

# Cheat Sheet: How to Navigate our Consultant Services...

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## 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  <b>If you're not sure if AIMS or CTU is the right service, call CTU and let them figure it out.</b>
<b>AIMS</b> (acute internal medicine service)	lower acuity patients, hemodynamically stable -non-operative #s*, non-operative ICH*, social admissions, failure to thrive...	Call the staff 8am-5pm  After hours, hold the "slam dunk" patients in the emerg and write " <b>REF AIMS</b> " 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 other than long bones (those go to ortho) ie pelvic, spine  -still require discussion with ortho/spine/ neurosurg before referral: <b>clearly document follow-up plan</b> (name of surgeon, repeat imaging needed, collar instructions, mobility limitations)
<b>Geriatrics</b>	same as AIMS, but only patients <b>over 70*</b>	Geri staff (cross coverage resident 5pm-8am)	*As above  <b>EDiCare:</b> 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).

Urban health	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			<b>Closed</b> 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 - <b>Acute pain service</b> has an anesthesiologist 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	

<b>Vascular Surgery</b>	-ischemic limb, arterial laceration, AAA	Resident	
<b>CVT</b>	-ECMO candidate, aortic dissection...	Fellow/Staff	
<b>GI</b>	-choledocholithiasis, GIB, non-ischemic colitis...	Resident (cross coverage resident 5pm-8am)	Rarely an Admitting service
<b>Respirology</b>	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)	
<b>Neuro</b>	-CVA, TIA, brain tumour, uncontrolled seizure disorder/ 1 <sup>st</sup> onset seizure...	Resident	Rarely an admitting service
<b>Renal</b>	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)	
<b>Urology</b>	-complex renal colic, testicular torsion, fournier's gangrene, scrotal abscess...	Resident	Rarely an admitting service
<b>Psychiatry</b>	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 <b>PAN</b> (psychiatric assessment nurse) in the ED who can do initial assessment and get collateral)

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

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.

<b><u>Outpatient Follow-up</u></b>				
<b>Service</b>	<b>Patients</b>	<b>How to refer</b>	<b>Expected wait time</b>	<b>Comments</b>
<b><u>Addictions</u></b> <i>RAAC: Rapid access addictions clinic</i>	Substance use not requiring admission	Drop-in, no referral needed Can refer through cerner or give patient a pamphlet	Can usually be seen the next day They're open 7 days/week 9am-4pm	
<b><u>UPCC</u></b> <i>Urgent Primary Care Center</i>	Patients needing primary care f/u with 24-72 hours and have no GP	Make referral in cerner. It is a drop-in center, so patients can just show up.	Next day	They can do labs and imaging there if needed.
<b><u>General Internal Medicine</u></b> <i>Rapid access clinic</i>	Patients with multiple med conditions or undifferentiated presentation needing diagnostic clarity, not requiring admission	Make referral in cerner Give Handout from UC Clinic will call patient with appt time	1-2 weeks	Ensure reason for referral meets criteria
<b><u>Obstetric Internal Med Clinic</u></b>	Pregnant persons with pre-existing medical conditions or who develop problems during pregnancy/postpartum (mental health/substance use are outside of scope)	Make referral in cerner Clinic will call patient with appt time.	1-2 weeks	
<b><u>Vascular Med Clinic</u></b>	Patients with or at risk for vascular disease:non-op PVD, demand ischemia, arterial calcification on imaging	Make referral in cerner Clinic will call patient with appt time.	1-2 weeks	

