

CHAPTER 3 – CLINICAL DECISION MAKING UNIT (CDU) GUIDELINES (Originated 01/17)

Guidelines for utilization of the Clinical Decision Making Unit (CDU) for trauma patients:

Inclusion Criteria

With respect to trauma patients, the CDU is intended for patients who have undergone a trauma evaluation and require further observation but do not meet criteria for inpatient admission. Prior to transfer to the CDU, the trauma evaluation should be complete and discussed with the responsible attending. The patient should be cooperative, without clinical intoxication and be accepted by the CDU faculty.

Exclusion Criteria

- Hemodynamic instability or concern for ongoing hemorrhage (HR > 100, SBP < 90)
- Neurologic deficit
- Age > 70
- Pregnancy > 20 weeks
- Condition requiring intervention or re-evaluation more frequently than every 2 hours
- Patient with operative plan awaiting procedure
- Social situation preventing discharge once observation period is complete

CDU Interventions

- Vital signs reassessed every 4 hours
- Repeat relevant labs 6-8 hours after initial value obtained
- Serial examinations as dictated at entrance into protocol
- Immediate evaluation by Trauma Team if patient develops:
 - Vital sign abnormalities (decreasing BP, increased HR, fever)
 - Acute change in physical exam deemed concerning by CDU staff
 - Increased or worsened pain
 - New vomiting, worsening vomiting or hematemesis

Discharge Criteria

Any patient who fails to meet one or more of the following criteria at 24 hours after entering the protocol will be re-evaluated by the Trauma service to assist with disposition. (Goal to not allow patients to be in the CDU > 24 hours).

- Vital signs stable over course of observation
- Stable laboratory values
- Patient able to tolerate diet
- Patient not requiring IV pain medications within 4 hours of discharge
- Discharge approved by CDU physician, Trauma attending physician and all other consulted services
- Appropriate follow-up established