

### Case Study # 1– Santiago

82yo male presents 0315 Day 1 to ED. Seen 0345. Complains of ABD pain that began approx 7pm prior evening and worsened. CT ABD/Pelvis w/contrast shows mildly dilated loops of bowel consistent with partial small bowel obstruction and scatter colonic diverticula are noted. Last BM 2 days ago. IV MSO4 and Zofran in ER pain now a 2. Orders include NPO, IVF, MSO4, Zofran and GI surgical consult.

History & physical dictated 1116 Day 1. History significant for diverticulitis, prostate CA diagnosed 6 months ago – no treatment and hernia repair x2. Pain still 2 out of 10 and crampy. IMPRESSION AND PLAN states admit to IMCU, continue ER orders, add dulcolax suppositories and ambulation. Orders per surgical consult. Surgical consult at 1804 – no pain, hungry, resting. Had BM at 1700. Orders start on clear liquids, advance as tol. OK to discharge if tolerating PO.

**What is the correct placement decision for this case -- inpatient, ER discharge, or outpatient with observation services?**

**ANSWER: Outpatient with observation services. Course is unknown in ER however pt does require monitoring, nursing services, and use of a bed and has not had a procedure that includes those services. Attending physician needs input from another provider before determining what additional services this pt will require.**