<u><b>Hyper-tension Clinic</b></u>	Uncontrolled/ resistant HTN, hypertensive urgency, postural hypotension, antihypertensive med intolerances, early onset HTN<40 yrs	Make referral in cerner Give handout from UC Clinic will call patient with appt.	1-2 weeks	Ensure reason for referral meets criteria
<u><b>Allergy &amp; Immunology</b></u>	Urticaria, angioedema, asthma and immunodeficiency	Make referral in cerner Clinic will call patient with appt time.	1-2 weeks	
<u><b>Infectious Disease</b></u> <i>OPAT: out-patient antibiotic therapy</i>	Patients requiring 2 <sup>nd</sup> dose IV antibiotics and not requiring admission -cellulitis, pyelonephritis	Clinic will call patient with appt time.	Usually next day appt. available	
<u><b>Thrombosis clinic</b></u>	DVT, PE, arterial thromboembolism, peri-op anticoagulant management, thrombophilia work- up/counselling, VTE in pregnancy	Call Thrombosis staff on call Make referral in cerner UC can call to book appt Mon-Fri 9-4pm Otherwise clinic will call patient to book Give handout from UC	Usually within 24-48hours	<b>Thrombosis pathway:</b> for suspected DVTs you can cover with DOAC/LMWH x 1 and then order outpt u/s. They'll get call from rad at 8am the next day with appt time. If US is positive, they will automatically be directed to the Thrombosis clinic for f/u the same day.
<u><b>Pediatrics</b></u> <i>Rapid access clinic*</i>	They will see any <b>non-contagious issues</b> (they're located near the maternity ward and therefore need to avoid spreadable infectious etiologies): GERD, UTI, asthma...	Make referral in cerner They will call the patient to book	Within a few days	<b>*Temporarily closed due to Covid. You can still make referrals, and the paediatricians will coordinate to see the patient in their own clinics within a few days.</b>

<p><b><u>Geriatrics</u></b>  <i>Rapid access clinic</i></p>	<p>Patients over 70 years needing more thorough review/ follow up and not requiring admission</p>	<p>Make referral in cerner  Often coordinated by Geri RN/ EDiCare team  UC can call to book appt Mon-Fri 9-4pm</p>	<p>1-2 weeks (sometimes less)</p>	<p><b>EDiCare</b> 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</p>
<p><b><u>Neurology</u></b>  <i>1. Rapid access clinic</i>   <i>2. TIA/Stroke clinic</i>   <i>3. EMG lab (Includes neuro consult)</i></p>	<p>1. non-CVA neuro issues requiring follow-up, but safe for discharge  -new migraine, atypical Bell's, new onset seizure, vestibular disorder, radiculopathy with progressive symptoms, syncope nod, sensory symptoms nod, progressive tremor</p> <p>2. Stable post-TIA/ CVA not requiring admission, carotid disease</p> <p>3. Peripheral neuropathies</p>	<p>1. Make referral in cerner. Give handout from UC to patient. Clinic will call patient with appt.</p> <p>2. Make referral in cerner. They will call patient</p> <p>3. Make referral in cerner. Lab will contact patient with appt.</p>	<p>1.6-8 weeks</p> <p>2. Variable- usually 1-2 weeks</p> <p>3. 1-2 weeks</p>	<p>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.</p>
<p><b><u>Cardiology</u></b>  <i>1. Stat cardiology clinic</i>  <i>2. Atrial Fib clinic</i>  <i>3. Chest pain clinic</i></p>	<p>1. poorly controlled CHF, pericarditis, stable pericardial effusion NYD...</p> <p>2. new dx or poorly controlled-not requiring admission (consider initiating anti-coag in the ED)</p> <p>3. Sees patients with chest pain who are discharged from ED with an output provocative test (EST, MIBI, cardiac CT)</p>	<p>1. Make referral in Cerner They will call patient</p> <p>2. Make referral in cerner They will call patient</p> <p>3. Rmake Referral in Cerner. They will call the patient (likely to be same day as provocative test)</p>	<p>1. Usually within 1 week</p> <p>2. Variable- usually 2-4 weeks</p> <p>3. Within 0-2 days of EST, MIBI or cardiac CT.</p>	<p><b>CPP</b>-chest pain pathway  Low risk chest pain with normal serial tropes and non-ischemic ECGS. Can chose outpt stress test, MIBI or cardiac CT.  Patients seen within 0-2 days by chest pain clinic for review of results (or referred back to the ED with an abnormal result if unable to be fit in same day)</p>

