

PHYSICIANS ORDER SHEET - EC OBSERVATION UNIT

ATTENTION PHYSICIAN: This preprinted form is available to facilitate patient care.
 Order items by checking the box in front of the item and / or completing the blanks where necessary.
 If additional items are needed, add them on the standard Doctors Order sheet (Form 280).

REASON FOR OBSERVATION : / EC OBSERVATION PLAN OF CARE

1. Initial Obs Unit ECP : _____ Time Contacted : _____
2. Private Physician : _____ Time Contacted : _____
3. • Print ECP Dictation ASAP
4. Allergies: _____
5. • Vital Signs per Routine
6. Activity : BRP Other _____
7. Respiratory : O2 per guidelines
8. Diet : Regular Cardiac _____ cal ADA
 _____ gm NA _____ liquid
9. TMS : NO YES (Patients on TMS may be transported to EC Obs unit without an RN)
10. Home medications - transcribe onto med sheet. ECP to review and order
11. CPR Status Order : Full CPR (Call CPR Team)
 No CPR (CPR team will not be called, no chest compressions will be initiated by unit staff in the event of cardiopulmonary arrest)

Page No. _____

 Attending Physician Signature

MEDICATION ORDERS AND ADMINISTRATION RECORD		Date	Date
12. <input type="checkbox"/> IV 0.9NS @ _____ ml/hr OR		0000	0000
		1200	1200
<input type="checkbox"/> Heparin Lock		0000	0000
		1200	1200
13. <input type="checkbox"/> Prochlorperazine (Compazine) 5 mg IV Push Q 6h PRN nausea OR		0000	0000
		1200	1200
<input type="checkbox"/> Trimethobenzamide (Tigan) 200 mg IM Q 6h PRN nausea		0000	0000
		1200	1200
14. <input type="checkbox"/> Acetaminophen (Tylenol) 975 mg PO Q 6h PRN pain or fever (maximum 4gm/24hrs)		0000	0000
		1200	1200
15. <input type="checkbox"/> Ibuprofen (Motrin) 600 mg PO Q 6h PRN pain or fever		0000	0000
		1200	1200
16. <input type="checkbox"/> Maalox 30cc PO PRN indigestion		0000	0000
		1200	1200
17. <input type="checkbox"/> Temazepam (Restoril) 15 mg PO QHS PRN sleep		0000	0000
		1200	1200

Sending ECP Signature		Dr. Page No.	Date	Time	Name & ID#	Name & ID#
Noted by Unit Secretary		Date	Time	Noted by R.N.	Date	Time



PATIENT ID STAMP

EC OBSERVATION UNIT CHEST PAIN TRACKING SHEET

	Time 0 = triage time (ECG, CKMB, Myo)*	4 hours (ECG, CKMB, Myo)	4hr - 0hr ** CKMB / Myo diff.	8 hours - if needed (CK, TnT, ECG)***
Time				
ECG				
CK (M<230, F<150)				
CK-MB (< 10ng/ml)				
CK-MB index (< 4.0%)				
Myoglobin (< 110ng/ml)				
Troponin T (<0.2ng/ml)				

* If 4 hour labs are sent, call lab to add Myoglobin to initial EC blood.
 **4hr - 0hr diff. = Myoglobin and CKMB change over 4 hours = Time 0 hr (EC) - 4 hr level
 *** 8 hour testing indicated if: (a) 4 hr test missed, (b) any Myoglobin elevated,
 (c) Myoglobin or CKMB are NORMAL but DOUBLES over 4 hours.

4 HOUR ECG: _____

Stress test (circle one): TIME DONE _____

GXT / GXT-MPI / PERSANTINE / GXT-Echo / Dobut.-Echo / NONE

Stress test results (circle one):

NORMAL / ABNORMAL / EQUIVOCAL - INDETERMINANT

FINAL Observation Unit diagnosis (circle one):

- MI
- Unstable angina
- Musculoskeletal chest pain
- Gastritis - esophagitis
- Anxiety disorder
- Other (write in) _____

NOT A PERMANENT PART OF THE MEDICAL RECORD

PATIENT OBSERVATION RECORD
EMERGENCY CENTER OBSERVATION UNIT
WILLIAM BEAUMONT HOSPITAL - ROYAL OAK

PRIVATE PHYSICIAN - _____ TIME CONTACTED - _____
REASON FOR OBSERVATION - (EC Obs Unit DX)

VITAL SIGNS (CIRCLE) - PER ROUTINE Q _____ HOUR

ACTIVITY (CIRCLE) - AD LIB / BRP / BEDREST / WITH ASSISTANCE
RESPIRATORY - O2:

DIET (CIRCLE) - REGULAR / CARDIAC / _____ cal ADA / _____ gm SODIUM / _____ LIQUID

TMS (CIRCLE) - NO / YES (PATIENTS ON TMS MAY BE TRANSPORTED TO EC
OBS UNIT WITHOUT AN RN)

EC OBSERVATION PLAN OF CARE:

- ESTIMATED LENGTH OF STAY (GOAL=3-18 HRS): _____
- RE-EVALUATE FOR DISCHARGE: _____