

METABOLIC ABNORMALITY 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)
HYPOGLYCEMIA

- Intentional overdose hypoglycemic meds
- Intake large amounts long acting oral hypoglycemics
- Altered mental status in spite of glucose treatment
- Serious precipitating cause

HYPERGLYCEMIA

- Ketoacidosis: pH<7.30 or total CO₂<18 or anion gap >15
- Hyperosmotic hypertonic syndrome
- Glucose > 600 mg/dl
- Serious precipitating cause

SERUM POTASSIUM

- K < 2.5 or > 6.0 mEq/dl
- Cardiac dysrhythmia
- Serious precipitating cause

SERUM SODIUM

- Na < 120 or > 150 mEq/dl with mental status changes

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)

- Inability to correct symptoms
- Inability to take po fluids
- Inability to sufficiently correct abnormal findings:
 - BS < 50 mg/dl despite two bolus 50% glucose
 - or K < 3.0 or > 5.5 mEq/L no EKG changes
 - or Na < 120 or > 150 mEq/L no mental status change
 - or BS > 400 mg/dl with one of following:
 - disorientation/increasing lethargy
 - new onset type 1 diabetes
 - postural systolic bp drop > 30

Observation Unit Disposition Decision

Resolution of symptoms	All criteria present	DISCHARGE
Precipitating factor(s) addressed		
Taking po fluids		
Abnormal metabolic factor adequately corrected		
Adequate social situation at home	Any criteria present	ADMIT
Deterioration of clinical status		
Cardiac dysrhythmia		
Inability to adequately treat precipitating factors		

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

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

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