Cheat Sheet: How to Navigate our Consultant Services…

Admitting/Consultant Services

Service	Patients	Who to call 1st	Good to Know
CTU	multi-system medical admissions: pancreatitis, pneumonia, PE, non-valvular CHF, AKI (that doesn't require imminent dialysis)…	Triage resident	Cannot provide telemetry/bipap/ narcan infusions **If you're not sure if AIMS or CTU is the right service, call CTU and let them figure it out.**
AIMS (acute internal medicine service)	lower acuity patients, hemodynamically stable -non-operative #s*, social admissions, failure to thrive…	For slam dunk AIMS patients, call the staff 8am-8pm After hours, hold the patient in the emerg and write **"REF AIMS"** in clinical comments section on ED Manager and let the CNL know. They will come see the patient the next day. You don't need to speak to anyone.	*Non-operative #s require discussion with ortho/ spine before referral: **clearly document follow-up plan** (name of surgeon, repeat imaging needed, collar instructions, mobility limitations)
Geriatrics	same as PIMS but only patients **over 70***	Geri staff (cross coverage resident 5pm-8am)	*As above **EDiCare:** team of Gen RN and TST who will see patients over the age of 70 in the ED and help to try to get patients home with the right supports).

10C	HIV+ patients / or HIV negative patients with substance abuse issues and an infectious disease need for admission	Clinical associate (cross-coverage resident 5pm-8am)	
Palliative Care	End of life care/symptom management	Staff/resident on call	Both an admitting and consult service
Family Practise			**Closed** in April/2019
ICU	hemodynamically unstable/on pressors, ventilated, requiring narcan infusion/bipap beyond ED stay…	Senior resident	Can be consulted to help manage sick patients, and if they stabilize, the ICU team will refer on to the appropriate admitting service
Anesthesia	difficult airways, blood patches for post-LP headache...	Usually staff (or fellow/ resident if available)	Not an admitting service -**Acute pain service** has anesthetist on call: will come to the ED for femoral blocks for hip #s
Addictions	Substance abuse issues (drugs or alcohol or both)	-Addictions RN (initial assessment, suboxone/ naloxone-to-go, liaise with MD/RAAC) -Staff (acute withdrawal, suboxone initiation, liaise with detox	Not an admitting service
CCU	Single system cardiac issues: NSTEMI, UA, arrhythmias requiring telemetry, complex CHF patients (with valvular disease), myocarditis	Resident	
OB/GYN	-ovarian torsion, malignancy, ectopic, pregnancy of undetermined location, intra/ post-partum issues…	Senior resident	>24 weeks GA with isolated pregnancy-related issue can go straight up to maternity ward
General Surgery	-cholecystitis, appendicitis, SBO, mesenteric ischemia…	Medical Student for stable patients Resident/staff for unstable	

Vascular Surgery	-ischemic limb, arterial laceration, AAA	Resident	
CVT	-ECMO candidate, aortic dissection…	Fellow/Staff	
GI	-choledocholithiasis, GIB, non-ischemic colitis…	Resident (cross coverage resident 5pm-8am)	Rarely an Admitting service
Respirology	single system complex lung issues or patients likely needing a bronch: CF patient with infection, r/o TB, pneumothorax…	Resident (cross coverage resident 5pm-8am)	
Neuro	-CVA, TIA, brain tumour, uncontrolled seizure disorder/ 1st onset seizure…	Resident	Rarely an admitting service
Renal	patients requiring imminent dialysis, dialysis related complication, renal transplant issues: dialyzable toxin, AKI with hyperK not responding to medical management, PD peritonitis, fistula infection…	Resident (cross coverage resident 5pm-8am)	
Urology	-complex renal colic, testicular torsion, fournier's gangrene, scrotal abscess…	Resident	Rarely an admitting service
Psychiatry	Mental health patients	Staff (M-F 9am to 5pm, 11pm to 9am) Resident (M-F 5 to 11pm, Weekends 9am to 11pm)	There is a **PAN** (psychiatric assessment nurse) in the ED who can do initial assessment and get collateral)

