

MSH Emergency Medicine Guideline



ED Observation Home Medications

Date Updated: 11/18/2024

Date Created: 10/28/2024

Reviewed By: Carlton Menchaca, Grace Mosley, Tehreem Rehman, Erika Stefanchik, Jonathan Yeo, Siriesha Patnaik

Category	Medication	Continuous Monitoring	Monitoring Interval	Guideline
Antiarrhythmics	Amiodarone	QTc	Q 6-12 H	Monitor for QTc > 480 ms; adjust dose if prolonged.
Anticoagulants	DOACs (e.g., Pradaxa, Xarelto, Eliquis)	CrCl	Daily	Hold if CrCl < 30 mL/min or signs of bleeding; consider switching to heparin.
Anticoagulants	Warfarin	INR	Q 12-24 H	Continue if INR < 3.0 and no signs of active bleeding.
Anticonvulsants	Phenytoin	serum levels	Q 24-48 H	Obtain serum trough level prior to dose administration. Correct total phenytoin levels for hypoalbuminemia using the formula: [Corrected Phenytoin] = Total Phenytoin / (0.2 × albumin) + 0.1. Adjust level for renal dysfunction as elevated free phenytoin levels may occur.
Antihypertensives	Amlodipine	N/A	N/A	Adjust dose if systolic BP < 90 mmHg; monitor for peripheral edema.
Antihypertensives	Clonidine	N/A	N/A	Adjust dose if HR < 60 bpm; monitor for rebound hypertension if held.
Antihypertensives	Hydralazine	N/A	N/A	Continue unless severe hypotension (systolic BP < 90 mmHg) or tachycardia is present.
Antihypertensives	Labetalol	N/A	N/A	Hold if HR < 60 bpm or systolic BP < 90 mmHg; monitor for bradycardia.
Antihypertensives	Lisinopril	N/A	N/A	Hold if serum potassium > 5.5 mEq/L or Cr > 2.5 mg/dL; monitor for renal function.
Antihypertensives	Metoprolol	N/A	N/A	Hold if HR < 60 bpm or systolic BP < 90 mmHg; monitor for bradycardia.
Antiplatelet Agents	ASA, Plavix, Effient	N/A	N/A	Continue if no active bleeding, especially in patients with recent stents.
Diabetes Meds	High Dose Sliding Scale Insulin	N/A	N/A	Order for patients with significant hyperglycemia (blood glucose > 250 mg/dL) or already on insulin.

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Diabetes Meds	Long-acting Insulin (e.g., Glargine)	N/A	N/A	Continue home dose if patient is eating; reduce dose if decreased intake is suspected.
Diabetes Meds	Low Dose Sliding Scale Insulin	N/A	N/A	Use for patients on oral diabetic meds or mild hyperglycemia (blood glucose 180-250 mg/dL).
Diabetes Meds	Mealtime Short-acting Insulin (e.g., Lispro)	N/A	N/A	Continue home dose if patient is eating; reduce dose if intake is decreased.
Diabetes Meds	Oral Hypoglycemics (e.g., Metformin, Sulfonylureas)	CrCl	Daily	Hold if CrCl < 30 mL/min or hypoglycemia risk is high. Use low dose sliding scale insulin if blood glucose > 180 mg/dL.
Diuretics	Furosemide, Spironolactone	N/A	N/A	Adjust if K ⁺ < 3.0 mEq/L or > 5.5 mEq/L, or if Cr > 2.5 mg/dL.
Gastrointestinal Meds	H2 Blockers (e.g., Famotidine)	CrCl	Daily	Continue unless renal dysfunction (adjust dose if CrCl < 50 mL/min).
Gastrointestinal Meds	Laxatives	N/A	N/A	Continue if no contraindications like bowel obstruction.
Gastrointestinal Meds	Maalox	N/A	N/A	Avoid in renal failure due to risk of magnesium accumulation.
Gastrointestinal Meds	Metoclopramide (Reglan)	QTc	Q 6-12 H	Hold if QTc > 500 ms; monitor for extrapyramidal symptoms.
Gastrointestinal Meds	Ondansetron (Zofran)	QTc	Q 6-12 H	Hold if QTc > 500 ms; monitor ECG if using with other QT-prolonging drugs.

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Gastrointestinal Meds	PPIs (e.g., Omeprazole)	N/A	N/A	Generally can be continued unless contraindicated due to C. difficile infection risk.
Pain Medications	Acetaminophen	N/A	N/A	Continue with caution; monitor liver function if high doses used.
Pain Medications	Methadone	N/A	N/A	Consider holding if QT interval is prolonged (> 500 ms); monitor ECG.
Pain Medications	NSAIDs	N/A	N/A	Hold in renal dysfunction, peptic ulcer disease, or bleeding risk. Avoid in transplant patients
Psychiatric Meds	Antipsychotics (e.g., Haldol)	QTc	Q 6-12 H	Hold if QTc > 500 ms or signs of torsades; monitor ECG regularly, especially with other QT-prolonging drugs.
Psychiatric Meds	Benzodiazepines	N/A	N/A	Hold if respiratory rate < 12 or excessive somnolence; continue to prevent withdrawal if risk is high.
Psychiatric Meds	Lithium	CrCl	Daily	Adjust dose if CrCl < 50 mL/min or if serum level > 1.5 mEq/L; monitor for signs of toxicity.
Psychiatric Meds	SSRIs (e.g., Sertraline, Fluoxetine)	N/A	N/A	Continue; monitor for serotonin syndrome if on multiple serotonergic agents.