REFERENCES PEDIATRIC OBSERVATION: “IS THERE A PLACE FOR CHILDREN IN YOUR OBSERVATION UNIT?”

“Hybrid” (“Combined”) Units

Mace SE. Pediatric observation medicine. Emerg Med Clin N Am 2001; 19(1):239-254. What is a “hybrid” or “combined” unit? A combined (“hybrid”) unit is a unit that includes both pediatric and adult patients. This is the first report in the literature of a combined observation unit that cohosts adult and pediatric patients in the same observation unit (OU). This article discusses the experience of a combined, “hybrid” unit at an academic urban teaching hospital, gives a comparison of the pediatric and adult patients in that unit, and details what is needed for accommodating pediatric patients in a combined OU or what is involved in the inclusion of pediatric patients in an adult unit.

Hostetler B, Leikin JB, Timmons JA, et al. Patterns of use of an emergency department-based observation unit. Am J Ther 2002; 9:499-502. This article discusses the experience of another combined unit in which 75% of the OU patients were adults (17-65 years), 17% were geriatric (> 65 years) and 6.7% were pediatric (<17 years). Pediatric patients had the shortest length of stay (LOS). The average LOS was pediatric 11.2, adult 15.1, and geriatric 15.4 hours.

Hybrid Unit in a Community Hospital: Suburban/Rural Location

Prudoff R, Sayles S. The community hospital perspective in a suburban/rural setting. In: Mace SE (ed) Observation Medicine, ch 10, p.58-59. This is the first published report of a hybrid OU in a community hospital. This combined OU in a suburban/rural community hospital in the United States detailed the benefits to the hospital. Prior to the opening of the OU, the average LOS for all OU patients was 27 hours. After opening the EDOU, the LOS for observation patients was 15 hours in the EDOU and remained at 27 hours for non-EDOU patients. In the first year of operation, there were 848 patients in the EDOU, which saved the hospital 424 patient days. Pediatric patients, aged 5 years and older were placed in the EDOU. They limited their pediatric diagnoses to “high-yield” complaints such as asthma, non-differentiated abdominal pain, cellulitis, and urinary tract infections.

International Experience: Short Stay Unit in the General Emergency Department

Hopper SM, Archer P, Breene R, et al. Paediatric short stay unit in a community hospital: effective, efficient, and popular. Emerg Med Australasia 2008; 20:431-436. This article gives the international perspective. This gives the experience of a suburban community hospital in Australia that opened a pediatric short stay unit (SSU) within their general emergency department. (ED). Although this is not a combined unit, this article demonstrates that pediatric SSU patients can be managed in a general ED. The opening of this SSU decreased the number of pediatric transfers to other hospitals and was associated with high parental satisfaction. There was a low rate of transfers out of the unit, 3% (19/708).

The Evidence for Pediatric Observation: What the Literature Tells Us about Pediatric Observation

Mace SE, Baugh CW, Joseph M. The evidenced basis for age-related observation care. In: Mace SE (ed) Observation Medicine, Ch.81, pp. 478-508. This chapter discusses the experience from pediatric OUs, which are mainly from large pediatric hospitals with OUs that have only pediatric patients.

Ojo A. Pediatric observation medicine at a Children’s hospital. In: Mace SE (ed) Observation Medicine, Ch.54, pp. 300-303. This chapter discusses the experiences of a pediatric OU at a large children’s
hospital. Several protocols or guidelines for treatment of pediatric pat (median 17% (10-20%) vs. 10% (4-25%) (p =0.0099)ients in their OU are included.

**How to Do Pediatric Observation: Protocols and Order Sets**

Mace SE, Campbell MJ. Pediatric order sets: medications. In: Mace SE (ed) Observation Medicine, Ch.95, pp. 752-761. This chapter gives pediatric medication order sets with specific drugs and dosages for pediatric patients that can be used in an exclusive pediatric OU (only pediatric patients in the OU) or in a combined OU that has pediatric and adult patients.

Mace SE, Campbell MJ. Pediatric order sets. In: Mace SE (ed) Observation Medicine, Ch.96, pp. 762-765. This chapter gives a general pediatric order sets for vital signs, diet, activity, nursing, respiratory therapy, laboratory, radiology etc. for pediatric patients that can be used in an exclusive pediatric OU (only pediatric patients in the OU) or in a combined OU that has pediatric and adult patients.

**Operational Characteristics of Pediatric Observation Units**

Sharaf N, Mace SE. Pediatric observation medicine in the United States. Ann Emerg Med 2017; 70(4S):S76-7. This is a recent abstract regarding pediatric observation units at hospitals in the United States that have pediatric residency programs. 24% of responding hospitals (28/116) placed pediatric patients in an OU or planned to open an OU: 12% had only pediatric patients in their OU, 6% planned on opening an OU and 6% *had a combined (hybrid) OU* with pediatric patients placed in an OU that also had adults in the same OU.