Pediatrics	Patients under 18	Staff	There is some variability among the pediatricians at present in terms of comfort coming down to the ED for sick patients requiring resuscitation. More often if you have a sick kid, it's best to speak to the BCCH emerg doc on and they will help coordinate a transfer to them for management and/or admission. They have no ability to admit.
Rheum/Heme/ Derm/ Endo/ID		Resident (cross coverage resident 5pm-8am)	Rarely admitting services
ENT	-posterior epistaxis, oropharyngeal foreign body, peri-tonsillar abscess, epiglottitis, mastoiditis…	Resident	Predominantly an outpt service but will come to the ED
Ophthalmology	-acute angle glaucoma, significant orbital trauma	Resident	Predominantly an outpt service but will come to the ED
Ortho	-compound #s, operative fractures, compartment syndrome, post-op hardware infections, tendon injuries (feet)	Resident	Ortho doesn't treat hand injuries (bone/tendon)- plastics does
Plastics	-facial and hand #s, burns, tendon injuries (hand), complex lacerations	Resident	Plastics doesn't treat feet injuries (bone/ tendon)- ortho does They often cover VGH and SPH simultaneously and may ask for patients to be transferred who need to be seen imminently Burns requiring admission go to VGH burn unit

These are all of the services who will see patients in the emergency. A few rarely admit under themselves. If the patient you have referred to them needs admission, it is their responsibility to refer that patient on to an appropriate admitting service.

Outpatient Follow-up				
Service	**Patients**	**How to refer**	**Expected wait time**	**Comments**
Addictions *RAAC*: *Rapid access addictions clinic*	Substance abuse not requiring admission	Drop-in, no referral needed Can refer through D/C summary or give patient a pamphlet	Can usually be seen the next day They're open 7 days/week 9am-4pm	
UPCC *Urgent Primary Care Center*	Patients needing primary care f/u with 24-72 hours and have no GP	Make referral in the D/C summary. It is a drop-in center, so patients can just show up.	Next day	They can do labs and imaging there if needed.
Internal Medicine *Rapid access clinic*	Patients with int med issues requiring more thorough assessment and not requiring admission	Make referral in D/C summary Patient to call to book	1-2 weeks	
Infectious Disease *OPAT*: *out-patient antibiotic therapy*	Patients requiring 2nd dose IV antibiotics and not requiring admission -cellulitis, pyelonephritis	UC makes appt.	Usually next day appt. available	

<u>Thrombosis clinic</u>	Patients with PE/ DVT/Superficial Thromboembolisms and not requiring admission	Make referral in D/ C summary UC can call to book appt Mon-Fri 9-4pm Otherwise patient needs to call to book	Usually within 24-48hours	**Thrombosis pathway:** for suspected DVTs you can cover with DOAC/LMWH x 1 and then order outpt u/s. Direct patient to present to u/s dep't at 7:30am the next day. They will then be automatically directed to the Thrombosis clinic for f/u of results the same day.
<u>Pediatrics</u> *Rapid access clinic*	They will see any **non-contagious issues** (they're located near the maternity ward and therefore need to avoid spreadable infectious etiologies): GERD, UTI, asthma…	Make referral in D/ C summary They will call the patient to book	Within a few days	
<u>Geriatrics</u> *Rapid access clinic*	Patients over 70 years needing more thorough review/ follow up and not requiring admission	Often coordinated by Geri RN/ EDiCare team UC can call to book appt Mon-Fri 9-4pm	1-2 weeks (sometimes less)	**EDiCare** team is made up of Geri RN and TST. They see patients over the age of 70 in the ED and help to try to get patients home with the right supports
<u>Neurology</u> *1.Rapid access clinic* *2.Stroke clinic*	1. non-CVA neuro issues requiring follow-up, but safe for discharge -poorly controlled MS, paresthesias NYD, poorly controlled epilepsy, 1st onset seizure with normal CT… 2.Stable post-CVA not requiring admission	1. Make referral in D/C summary Patient to call to book 2. Make referral in D/C summary They will call patient	1. 2-4 weeks 2. Variable- usually 1-2 weeks	2. Cases should be reviewed with neuro staff/resident prior to discharge and referral. Referral goes to a central booking number- and then the patient may be seen at VGH or SPH. **EMG-** can be ordered through ED manager and they will call the patient with an appt. Performed/ seen by Neurologist (radial nerve palsy etc…)

