

EMERGENCY NURSES ASSOCIATION POSITION STATEMENT

OBSERVATION UNITS/CLINICAL DECISION UNITS

Observation units or clinical decision units (CDUs) are designated areas within a hospital, often in or adjacent to the emergency department (ED), that provide an alternative to discharge or hospital admission for the ED patient who may benefit from an extended observation period (generally less than 24 hours).¹⁻⁵ Patients who are not ill enough to warrant immediate inpatient hospital admission, but are not well enough to return to their place of residence may need additional monitoring, diagnostic evaluation, and/or treatment prior to disposition. Both adult and pediatric patients may be admitted to observation units/CDUs. The most common symptoms and conditions for patients in these units include chest pain, abdominal pain, congestive heart failure, asthma, back pain, dehydration, gastroenteritis, bronchiolitis, seizures, and accidental poisonings.^{3,5-8}

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, and more efficient patient flow. When appropriately utilized, observation units may be an effective solution to many problems of the health care system.

It is the position of ENA 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 staff to meet patient needs.
4. Emergency nurses, physicians, and other providers should participate in the development of written policies addressing criteria for admission, transfer, discharge, and oversight of observation units/CDUs.
5. Further research is needed to evaluate the clinical and operational outcomes of observation units/CDUs. Emergency nurses and physicians 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 ED staff education and maintenance of competency congruent with emergency care provided in observation units/CDUs.
7. All insurance payors should reimburse for services provided in observation units/CDUs,

regardless of the health condition treated and services received.

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