class II (Valid for **48 hours**):

- Transfer from ICU or SDU after Acute Coronary Syndrome (STEMI/NSTEMI) or cardiac/respiratory arrest
- Chest pain requiring inpatient evaluation (troponin < 0.8, no significant ECG changes)
- Stroke
- Syncope (true loss of consciousness)
- Post-operative patients with presumptive or confirmed obstructive sleep apnea
- Cardiac contusion, myocarditis or pericarditis
- Initiation/adjustment of antiarrhythmic medications

Class III (Valid for **24 hours**):

- Electrolyte abnormality requiring cardiac monitoring but not requiring higher level of care due to underlying process such as diabetic ketoacidosis
- Following pacemaker placement or cardioversion
- Asthma/COPD Exacerbation with hypoxemia (spO2≤95%) despite high flow O_2 treatment

Lab Reminders

Collection Priorities

- AM Draw

- Routine

- ~~Time Routine = for nurse collection only (not for phlebotomy)~~

- STAT

- Timed STAT

- Add

Routine Draw Times

- 0400 = AM Priority

- 1000

- 1300

- 1700

- 2100

- 0000

Tip: Group tests into fewer collection times
→ less needle sticks, less demand on phlebotomy

Tip: Sign lab orders all at once → less labels, less tubes of blood

Routine lab tests default to the next collection time

CBC

BMP

TSH
A1c

0000   0400   1000   1300   1700   2100   0000   0400

Routine Collection Times
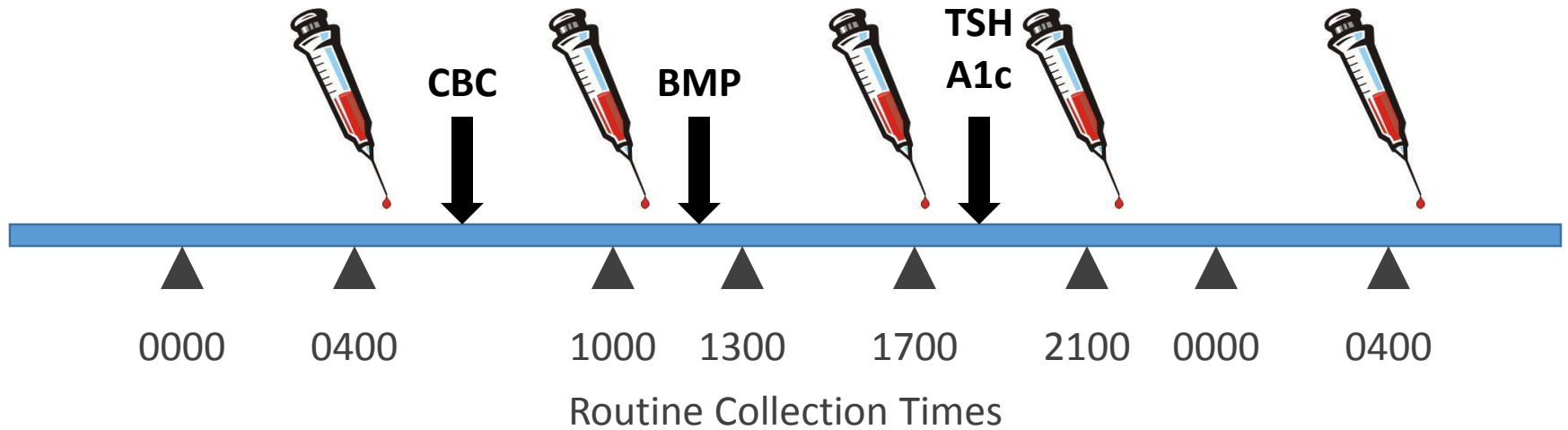
For routine test that can be delayed, change collection time to group the labs into less blood draws, e.g. next AM lab time