<u><b>Respirology</b></u> 1. <i>Pacific Lung center</i> 2. <i>Asthma clinic</i>	1. pleural effusion not requiring admission, interstitial fibrosis, well controlled CF... 2. poorly controlled asthma	1. Make referral in cerner They will call patient 2. Make referral in cerner They will call patient	1. Variable- usually 1-3 weeks 2. Variable- usually 1-3 weeks	
<u><b>Post COVID Clinic</b></u>	Confirmed COVID-19 patients with symptoms >3 months post diagnosis	Make referral in cerner Clinic will call patient with appt time.	Weeks to months	
<u><b>Palliative Care</b></u> <i>Outpatient clinic</i>	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><b>Dermatology</b></u> <i>Rapid access</i>	Acute derm issue needing to be seen in <3 weeks (Highly symptomatic, suspicious for systemic disease)	Make referral in cerner Give handout from UC Clinic will call patient with appt	2-3 weeks	
<u><b>Psychiatry</b></u> <i>BIC: Brief Intervention clinic</i>	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><b>OB/GYNE</b></u> 1. <i>Outpt staff clinics</i> 2. <i>EPAC Early pregnancy assessment clinic</i>	1. Menorrhagia, uterine prolapse, endometriosis, complex ovarian cyst, bartholin’s cyst... 2. 1 <sup>st</sup> trimester bleeds (>5 weeks GA, no suspicion of ectopic)	1. Make referral in the cerner. They will call the patient to book. 2. Refer through cerner 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 <b>need to be vetted through the OB/Gyn staff on call.</b> They will either tell you to refer the patient to themselves or another doc (2 <sup>nd</sup> staff on call) <b>Do not involve residents</b>



<u>Orthopedic</u> <u>S</u>	Bone/tendon/ ligament injury appropriate for outpatient management -no hand/facial #s	Make referral in cerner to ortho staff on call Give patient business card from UC 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)
<u>Plastics</u> <i>Plastics clinic</i>	Bone/tendon/ ligament/skin injury appropriate for outpatient management -includes carpal/ hand bones and facial #s...	Make referral in cerner UC books appt into either	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 <b>VGH burn clinic</b> . Ask UC to print referral form.
<u>GI</u>	Stable LGIB, uncontrolled reflux, stable IBD...	Make referral in cerner to GI staff on call or to the Pacific Gastroenterology Group Give handout from UC Patient to call to book	Variable Weeks- months	If you need someone seen within a shorter time frame, speak to the staff on call
<u>Gen Surg</u>	Reducible Hernia, Cholelithiasis, Hemorrhoids...	Make referral in cerner to staff on call Give handout from UC Patient to call to book	Variable Weeks- months	If you need someone seen within a shorter time frame, speak to the staff on call
<u>Urology</u>	Microscopic hematuria, stable nephrolithiasis, prostate nodule...	Make referral in cerner to staff on call Give handout from UC Patient to call to book	1-3 weeks	
<u>ENT</u>	Chronic sinusitis, Recurrent or chronic OM/OE, f/u recurrent epistaxis, non-acute hearing loss...	Make referral in cerner to <b>ENT resident clinic</b> Give handout from UC. Patient to call to book	1-3 weeks	If you need someone seen within a shorter time frame, speak to the staff on call

<p><u>Ophtho</u></p>	<p>New onset floaters without visual change, f/u rust ring, new diagnosis elevated IOP (not acute angle)...</p>	<p>Make referral through corner to ophtho staff on call. Give handout from UC. Patient to call to book.</p>	<p>1-3 weeks</p>	<p>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.</p>
<p><u>Dentistry</u></p>	<p>Dental #s, Alveolar #s, complete luxation of tooth</p>	<p>Mon-Fri: Call to speak with the dentist/assistant directly 604-875-4006 Hours vary, but currently open Mon: 8am-7pm, Tues,Wed,Thurs: 2pm-7pm Fri:7am-3pm</p> <p>After hours/ Weekends fax referral to 604-875-5493</p>	<p>Triaged based on urgency- but often same day or next 1-2 days</p>	<p>VGH dental clinic Referral Form: <a href="http://www.sphemerg.ca/wp-content/uploads/2016/11/VGH-DENTISTRY-REFERRAL-FORM.pdf">http://www.sphemerg.ca/wp-content/uploads/2016/11/VGH-DENTISTRY-REFERRAL-FORM.pdf</a></p>