### Confusion Observation Physician Orders

<table>
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<tr>
<th>Date &amp; Time</th>
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| Unacceptable Diagnosis for Observation: social admit, failure to thrive, dizziness, unable to care for self, needs placement, unable to ambulate, chronic... |

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<tr>
<th>Level of Care determination after Risk Stratification (Check One):</th>
<th>Observation</th>
<th>Admit (Use the appropriate admission order forms)</th>
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**IF PATIENT MEETS ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**

***DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART***

#### Admission Criteria (criteria that exclude the patient from observation level of care)
- □ Moderate/High Cardiac Risk Score (> 4 points)
- □ Abnormal Vital Signs: (SBP<90 or >220, DBP > 110, HR<50 or > 100; RR >24)
- □ Visual Hallucinations
- □ Elderly (>75 years old)
- □ Diagnostic EKG changes or positive biomarkers
- □ Acute Seizure
- □ Acute Headache
- □ Loss Coordination
- □ Focal Neurologic Findings

**PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION-CHECK APPLICABLE BOX(ES)**

***THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.***

#### Observation Criteria (including criteria that make observation level of care a possibility)
- □ Intermediate risk (i.e. patient almost has one or more of the above high risk criteria
- □ Confusion not clearing during ER evaluation
- □ Possible pathologic cause of the confusion

#### Observation Unit Disposition Decision

**DISCHARGE (All Criteria Present)**
- □ Benign observation course
- □ Stable vital signs
- □ Appropriate home environment

**ADMIT (Any Criteria Present)**
- □ Deterioration of clinical course
- □ Unstable vital signs
- □ Unstable dysrhythmia
- □ Diagnosis requiring inpatient admission
Non-Medication Orders

1. Cardiac Monitoring: Indication ______________
2. DX: Confusion; Altered Mental Status
3. Vitals: Every 4 hours
4. Diet (Check One): □ Regular □ Clear Liquids □ NPO □ ADA 1800 kcal/day □ Heart Healthy □ ADA 1800 kcal/day Heart Healthy □ 2 gram Na □ Pureed □ Other: ______________
5. Activity (Check One): □ Ambulate □ ad lib □ OOB to BR □ Ambulate with assist □ Other: ______________
6. □ Intake and Output q shift
7. □ Insert saline lock
8. Labs at _____ (Check Box(es)): □ CBC □ BMP □ other labs: ______________
9. □ O₂: ___ per liter/min nasal biprong; Other ______
10. □ Troponin I now and q6h for a total of 3 sets
11. □ EKG now, repeat in 6 hrs and PRN for chest pain or dysrhythmia
12. Notify MD for: HR < 55 or > 100
   RR < 12 or > 25
   Temp < 96 F or > 100.4F
   SBP < 100, SBP > 170, DBP > 120
   SaO₂ < 90%
13. □ Consult Dr. ___________________________ □ Level 1 Routine □ Level 2 Urgent (Call Physician)
   Reason for Consult: ______________

Medication Orders

1. □ IV fluids: _____________________________ @ ______ ml/hr x _____ liters
2. □ Tylenol (acetaminophen) 650 mg PO or PR every 6 hrs PRN Temp > 101F or mild pain (0.1 – 3 on the numeric pain intensity scale). If the patient is unable to take PO meds, administer a suppository per rectum instead. **DO NOT EXCEED 3 grams of acetaminophen in 24 hrs**
3. □ Pepcid (Famotidine ) 20 mg IV or PO twice daily. If the patient is able to take PO meds, give by the oral route. If unable to take PO meds, administer the injectable by IV route instead.
4. □ Nicotine Transdermal Patch □ 7 mg □ 14mg □ 21 mg apply one patch topically daily. Always remove the previous day’s patch before applying a new one. Do not apply the new one to the same site.
5. □ Zofran (ondansetron) 4 mg IV or PO every 6 hours PRN nausea/vomiting. If the patient is able to take PO meds, give by the oral route. If unable to take PO meds, administer the injectable by IV route instead.
6. Other Medications:

_____ / _______  ____________ ____________________
Date  Time  Physician Signature