

CONFUSION PAIN RISK STRATIFICATION TOOL

UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)

IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.
ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)

- Moderate/High HCC cardiac risk score (> 4 points)
- Abnormal Vital Signs:
- (SBP <90 or >220, DBP >110, HR <50 or >100; RR >24)
- Visual Hallucinations
- Elderly (> 75 year old)
- Diagnostic EKG changes or positive biomarkers
- Acute Seizure (see seizure obs order set)
- Acute Headache (see headache obs order set)
- 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 (inclusion 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

Benign observation course	All criteria present	DISCHARGE
Stable vital signs		
Appropriate home environment		
Deterioration of clinical course	Any criteria present	ADMIT
Unstable vital signs		
Unstable dysrhythmia		
Diagnosis requiring inpatient admission		

LEVEL OF CARE DETERMINATION AFTER RISK STRATIFICATION (Check One):

- Observation**
- Admit** (Use the appropriate admission order forms)

MD Signature: _____ Beeper #: _____ Date: _____ Time: _____

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