CBC

BMP

TSH
A1c

0000   0400   1000   1300   1700   2100   0000   0400

Routine Collection Times
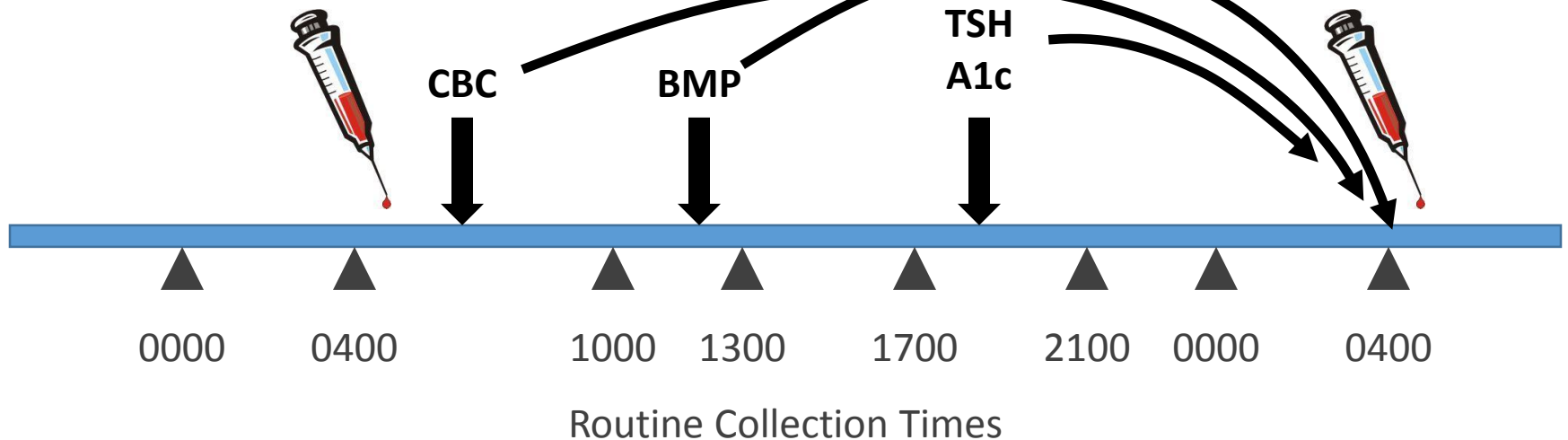
Lab Add-on

To add a lab test to a previous specimen, best practice is to:

A. Just order the lab as with "Add" priority

B. Call the lab before placing the order

C. Screw it! Phlebotomize the patient again

Call the lab at x7376 (Main General Lab) or x74977 (ER Lab)
- Ask if it is possible to add on a lab
- Lab tech will ensure an adequate specimen exists
- Then place the order with "Add" priority
- Lab will print the lab sticker and process it

Lab Reminders

- For <u>ED Boarders</u> needing non-STAT labs (e.g. AM labs): Remove the location on lab orders
(in case the patient gets a bed, the ED Boarder location on the lab order may not get transmitted to the appropriate phlebotomist)

Lab Reminders

You suspect a patient has pyelonephritis and want a UA and Urine Culture. Which labs do you order?

A.   Urinalysis w/ Micro, if ind   ⟶   UA only (micro = microscopy!)

B.   Urine Culture   ⟶   Urine culture only

C.   Both A and B

Also, remember to set:
Nurse Collect: Yes
Future Order: No (if doing as inpatient)

Useful Order Sets

	MED TB Sputum AFB Bundle	
	MED Sepsis Screening and Management Bundle	Includes blood cultures, IVF bolus, lactate, antibiotics
	MED/SURG Blood Cultures	
	Blood Product Transfusion Greater Than 30 kg	Includes pRBC, Platelets, FFP (Plasma), Cryo, plus pre-medications*
	Heparin Drip ACS/Cardiac per Pharmacy	For ACS, heparin bolus @60 units/kg, heparin gtt @ 12 units/kg
	Heparin Drip DVT/PE per Pharamacy	For DVT/PE, heparin bolus @80 units/kg, heparin gtt @ 18 units/kg

