



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved October 2015

Emergency Department Observation Services

Reaffirmed October 2015

Revised January 2008, with
current title October 1998,
January 1993

Originally approved titled
“Emergency Department
Observation Units” September
1987

As an adjunct to this policy
statement, ACEP has prepared
a policy resource and education
paper (PREP) titled “State of
the Art: Observation Units in
the Emergency Department”

Emergency department (ED) patients frequently require services beyond their initial ED care to determine the need for inpatient admission. These distinct and reimbursable services may include but are not limited to: further diagnostic evaluation, continued therapy or management of acute psycho-social issues.

To promote quality of care and patient safety for ED observation patients, the American College of Emergency Physicians (ACEP) supports the following principles:

- Observation of appropriate ED patients in a dedicated ED observation area, instead of a general inpatient bed or an acute care ED bed, is a "best practice" that requires a commitment of staff and hospital resources.
- An emergency physician and emergency nurse should direct ED observation areas with clearly defined administrative responsibilities for the unit.
- Written policies and procedures for the ED observation area should be approved by appropriate ED and hospital medical staff representatives.
- ED observation area policies and procedures should address the following:
 - Patient criteria for admission into the unit, discharge from the unit, and admission to an inpatient bed;
 - A clear statement of which physician bears clinical responsibility for each patient in the area;
 - A clear delineation of emergency physician and nursing staff roles and responsibilities throughout the day – including how care will be transferred between providers;
 - Circumstances that require notification of the physician who is responsible for the patient;
 - Maximum allowable length of stay in the unit and means to address outliers; and
 - A description of how utilization and relevant quality measures will be monitored and reported.
- ED observation areas should have adequate space, staffing, equipment, and supplies appropriate for the conditions being managed.
- Mechanisms should be in place to expedite the discharge or the transfer of patients to an inpatient bed, when appropriate.