Observation Status Flow Chart

MD will evaluate H&P, risk factor stratification and interpretation of diagnostic studies.
The following indicators assessed: "Yes" "No"
Is the patient still pain free without reoccurrence?
Does troponin result continue to be negative?
Is the patient hemodynamically stable?

All "Yes"

MD Writes order for Observation Status. Observation orders are initiated

RN initiates observation clock with the initial observation status note.

If pt remains hemodynamically stable (BP>100mm Hg) with no reoccurrence of CP an observation note will be made by the RN every shift until MD writes DC orders.

RN assessment and doc. of CP and VS q 2hrs x2, then q 4hrs x2 and at DC

Continued absence of chest pain and no change in troponin status

MD writes DC orders and prescriptions for any new medications written.
RN and patient will review DC plan, follow up appts, new medications and instructions re: sublingual NTG use and when to call 911.
Prescriptions can be tubed to pharmacy and picked up by patient in the outpatient pharmacy if requested.
DC to HOME

One or more "No"

One or more "No"

MD Assessment Change of status to inpatient

POC Troponin/ EKG

Positive Troponin or EKG: Determine need for additional diagnostic testing

Anticipated stay > 48hrs request bed on CCU or CARE as level of care indicates

Initiation of AMI Care Plan or Rule Out MI Pathway as indicated

Negative Troponin: Determine need for additional diagnostic testing

Inpatient bed can remain in CSS if anticipated stay <48hrs.

Completion of 12hr rule out protocol, RN completion of DC planning and pt teaching. MD writes DC orders, and prescriptions for any new medications are written. RN and patient will review DC plan, follow up appts, instructions re: sublingual NTG use and when to call 911. Will review new medication prescriptions if applicable
DC to Home

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