*Be sure to Request the blood product and Transfuse for the nurse to give it

Useful Order Sets

🟨	**MED TB Sputum AFB Bundle**	
🟨	**MED Sepsis Screening and Management Bundle**	Includes antibiotic
🟨	**MED/SURG Blood Cultures**	
🟨	**Blood Product Transfusion Greater Than 30 kg**	Includes Cryo, plus
🟨	**Heparin Drip ACS/Cardiac per Pharmacy**	For ACS, heparin bolus @80 units/kg, heparin gtt @ 12 units/kg
🟨	**Heparin Drip DVT/PE per Pharamacy**	For DVT/PE, heparin bolus @80 units/kg, heparin gtt @ 18 units/kg

⚬	$	⚐	Component
MED TB Sputum AFB Bundle (Planned Pending)			

⊿ Patient Care

This order set should only be used to e...
every AFB smear. The standard Pulmon...
hours apart. This order set should not b...

Isolation Guidelines (refer to Appendix...
- Airborne: e.g. TB, measles
- Droplet: e.g. bacterial meningitis, me...
- Contact: e.g. MDROs, C. diff, RSV, he...
- Airborne and Contact: e.g. chickenpo...
(Note: Refer to hospital policy regardin...

☑ Patient Isolation Precautions

⊿ Laboratory

Immunology

☑ M. tuberculosis PCR with Rifampin Re...

Microbiology

☑ AFB Culture, Other Non Sterile-PHL.

⊿ Respiratory

☑ Sputum Induction

*Be sure to Request the blood product and Transfuse for the nurse to give it

Useful Orde

MED TB Sputum AI

MED Sepsis
Management B

MED/SURG Blood

Blood Product Tran
Greater Than 30 kg

Heparin Drip ACS/
per Pharmacy

Heparin Drip DVT/
Pharamacy

*Be sure to Request the blo

			Component	Status	Dose ...	Details
⊿			Fluids/Continuous Infusions			
			Patients with hypotension or with septic shock require a 30 mL/kg fluid bolus which must be initiated wit... not in septic shock may also benefit from a similar fluid bolus. If fluids are withheld for medically appropr... appropriately.			
☐			Sodium Chloride 0.9% (Sodium Chloride 0.9% bolus)			2,000 mL, IV Bolus, or as fast as possib
⊿			Medications			
			The choice of empiric antibiotic therapy for patients with severe sepsis/septic shock should always be gui... history and physical. Rapid testing may also be considered prior to administering antibiotics (e.g. CXR, uri...			
☐			MED Pneumonia Sepsis Antibiotics Subphase			
☐			ICU Abdominal / Pelvic Infection Severe Sepsis / Septi...			
☐			ICU Urinary Tract Infections Severe Sepsis / Septic Sho...			
☐			ICU Cellulitis / Skin Abscess Severe Sepsis / Septic Sho...			
☐			ICU Necrotizing Soft Tissue Severe Sepsis / Septic Sho...			
☐			ICU Neutropenic Fever Severe Sepsis / Septic Shock A...			
☐			MED Possible Endocarditis Severe Sepsis / Septic Shoc...			
☐			ICU Unknown Severe Sepsis / Septic Shock Antibiotics ...			
			SUSPECTED BACTERIAL MENINGITIS:			
☐			ICU Suspected Bacterial Meningitis Severe Sepsis / Sep...			
			For meningitis, add dexamethasone if high suspicion of Strep pneumonia:			
☐			dexamethasone			0.15 mg/kg, IV Pus
			Anti-pyretics			
☐			acetaminophen			1,000 mg, Oral, For ** Black Box Warni
☐			acetaminophen			650 mg, PR, Form: ** Black Box Warni
⊿			Laboratory			
			Blood Cultures and Lactate			
			Each Blood Culture order = one set (2 bottles: 1 aerobic & 1 anaerobic)			
☑			Blood Culture			Blood, Blood, Perip
☑			Blood Culture			Blood, Blood, Perip
☑			Lactate Level			Blood, Stat collect,
			Hematology			
☐			CBC w/ Diff			Blood, Stat collect,
			Chemistry			
☐			Basic Metabolic Panel			Blood, Stat collect,
☐			Comprehensive Metabolic Panel			Blood, Stat collect,
			Blood Gases			
☐			Blood Gas Venous w/ Chem OVM			Blood Gas, Stat col
			Coagulation			
☐			Prothrombin Time with INR			Blood, Stat collect,
☐			APTT (Partial Thromboplastin Time)			Blood, Stat collect,
			Pregnancy			
☐			HcG Qualitative, Urine (Pregnancy Urine)			Urine, Stat collect,
			Urine Studies			
☐			Urinalysis w/ Micro, if ind			Urine, Stat collect,
☐			Urine Culture			Stat collect, T;N, N
⊿			Radiology			
☐			XR Chest 1 View			T;N, Stat, Transpor

