### Headache Observation Physician Orders

**Date & Time**

- Unacceptable Diagnosis for Observation: social admit, failure to thrive, dizziness, unable to care for self, needs placement, unable to ambulate, chronic ...
  - *anything*

- Level of Care determination after Risk Stratification (Check One): [ ] Observation [ ] Admit (Use the appropriate admission order forms)

- 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)

- [ ] Acute dystrophi relevant neurologic exam
- [ ] Suspected meningitis
- [ ] Hypertensive emergency (diastolic > 120 with symptoms)
- [ ] Acute Seizure
- [ ] Loss Coordination
- [ ] Abnormal new acute findings on Head CT scan
- [ ] Abnormal LP (if performed)
- [ ] Tender temporal artery and/or grossly elevated ESR (if performed)
- [ ] Blocked VP shunt

#### 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 (inclusion criteria that make observation level of care a possibility)

- [ ] Parenteral pain medicine treatment in ER > once
- [ ] Headache not resolving during ER evaluation
- [ ] Possible pathologic cause of the headache

#### 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
  - [ ] No resolution of pain
  - [ ] Diagnosis requiring inpatient admission
**Headache Observation Physician Orders**

**Non-Medication Orders**

1. **Cardiac Monitoring:** Indication __________________
2. **DX:** Headache
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
   - 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. **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%
11. [ ] 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 14 mg 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:**

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**Date & Time**

**Headache Observation Physician Orders**

**Pharmacy Mnemonic: HEADOBS**

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**Date**

**Time**

**Physician Signature**

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**DOCTOR’S ORDERS**

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**BOTTOM EDGE OF PATIENT LABEL**

REV 11/12; SD40-3