Medicine Consult Inpatient Guidelines for Attendings and Residents

2013-2014 Academic year

Overview:

The medicine consult service is staffed by two 3rd year internal medicine residents and one internal medicine attending. During the three week block, both residents are present for the first week, and then one resident each is present for the subsequent two weeks of the rotation. The medicine consult service provides several services including preoperative medical evaluations, postoperative management of complex medical issues, and consults for medical issues for specialty services, in addition to facilitating transfers to the medical service from non-internal medical services. Each resident is also expected to present a case at morning report using evidence based medicine.

The medicine consult service represents the internal medicine department and internal medicine residency program to the non-internal medicine providers and staff in the hospital. It is important to maintain a high level of professionalism in encounters with referring providers and services.

Objectives of the Medicine Consult Rotation:

- To be confident in the management of patients in the perioperative period
- To be confident in pre-operative cardiac risk stratification
- To be confident in the management of common internal medicine problems that arise in patients with other primary problems (psychiatric, neurologic, surgical, gynecologic, etc)
- To understand when a patient can be managed on the referring service versus when there is a need to transfer the patient to an inpatient internal medicine service.
- To be an effective consultant with prompt evaluation and timely communication with the referring service.
- To become proficient in the use of evidence based literature in guiding all management decisions.

How to Obtain a Medicine Consult:

All new consult requests from an inpatient service or team should be placed in SCM. A followup page should also be sent at that time to pager number 8585 to discuss the case and provide additional details. All non-inpatient consults requests should be paged to beeper 8585. Information included in the page should include patient last name, location, MRN (medical record number), brief reason for consult, call back number, name of requesting provider, service requesting consult (ie neuro, gen surg, ortho etc) and pager number for requesting provider.

Medicine consult resident pager: 8585

Medical Education:

The medicine consult rotation provides an opportunity to learn about different aspects of a medicine consult including professionalism, the role of a consultant, peri-operative medical management, and management of medical issues for non-internal medicine patients ie obstetric patients. The medicine consult attending is expected to have educational conferences on a regular basis throughout the rotation. The conferences are expected to cover several aspects of medicine consult including the major peri-operative medicine evaluations/management issues (ie cardiovascular, pulmonary, general peri-operative medicine evaluations, management of medications, delirium assessment etc). The residents are expected to discuss a topic of interest and medicine consult management of a patient in one morning report with the use of current literature.

New Consults:

- 1) All consults are expected to be seen within 24 hours of the initial order and/or page to the medicine consult service
- 2) All requests for a consult should be discussed with the medicine consult attending even if there is a decision made not to proceed with the consult. The medicine consult resident <u>CANNOT DECLINE a consult without discussing it with the medicine consult attending first.</u>
- 3) The medicine consult team is expected to see patients in the East Newton Pavilion, Menino Pavilion, Moakley building, PACU including the Moakley, Rehabilitation medicine floors, emergency department, and surgical intensive care units. It also the expectation that the medicine consult service see urgent consults in the surgical clinics. The medicine consult teams will actually go to the surgical clinic in these cases and do an PPC note AND PAS note in these cases. In some cases, the medicine consult team may be asked to see patients on a medical ward team or in surgical specialty units. It is expected that the medicine consult team sees all the above consults.
- 4) All new and old consults will be discussed with the attending of record
- 5) The medicine consult residents will personally discuss the recommendations with the resident or attending from the team that ordered the consult. Communication with other services is key!
- 6) If there is an urgent consult during the morning PPC session, one of the residents is expected to leave the clinic and see the urgent consult as soon as possible.

Follow-up consults

- 1) All follow-up consults are expected to be seen once per day by the medical resident with a follow-up consult note
- 2) The medicine consult residents will personally discuss the recommendations with the resident or attending from the team that ordered the consult. Communication with other services is key!

Signing off on consults

In many cases, continued follow-up by the medicine consult service may not be indicated given the nature of the initial consult or the status of the patient's medical problems.

- 1) If the medical consult team wants to sign off on a patient, they must communicate this with the consulting service and can only sign off if both groups agree that it is appropriate
- 2) The medicine consult team is expected to document in their notes that they are signing off on a patient and leave a note saying to page with any new medicine consult questions.
- 3) As per the co-management guidelines below, the medicine consult service is expected to follow co-management patients throughout the hospital course unless both the medical service and surgical service agree that further co-management is not indicated.

Transfer or admission to medicine requests:

The internal medicine consult service can provide the invaluable service of reviewing the patient's current problems and status to determine if a transfer or admission to an internal medicine service is warranted as well as to give recommendations on the treatment of the patient's medical issues. They can also evaluate if the requested transfer location is appropriate for the current medical status of the patient.