Useful Order Sets

🟨	**MED TB Sputum AFB Bundle**	
🟨	**MED Sepsis Screening and Management Bundle**	Includes antibioti
🟨	**MED/SURG Blood Cultures**	
🟨	**Blood Product Transfusion Greater Than 30 kg**	Includes
🟨	**Heparin Drip ACS/Cardiac per Pharmacy**	For ACS, heparin
🟨	**Heparin Drip DVT/PE per Pharamacy**	For DVT/ heparin
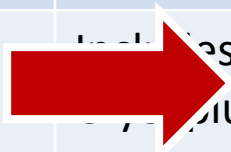
◄▌ �☑ 🚫 ➕ Add to Phase ▾ ⚠ Check Alerts 📖 Comments Start:

🔗	$	▽	Component
			Emergent Blood Products
		🖐	Call the Blood Bank directly to order emergency cover the administration of uncrossmatched blo
☐		📋	Emergent Blood Products Transfused - Retroact
			Red Blood Cell (Adult Unit)
		🖐	If transfusing for sickle cell disease, please ment
☐		📋	Red Blood Cell - Request to Blood Bank Type an
☐		📋	Red Blood Cells - Transfuse
			Plasma (Adult Unit)
☐		📋	Plasma - Request to Blood Bank
☐		📋	Plasma - Transfuse
			Platelets (Adult Unit)
		🖐	One platelet apheresis unit is equivalent to six in
☐		📋	Platelet - Request to Blood Bank
☐		📋	Platelets - Transfuse
			Cryoprecipitate
☐		📋	Cryoprecipitate - Request to Blood Bank
☐		📋	Cryoprecipitate - Transfuse
			Other
☐		📋	CBC w/ Diff
☐		📋	Prothrombin Time with INR
☐		📋	APTT (Partial Thromboplastin Time)
☐		📋	Fibrinogen

*Be sure to Request the blood product and Transfuse for the nurse to give it

Medication Reconciliation

Even if you're not writing the prescriptions, double check that your team member has written and sent the medications correctly.

Correct Medication	Correct Label (dose, route, frequency, quantity)	Electronic Routing to Correct Pharmacy

