Emergency Department
Clinical Decision Unit Guidelines
Exclusion Criteria

General
-Unstable vital signs, hemodynamically unstable
-Severe sepsis or septic shock
-Severe electrolyte abnormality
-Evidence of end organ failure
-Chronic pain patients requiring parenteral opioids for symptom management
-Holding pre-op or pre-procedure patients
-Patients who had recent (e.g. < 30 days) procedure/surgery and present with complications of that procedure/surgery.
-If a patient is unable to complete ADLs with minimal assistance and unable to obtain a sitter in CDU.
-If a patient has dementia and requires a sitter due to fall risk or is unable to do ADLs with minimal assist as assessed by the CDU APP, and the CDU is unable to obtain a sitter.

Head
-GCS < 14
-Penetrating skull injury
-Depressed skull fracture
-Basilar skull fracture
-Definite acute intracranial injury (e.g. SAH, infarct)

EENT (Eyes, Ear, Nose, Throat)
-Stridor or inability to control oral secretions
-Active upper airway bleeding
-Epiglottitis
-Suspicion or evidence of orbital cellulitis
-Elevated intraocular pressure (acute angle closure glaucoma)

Lungs
-Acute respiratory distress
-Chest tube in-place
-New diagnosis pulmonary embolism with a PESI risk score > III or RV strain/dysfunction seen on CT.

Cardiovascular
-Hypertensive emergency (systolic BP ≥ 180 and/or diastolic BP > 120 with symptoms)
-Troponin elevation into the definite abnormal range (istat or lab troponin)
-AMI, unstable angina
-CHF exacerbation
-Significant cardiac dysrhythmias
-Possible AAA (no admissions to CDU to rule out AAA)
-Left Ventricular Assist Device—LVAD
-Chest pain with new EKG changes suggestive of ischemia

Neurologic
-Meningitis
-Status epilepticus
-Seizure associated with toxic exposure (alcohol, cocaine, etc)
-Patient in withdrawal, CIWA in ED > 8
-Delirium tremens
-Metabolism of intoxicants as sole criteria for discharge
-CT or MRI imaging that demonstrates a new stroke corresponding with presenting symptoms (should be admitted to neurology)

Abdomen
-Active GI bleed
-Ingestion of corrosives
-Surgical abdomen—free air, rigidity, rebound
-Penetration of the peritoneum
-Evidence of ischemic bowel
-Evidence of bowel obstruction

Hematologic
-Blood and Marrow Transplant Patients (BMT)

Genitourinary
-Pregnancy ≥ 20 weeks with symptoms, diagnosis, and/or treatment which places fetus at risk of harm or requires fetal monitoring.
-Ectopic pregnancy
-Vaginal bleeding with pregnancy
-Eclampsia
-Ovarian torsion/tubo-ovarian abscess (TOA)
-Infected kidney stone
-Moderate to severe hydronephrosis
-New or worsening renal insufficiency as defined as meeting the Injury or Failure levels of RIFLE criteria
-Diabetic ketoacidosis not responding to hydration or requiring glucose monitoring more frequent than Q 2 hours
-Genital cellulitis

Musculoskeletal
-Evidence of fasciitis or new diagnosis osteomyelitis
-Evidence of new compartment syndrome

Psych
-5150, suicidal ideations, homicidal ideations, gravely disabled
-Active hallucinations
-Psychosis
-Primary diagnosis of mood disorder
-Patient with threatening or disruptive or uncooperative behavior

* All CDU patients must be ≥ than 14 years old AND ≥ 40 kgs weight
** If patient meets inpatient admission criteria, the patient should be admitted to the appropriate inpatient admitting service and not the CDU.
*** Admission to the CDU is at the discretion of the Emergency Department Attending. If a service is called for admission and thinks the CDU would be more appropriate, the consultant must speak directly with the Emergency Department Attending AFTER seeing the patient.
Admitting services may be able to admit patients to the hospital under their services under observation (OBV) status based on case management review.