EMERGENCY DEPARTMENT
OBSERVATION UNIT

ALLERGY
ADMISSION/DISCHARGE CRITERIA

EXCLUSION CRITERIA
A. Pulmonary complications or 02 Sat < 90% on RA
B. EKG changes
C. Stridor

OBSERVATION UNIT INTERVENTIONS
A. IV fluids
B. IV Antihistamines
C. Corticosteroids
D. Cardiac Monitoring
E. Respiratory Treatments
F. Pulse Oximeter monitoring

DISPOSITION
1. HOME
   A. Improvement in clinical condition
   B. Resolution or improvement in local skin irritations and/or pulmonary function
2. HOSPITAL
   A. Delayed reaction or reoccurrence
   B. Respiratory problems persistent wheezing with S.O.B.
   C. Inability to take po medications

TIME FRAME
1. Up to 24 hours

NOT A PART OF THE MEDICAL RECORD
DIAGNOSIS:
_____ ALLERGY

1. Admit to Emergency Department Observation Unit
2. Initial Emergency Department Physician: ________________________________
3. Private Physician: ____________________________ Time Contacted: ________________
4. Consult: ______________________________________________________________________
5. Condition: ___ Stable  ___ Serious
6. Copies of Emergency Department H&P on chart
7. Allergies: _____________________________________________________________________
8. Routine Vital Signs
9. ST segment - continuous monitoring with pulse oximetry
10. Activity: ___ up ad lib  ___ Other: ______________________________________________________________________
11. Diet: ___ Clear liquid, advance as tolerated  ___ Regular
    ___ Oral rehydration solution (pedialyte)  ___ Other: _______________________________________
12. IV Fluids: ___ D5½NS + 20 meq KCl/1000ml at ___ml/hour
    ___ NS at ___ml/hour
    ___ Other: _______________________________________________________________________
13. Medications:
    ___ Tylenol 1 gram po every 6 hours prn pain or fever > 101°
    ___ Tylenol 10mg/kg oral/rectal every 6 hours prn fever > 101°
    ___ Motrin 800 mg po every 6 hours prn pain
    ___ Ultram 50 mg po every 6 hours prn pain
    ___ Maalox 30 cc po every 4 hours prn indigestion
    ___ Phenergan
        ____ 25mg IV every 6 hours prn nausea/vomiting
        ____ 12.5mg IV every 6 hours prn nausea/vomiting
    ___ Solumedrol ___mg IV every 6 hours
    ___ Benadryl ___mg IV every 6 hours
    ___ Pepcid 20 mg IV every 12 hours
    ___ Oxygen ___liter NC to keep POX over 94%
    ___ Albuterol nebulizer one UD every 4 hours and prn
14. Re-evaluate for discharge every 3 hours
15. D/C with epi pen.

____________________________________________  ________________________
Emergency Department Physician Signature   Date/Time
**ALLERGY PROGRESS NOTE**

Please date and sign each entry.

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<th>TIME:</th>
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**PROTOCOL: ALLERGY**

**RELEVANT HISTORY/PHYSICAL FINDINGS:**

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**OBSERVATION INTERVENTIONS:**

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<th>Intervention 1</th>
<th>Intervention 2</th>
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<tr>
<td>IV Hydration</td>
<td>Steroids</td>
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<tr>
<td>Serial Exams and Vital Signs</td>
<td>Respiratory treatments PRN</td>
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<tr>
<td>Antihistamine</td>
<td>Cardiac/Pulse Ox monitoring</td>
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**GOALS OF OBSERVATION PERIOD:**

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**HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:**

**MORNING PLAN**

**PRIMARY PHYSICIAN CONTACTED:**

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<th>Contacted</th>
<th>Name:</th>
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<tr>
<td>YES</td>
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**ATTENDING SIGNATURE / DATE**
EMERGENCY DEPARTMENT
OBSERVATION UNIT

ALLERGY
DISCHARGE NOTE

DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

____ IVF
____ Antihistamines
____ Nebulizer treatment
____ Steroids
____ Tolerating PO
____ Pulse oximetry over 95% on room air

PHYSICAL EXAM:

FINAL DIAGNOSIS:

DISPOSITION: ___ Home   ___ Admission

DISCHARGE INSTRUCTION GIVEN: ___ Yes   ___ No
****D/C with Epi Pen

PRIMARY PHYSICIAN CONTACTED: ___ Yes   ___ No

NAME: __________________________

FOLLOW UP:

ATTENDING SIGNATURE / DATE