⊿ **Prescription**
⊿ **Active**

	acetaminophen (Tylenol 325 mg ...	Prescribed	325 mg = 1 tabs, Oral, Q6H, PRN pain, Do not exceed 4 gm per day, # 360 tabs, 0 Refill(s), Pharmacy: LA C
	ambrisentan (Letairis 10 mg oral t...	Prescribed	10 mg = 1 tabs, Oral, QDAY, # 30 tabs, 5 Refill(s), Pharmacy: LA CO ACN High Desert RHC
	diclofenac topical (diclofenac 1% ...	Prescribed	4 gm, Topical, QID, PRN knee pain, # 100 gm, 3 Refill(s), Pharmacy: LA CO OVMC OPD
	docusate (Colace 100 mg oral cap...	Prescribed	100 mg = 1 caps, Oral, BID, # 180 caps, 3 Refill(s), Pharmacy: LA CO OVMC OPD
	doxycycline (doxycycline monohy...	Prescribed	100 mg = 1 caps, Oral, BID, X 7 days, # 14 caps, 0 Refill(s), Pharmacy: LA CO OVMC OPD
	ferrous sulfate (ferrous sulfate 325...	Prescribed	325 mg = 1 tabs, Oral, QDAY, # 90 tabs, 0 Refill(s), Pharmacy: LA CO OVMC OPD
	fluticasone nasal (Flonase 0.05 mg...	Prescribed	1 sprays, Intranasal, BID, # 3 EA, 3 Refill(s), Pharmacy: LA CO OVMC OPD
	furosemide (Lasix 80 mg oral tablet)	Prescribed	80 mg = 1 tabs, Oral, BID, # 180 tabs, 3 Refill(s), Pharmacy: LA CO OVMC OPD
	gabapentin (gabapentin 300 mg o...	Prescribed	600 mg = 2 caps, Oral, BID, # 360 caps, 3 Refill(s), Pharmacy: LA CO OVMC OPD
	HYDROcodone-acetaminophen (...	Prescribed	1 tabs, Oral, Q8H, PRN pain, # 10 tabs, 0 Refill(s), Pharmacy: LA CO OVMC OPD
	levothyroxine (Synthroid 100 mcg ...	Prescribed	100 mcg = 1 tabs, Oral, QDAY, # 90 tabs, 3 Refill(s), Pharmacy: LA CO OVMC OPD
	ondansetron (Zofran 4 mg oral ta...	Prescribed	4 mg = 1 tabs, Oral, Q8H, PRN nausea/vomiting, # 10 tabs, 0 Refill(s), Pharmacy: LA CO OVMC OPD
▸	rivaroxaban (Xarelto 20 mg oral ta...	Prescribed	20 mg = 1 tabs, Oral, QPM, with evening meal, # 90 tabs, 1 Refill(s), Pharmacy: LA CO ACN High Desert R
	senna (senna 8.6 mg oral tablet)	Prescribed	17.2 mg = 2 tabs, Oral, Nightly, PRN constipation, # 100 tabs, 3 Refill(s), Pharmacy: LA CO OVMC OPD
	simvastatin (simvastatin 10 mg or...	Prescribed	10 mg = 1 tabs, Oral, Nightly, # 90 tabs, 3 Refill(s), Pharmacy: LA CO OVMC OPD
	spironolactone (spironolactone 50...	Prescribed	50 mg = 1 tabs, Oral, BID, # 180 tabs, 3 Refill(s), Pharmacy: LA CO OVMC OPD
	tadalafil (Adcirca 20 mg oral tablet)	Prescribed	40 mg = 2 tabs, Oral, QDAY, # 60 tabs, 5 Refill(s), Pharmacy: LA CO ACN High Desert RHC

Medication Reconciliation

To cancel or discontinue a medication, do you:

A. Right-click the order in ORCHID and cancel/discontinue

B. Call the pharmacist

C. Tell the patient

D. Document the change

Do all of these!
Discontinuing the order in ORCHID does not send a communication to pharmacy, so you have to call the pharmacy to make changes.
Make sure med changes are reflected in your documentation, including the auto-populated med list.

Medication Reconciliation: Outpt

Do not leave meds unreconciled!

Click "Acknowledge Remaining Home Meds" and then sign to complete the med rec task.

Update the Consolidated Problems:
Provider View > Inpt Discharge > Consolidated Problems

Update the Consolidated Problems:
Provider View > Inpt Discharge > Consolidated Problems

Add the new diagnosis
(Hopefully you have figured it out
by the time of discharge)

Update the Consolidated Problems:
Provider View > Inpt Discharge > Consolidated Problems

Update the Consolidated Problems:
Provider View > Inpt Discharge > Consolidated Problems

Problems address this visit appear in the discharge instructions

Paging Reminders

- Include your **callback number and pager number** and give sufficient time for the person to call you

- Answer nurse pages within **5 minutes**

- Call back nurse/lab for **critical results** within 5 minutes (required provider notification with call back and read back!)