PURPOSE

To ensure rapid patient assessment and disposition for patients requiring consultation and/or inpatient admission, and to ensure efficient patient flow through our ED.

POLICY

1.1 Requests for consultation from the ED require prompt patient evaluation by the consulting service. The following timeframes are approximate guidelines for reasonable response times:

   (a.) Emergent (defined as immediate life-threatening illness) within 5 minutes
   (b.) Urgent (defined as potentially life or limb-threatening) within 30 minutes
   (c.) Routine (defined as requiring prompt evaluation but not life or limb-threatening) within 1 hour.

1.2 If the consulting service resident cannot or does not respond within time frames appropriate to a patient’s condition, or if the consulting service resident workup and evaluation seem prolonged, the ED attending will contact the consulting service attending via PALS. It will be the consulting attending physician responsibility to provide response in a timely fashion.

1.3 If delays of response are considered by the ED attending to compromise patient care or safety even after contacting the responsible consulting attending physician, the ED attending will contact the appropriate Departmental Chair and/or the Clinical Affairs Dean on call for resolution via PALS.
1.4 Once a decision to admit a patient is made and the patient is reasonably stabilized by ED staff, the consulting service admitting the patient assumes responsibility for that patient even if an inpatient bed is not immediately available for patient placement. The admitting service will manage that patient as any other admitted patient. This includes, but is not limited to writing admission orders and additional orders as required, providing nursing staff with appropriate pager and contact numbers, responding to ED nursing staff calls, following up on diagnostic studies, and rounding on the patient as often as is required by the patient’s condition and good patient care principles. The ED physician staff will only serve to provide for emergent responses for admitted patients still housed in the ED unless otherwise discussed with the admitting service. All other patient care issues on admitted patients housed in the ED will be managed by the admitting service.

1.5 Patients accepted for admission from other health care facilities will be admitted directly to an inpatient unit. If the accepting attending physician believes that it is necessary for a patient to be evaluated or stabilized in the ED first, then the accepting service attending physician must contact and reach agreement with the ED attending that this is necessary for good patient care.

1.6 For those patients who only require consultative evaluation as an outpatient, the ED physician will contact the consultative service attending physician if any difficulties are encountered scheduling follow up in an appropriate time frame. It will then become the responsibility of the consultative service attending to arrange follow-up in the appropriate outpatient clinic within the time frames deemed appropriate for good patient care.

1.7 Patient’s who are evaluated by a consulting service in the ED who subsequently require transfer to a non-UNM facility will have those transfer arrangements and orders arranged by the consulting service once the patient has been stabilized for transport or transfer.

1.8 If disputes arise as to which consulting service will accept a patient for admission, the ED faculty will first attempt resolution at the attending level. If this does not resolve the dispute, then the ED attending may admit to the inpatient service deemed most appropriate for the patient’s condition unless the attending physician from that service is physically present in the ED and has evaluated the patient and declined admission to his/her service. If the attending from the potential admitting service is present and determines that the patient does not require admission, he/she will assume responsibility for the clinical care of the patient, including arrangements for alternate disposition and follow-up, and documentation of the same in the medical record.