OBSERVATION UNITS/CLINICAL DECISION UNITS

Observation units or clinical decision units (CDUs) are designated areas within a hospital, often near or adjacent to the emergency department, that provide an alternative to discharge or hospital inpatient admission for the emergency department patient who may benefit from an extended observation period (generally less than 24 hours). Patients of all age ranges who are not ill enough to warrant immediate inpatient hospital admission but are also not well enough to return to their place of residence may need additional monitoring, diagnostic evaluation, and/or treatment in an observation unit/CDU prior to disposition. Some of the most common symptoms and conditions for patients placed in these units include chest pain, atrial fibrillation, congestive heart failure, asthma, back pain, dehydration, gastroenteritis and trauma.

The potential benefits of observation units/CDUs are numerous and include improved patient and staff satisfaction, improved quality of patient care, reduced health care costs, shorter lengths of stay, decreased medical liability risks, reduced boarding and diversion, more efficient patient flow, and decreased readmission rates. When appropriately utilized, observation units can be an effective solution to many problems in the whole health care system, not just problems within the emergency department.

It is the position of the Emergency Nurses Association that:

1. Observation units/CDUs enhance the quality and safety of patient care and increase cost-effectiveness. These units offer an opportunity for further treatment and evaluation, which can prevent unnecessary hospital admission or negative outcomes due to premature discharge from the emergency department.

2. Admission to observation units/CDUs should be based on the patient’s medical needs. An observation unit should not be used as a holding area for patients awaiting disposition to inpatient care or transfer to another facility.

3. Observation units/CDUs must have dedicated space, equipment, supplies, and appropriate staffing to meet patient needs.

4. Emergency nurses, physicians, Advanced Practice Registered Nurses and observation unit/CDU nursing staff should participate in the development of written policies, diagnostic protocols and standardized pathways addressing criteria for admission, care, transfer, discharge and oversight of observation units/CDUs.

5. Continued research is needed to refine and improve the clinical and operational outcomes of observation units/CDUs. Emergency nurses and physicians, along with observation unit/CDU nursing staff, should participate in collaborative research to examine inefficiencies of patient flow, quality of care and patient satisfaction as well as evaluate the outcomes of care provided in observation units/CDUs.
6. There should be ongoing observation unit/CDU staff education and maintenance of competency congruent with emergency care provided within the unit.

Resources


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