

Oral presentation

Is the observation unit a proper place to observe a trauma patient with minor injuries?

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Introduction

A short-term observation unit (OU) opened in September 2008 designed for decision making and continuously assess patients about their need for stay, and potential for discharge within 24 hours. Patients assessed in the emergency department (ED) and having no/minor signs of injury are therefore a group of patients considered being eligible for care in an Observation unit (OU). *Our aim was to assess if the OU would provide adequate care for patients with minor/no signs of injury.*

Methods

Retrospective analysis of prospectively collected data of injured patients with Trauma Team Activation at St. Olavs University Hospital, Norway in the period from 1st September to 30th November 2008. Length of stay (LOS), Injury Severity Score (ISS), performed surgical procedures and Glasgow Outcome Score (GOS) were recorded.

Patients with age < 16 years, directly transferred to other hospitals and those dead on arrival were excluded.

Results

54 patients were included. All patients admitted to OU and regular wards with LOS < 36 hrs, had no recorded performed major surgical procedures, unsuspected events, GOS 5 (1: dead – 5: good recovery) and all, but 1 were discharged to home (Table 1).

Conclusion

Trauma patients with no/minor signs of injury in the ED can safely be treated at an OU. Some of the patients with no/minor injuries were treated as inpatients in already overloaded regular wards. Patients treated in the OU had a shorter stay without reduced safety. The ward assignment for trauma-patients should be revised to consider admittance of these categories to the OU.

Table 1:

	Admitted to OU	LOS at regular ward < 36 hrs	LOS at regular ward > 36 hrs
Patients (Total N = 54)	15 (28%)	10 (18%)	29 (54%)
Median ISS (range)	1 (1–5)	1,5 (1–6)	17 (1–34)
Median stay (range)	19 hrs (6–72)	23,5 hrs (13–33)	6 d (2–75)