SUBJECT: Medical Observation Unit (MOU) Policy

PURPOSE
The Medical Observation Unit (“MOU”) is intended for patients requiring extended time outside of the ED unit for evaluation and management of a low acuity medical problem. Most MOU patients will be discharged from the observation unit to home.

POLICY
1. Patients must be seen at least once and also as often as clinically indicated by the attending physician during their stay on the observation unit.

2. All patients will be seen and assessed by the attending physician within 14 hours of admission. The nurse will be responsible for calling the attending physician within 30 minutes after the patient has been admitted to the unit. Telephone orders addressing the chief complaint will be given by the attending physician within 1.5 hours of admission. The nurse will call the attending physician again if the patient has not been seen within 13 hours of admission.

3. A patient may be admitted directly to the observation unit by the attending physician if the patient has been seen and examined by the attending within twelve hours prior to admission to the observation unit. Treatment center patients can be directly admitted if an attending physician has been notified and accepted responsibility for admission in advance of arrival to MOU.

4. Protocols for common observation unit chief complaints will be developed and physicians are encouraged to use hospital protocols when deemed appropriate for their patient. Common chief complaints will most likely include chest pain, asthma, acute renal colic, abdominal pain, acute gastroenteritis.

5. The physician may elect to dictate a combined history and physical/discharge summary rather than two separate documents on observation patients. All history and physicals must be dictated within 20 hours of the patient’s arrival on the unit. Discharge may be documented in note form in the chart and will include discharge diagnosis, follow-up, medication, and condition.

6. The observation unit history and physical may be used as the inpatient unit history and physical if a patient is moved from observation status to an inpatient bed. There
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must be clear documentation in either the dictation or inpatient progress note at the time of transfer as to reason for inpatient admission.

7. Reason for all diagnostic testing (including laboratory, cardiology and radiology) needs to be linked to each order at the time testis ordered. This is due to regulatory requirements that state that outpatient testing be linked to specific medical necessity.