

<p><u>PED Observation Status Patients</u></p> <ul style="list-style-type: none"> • Age 10-18 years old (obs in PED or ED) • 3mo-9 year (obs in PED only) • Diagnosis as listed below • Parent of legal guardian present for patients <18 • Normal Vital signs per age range (HR, RR, BP) must be present for obs in ED 	<p><u>Exclusion from Observation Status</u></p> <ul style="list-style-type: none"> • Unclear diagnosis (abd. pain, etc.) • Multiple medical problems/medically complex • Seizure disorder, severe developmental delay, neurologic deficit, altered mental status from baseline • Unstable airway/concern for unstable airway • Oxygen requirement >2 liters • Unruly patient/ parents /guardians • Homeless 																												
<p><u>Vital Signs Per Age (PALS)</u></p> <table border="1"> <thead> <tr> <th><u>Age</u></th> <th><u>Awake HR</u></th> <th><u>Asleep HR</u></th> <th><u>RR</u></th> </tr> </thead> <tbody> <tr> <td>Neonate</td> <td>100-205</td> <td>90-160</td> <td>30-53</td> </tr> <tr> <td>Infant</td> <td>100-180</td> <td>90-160</td> <td>30-53</td> </tr> <tr> <td>Toddler</td> <td>98-140</td> <td>80-120</td> <td>22-37</td> </tr> <tr> <td>Preschooler</td> <td>80-120</td> <td>65-100</td> <td>20-28</td> </tr> <tr> <td>School-aged child</td> <td>75-118</td> <td>58-90</td> <td>18-25</td> </tr> <tr> <td>Adolescent</td> <td>60-100</td> <td>50-90</td> <td>12-20</td> </tr> </tbody> </table>		<u>Age</u>	<u>Awake HR</u>	<u>Asleep HR</u>	<u>RR</u>	Neonate	100-205	90-160	30-53	Infant	100-180	90-160	30-53	Toddler	98-140	80-120	22-37	Preschooler	80-120	65-100	20-28	School-aged child	75-118	58-90	18-25	Adolescent	60-100	50-90	12-20
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<p><u>MEDICAL DIAGNOSIS</u></p>	<p><u>Exclusion Criteria</u></p>																												
<p><u>Asthma</u></p> <ul style="list-style-type: none"> • O₂ requirement less than or equal to 2lpm • Stable respiratory status • Albuterol requirement Q4 or greater 	<p><u>Asthma</u></p> <ul style="list-style-type: none"> • O₂ requirement greater than 2lpm • Unstable respiratory status • Albuterol requirement more frequently than Q4 hours (i.e. no Q2 or Q3) 																												
<p><u>Bronchiolitis</u></p> <ul style="list-style-type: none"> • 3-23 months old corrected gest age > 48wk • Well appearing • Only mild subcostal or no retractions 	<p><u>Bronchiolitis</u></p> <ul style="list-style-type: none"> • <u>Albuterol responsive/requiring albuterol</u> • Chronic medical illness (chronic lung disease, prematurity, asthma, 																												

<ul style="list-style-type: none"> • Previously healthy • O2 sat greater than or equal to 90% on \leq 0.5 liters/min • Good oral intake • Potential for D/C on home O2 <p><i>CXR not routinely recommended, not required for diagnosis of bronchiolitis</i></p> <p><i>All bronchiolitis patients will remain in PED location for Observation due to age.</i></p>	<p>reactive airway disease, neuromuscular disease, FTT, prior intubation, concern for difficult airway/airway anomaly)</p> <ul style="list-style-type: none"> • Ill appearing • Moderate retractions • Worsening respiratory status, increasing FiO2 • CXR (if obtained) with diagnosis other than bronchiolitis
<p><u>Dehydration</u></p> <ul style="list-style-type: none"> • Gastroenteritis • Diarrhea 	<p><u>Dehydration</u></p> <ul style="list-style-type: none"> • Significant abdominal pain • Vomiting only (no diarrhea) • Electrolyte abnormality (Na 130 or less, Na 150 or greater) • Hypoglycemia • Bloody stools
<p><u>Cellulitis/Hand or Foot Infection</u></p>	<p><u>Cellulitis/Hand or Foot Infection</u></p> <ul style="list-style-type: none"> • Joint involvement • Immunocompromised • Diabetes
<p><u>Peritonsillar Abscess/Pharyngitis</u></p> <ul style="list-style-type: none"> • Evaluated by ENT 	<p><u>Peritonsillar Abscess/Pharyngitis</u></p> <ul style="list-style-type: none"> • Airway concerns
<p><u>Ortho/Trauma DIAGNOSIS</u></p>	<p><u>Ortho/Trauma EXCLUSION CRITERIA</u></p>
<p><u>Fracture-Rule Out Compartment Syndrome</u></p> <ul style="list-style-type: none"> • Orthopedics consulting 	<p><u>Fracture-Rule out Compartment Syndrome</u></p> <ul style="list-style-type: none"> • Other Injuries (except laceration/abrasion) • Altered mental status • Abnormal neurologic exam
<p><u>Stable Thoracic/Lumbar Fracture</u></p> <ul style="list-style-type: none"> • Awaiting brace • Spine consulting 	<p><u>Stable Thoracic/Lumbar Fracture</u></p> <ul style="list-style-type: none"> • Other Injuries (except laceration/abrasion) • Altered Mental Status

<p><u>Concussion</u></p> <ul style="list-style-type: none"> • Patients age 2-18 years with a history of closed head injury or concussion who require • Additional observation for further management of the following: Persistent severe headache, persistent vomiting, Mild sleepiness or confusion (GCS 14-15), Parental concern or unreliable caregiver based on physician discretion <p>Although a head CT scan is not required for diagnosis of concussion, <u>a negative head CT is recommended for observation admission in ED (vs PED)</u></p>	<p><u>Concussion</u></p> <ul style="list-style-type: none"> • Age less than 2 years • GCS<14 • Intracranial Hemorrhage • Persistently altered mental status • Penetrating trauma • Other traumatic injuries • Known brain tumor • Pre-existing neurological disorder