<u>Cardiology</u> *1.Stat cardiology clinic* *2.Atrial Fib clinic*	1. poorly controlled CHF, pericarditis, stable pericardial effusion NYD… 2. new dx or poorly controlled-not requiring admission (consider initiating anti-coag in the ED)	1. Make referral in D/C summary They will call patient 2. Make referral in D/C summary They will call patient	1.Usually within 1 week 2. Variable-usually 2-4 weeks	**CPP-**chest pain pathway Low risk chest pain with normal serial trops and non-ischemic ECGS. Can chose outpt stress test, MIBI or cardiac CT. If abnormal, get referred back to the ED to see cardiology
<u>Respirology</u> *1.Pacific Lung center* *2.Asthma clinic*	1.pleural effusion not requiring admission, interstitial fibrosis, well controlled CF… 2.poorly controlled asthma	1. Make referral in D/C summary They will call patient 2. Make referral in D/C summary They will call patient	1.Variable-usually 1-3 weeks 2. Variable-usually 1-3 weeks	
<u>Palliative Care</u> *Outpatient clinic*	New diagnosis life limiting illness, symptom management, home support, home hospice, spiritual or psychological support	Fill in and fax "Palliative Care clinic Outpatient Referral Form" available on SCM (PHCOP143)	1-2 weeks	
<u>Dermatology</u> *Rapid access*	Acute rash NYD (systemically well), poorly controlled chronic skin diseases…	Make referral in D/C summary Patient to call to book	2-4 weeks	
<u>Psychiatry</u> *BIC: Brief Intervention clinic*	Not suicidal/ homicidal or psychotic Mental health issues appropriate for outpt care	Referrals coordinated by PAN (psychiatric assessment nurse) or the staff on call	Usually within 1-2 weeks	
<u>OB/GYNE</u> *1.Outpt staff clinics* *2.EPAC Early pregnancy assessment clinic*	1.Menorrhagia, uterine prolapse, endometriosis, complex ovarian cyst, bartholin's cyst… 2. 1st trimester bleeds (>5 weeks GA, no suspicion of ectopic)	1. Make referral in the D/C summary. They will call the patient to book. 2. Refer through the D/C summary Patient to call to book	1. They will be triaged by the staff based on presenting complaint (days to months) 2. Usually within 1 week	1. Any referrals for outpt follow-up **need to be vetted through the OB/Gyn staff** on call. They will either tell you to refer the patient to themselves or another doc (2nd staff on call) **Do not involve residents**

Orthopedics	Bone/tendon/ ligament injury appropriate for outpatient management -no hand/facial #s	Make referral in D/C summary to ortho staff on call (**and ask UC to fax as well**) Patient to call to book	2-4 weeks	Contact staff/resident before discharging patient to ensure timing of follow-up. Either page resident on call, or text staff on call (see phone number list sent via email)
Plastics *Hand clinic* *Plastics clinic*	Bone/tendon/ ligament/skin injury appropriate for outpatient management -includes carpal/ hand bones and facial #s…	UC books appt into either *Hand clinic* or *Plastics clinic*	1-2 weeks	Speak to resident on call if you're unsure about timing of follow-up (to ensure 1-2 weeks is appropriate) -all burns requiring specialist follow-up go through **VGH burn clinic**. Ask UC to print referral form.
GI	Stable LGIB, uncontrolled reflux, stable IBD…	Make referral in D/C summary to GI staff on call or to the Pacific Gastroenterology Group Patient to call to book	Variable Weeks-months	If you need someone seen within a shorter time frame, speak to the staff on call
Gen Surg	Reducible Hernia, Cholelithiasis, Hemorhoids…	Make referral in D/C summary to staff on call Patient to call to book	Variable Weeks-months	If you need someone seen within a shorter time frame, speak to the staff on call
Urology	Microscopic hematuria, stable nephrolithiasis, prostate nodule…	Make referral in D/C summary to staff on call Patient to call to book	1-3 weeks	
ENT	Chronic sinusitis, Recurrent or chronic OM/OE, f/u recurrent epistaxis, non-acute hearing loss…	Make referral in D/C summary to **ENT resident clinic** Patient to call to book	1-3 weeks	If you need someone seen within a shorter time frame, speak to the staff on call
Optho	New onset floaters without visual change, f/u rust ring, new diagnosis elevated IOP (not acute angle)…	Give patient the on-call Ophthalmologist phone number and ask them to call to book an appt.	1-3 weeks	If you need someone to be seen sooner, speak to resident on call and they will coordinate same or next day f/u at SPH or VGH eye care center.