

NATIONAL EMERGENCY NURSES ASSOCIATION



Board Policy	Observation/Clinical Decision Units
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ISSUE

Some hospitals have units adjacent to the Emergency Department (ED) referred to as observation or clinical decision units (CDUs). CDUs are designated for patients requiring further investigation and monitoring until a physician's decision to admit or discharge from the ED (CIHI, 2007).

NENA POSITION

NENA recommends that written policies governing the objectives, operation and utilization of these units be developed to include criteria for admission, discharge, physician responsibility, and appropriate staffing.

NENA believes that health care agencies are responsible to provide adequate space, supplies, equipment and the appropriate health care resources to ensure safe patient care.

NENA believes a plan of care for each patient must be made prior to patients being "detained or held" in the Emergency Department.

NENA believes that a decision for disposition of each ED patient should be made within 24 hours.

RATIONALE

Use of observation units should be based on the patient's medical needs. The Emergency Department should not be used as a holding area for patients awaiting admission to inpatient care units or transfer to another facility. Emergency Departments have limited space, supplies, equipment, and human resources to provide care for emergency and extended stay patients.

REFERENCES

Canadian Institute for Health Information (2007). *Understanding emergency department wait times*. Retrieved April 30, 2015 from

https://secure.cihi.ca/free_products/Emergency_Department_Wait_Times_III_2007_e.pdf

CAEP position statement on ED Overcrowding and access block CJEM.JCMU 2013,15(6)

ENA position statement ,Observation Units/Clinical Decision Units,Chicago ,IL,The Association 1989/2011

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Salkeld, E., Leaver, C., Guttman, A., Vermeulen, M., Rowe, B., Sales, A., & Schull, M. (2011). Barriers and facilitators to the implementation of Ontario's emergency department clinical decision unit pilot program: a qualitative study, *Canadian Journal of Emergency Medicine*; 13(6):363-371