- The medicine consult service is expected to be involved in any requested transfers to a medical service or admissions to a medical service from a non-department of medicine service. Potential locations/services that may request transfers or admissions to the medical service include surgical or specialty ward services, surgical intensive care units, PACU including the Moakley building, Rehabilitation medicine floors, or specialty/surgical clinic patients.
- 2) The medicine consult residents are expected to attempt to see all requested transfers/admissions to medicine from non-internal medicine sources.
- 3) The medicine consult residents will write a note on all requested transfers/admissions
- 4) The medicine consult residents will discuss all requests for transfer/admissions to the medical service with the medicine consult attending
- 5) If the medicine consult service believes that the patient case is appropriate to transfer to medicine or admit to a medical service, then to facilitate an admission or transfer to a medical service, the medicine consult residents are expected to call the admitting office to find who the next available team for admission is. The medicine consult attending is expected to discuss the case with the admitting attending to ensure that they are wiling to take the patient onto their team and to sign out the patient.
- 6) The resident is expected to discuss the case with the resident on that ward team in order to sign out the patient to the team.

Overnight consults:

- 1) Overnight consults will be staffed by the senior night float resident
- 2) If the nightfloat residents have **any questions** about a medicine consult patient or comanagement patient they should page the medicine consult attending (pager 8586)
- 3) All urgent overnight consults including potential transfers to medicine, worsening clinical status of previously seen medicine consult patients, hip fracture patients, new pulmonary embolisms, or severely ill patients should be discussed with the medicine consult attending within one hour of the consult being called/paged in.
- 4) All consults that require an urgent preoperative evaluation is patients that planned to have surgery first thing in the morning, should be discussed with the medicine consult attending before 6 AM so that the medicine consult attending can arrange to see those patients first thing in the morning prior to his or her other clinical responsibilities.
- 5) All non-urgent (ie management of mild hypertension) consults can be discussed with the medicine consult attending by the usual daytime medicine consult team
- 6) Night float seniors, who function as both an admitting resident and medicine consult resident, are expected to write only ONE admission note for hip fracture patients. The medicine consult team can then write a medicine consult note during the day.

Surgical Intensive Care Unit (SICU) consults

The medicine consult service may be asked to see patients in the surgical intensive care units for several reasons including potential transfers to a medical team, medicine specific issues ie HTN management, etc, and for preoperative evaluations.

- 1) The medicine consult service is expected to see SICU consults if a consult is requested. The consult standards are per the usual consult standards including timeliness of the consult, documentation, and communication with the requesting service.
- 2) If a patient is transferred to the SICU from a ward team, the medicine consult team can discuss the need to follow the patient with the SICU team and can only stop seeing the patients <u>if both groups agree</u> that was no need for further consultation.
- 3) If the SICU requests a transfer to the MICU, they should discuss this with the MICU pulmonary fellow and attending. The medicine consult service is not expected to be involved in these transfers. The medicine consult service should direct these requests to the MICU service.
- 4) Given the severity of the clinical issues that patients in the SICU develop, it is anticipated that there will be large number of consults that require a higher level of expertise for evaluation than can be provided by the medicine consult service. It is appropriate for the medicine consult service to ask the SICU to consult these services (ie pulmomary for respiratory issues, renal, gastroenterology, infectious disease etc) to assist in providing care for these patients

PACU/outpatient specialty clinics/Moakley building/Rehabilitation medicine floor/Emergency department

The medicine consult service is responsible for providing medicine consults to varied locations throughout Boston Medical Center. The location of the consults can sometimes be unusual locations of care for internal medicine residents. As with SICU and ward consults, the question for the consult team can involve such things as acute medical issues (acute asthma exacerbation, HTN management etc), preoperative evaluations, and potential transfers/admissions to the medical service. It is expected that the medicine consult service sees patients in all of these locations if requested.

 The medicine consult service is expected to see patients in all PACUs, outpatient specialty clinics, the Moakley building, and Rehabilitation medicine floors if a consult request is placed. Given the location of these consults, a SCM order for a medicine consult may not be generated at the time of these consults.

Medical Consult Co-Management Guidelines:

Orthopedic Co-Management:

Hip fracture patients have a higher prevalence of medical problems than most surgical patients. Given the high level of morbidity and mortality associated with hip fracture patients, a higher level of involvement is expected by the medical consult team for these patients. **ALL hip fracture patients will be admitted to medical ward teams** with the attending of record being the medicine consult team attending. If the medical ward team has an attending whom is part of the medicine consult inpatient service rotation, they can be the attending of record instead of the medicine consult attending.

- 1. Only hip fracture patients are automatically considered co-management with the medicine consult team. For the hip fracture patients, as co-management the medicine consult residents do not "recommend" management but rather write for the patient's orders and daily notes as their own patient.
 - a. ER will page ortho resident and med consult resident (same as now) to expedite preop and OR evaluation
 - b. The patient will be admitted to 7East MP
 - c. A member of the Med Consult team (either the attending or resident) should touch base with the Care manager daily, preferably at 10am CM rounds at MP or connect with 1 of the 2 CMs on 7E.
 - d. During the admission the medicine team is **EXPECTED TO ORDER ALL NON-ORTHOPEDIC RELATED LABS, TESTS, AND ORDERS** (including things such as daily labs, telemetry orders, and medication orders)
 - e. When a new hip fracture consult is placed from the emergency department, the medical consult service is expected to see the patient there if requested. The medicine consult team is expected to discuss the case with the orthopedics team and emergency medicine providers.
 - f. The Med consult attending should see the patient daily and write an attending of record note and bill accordingly (H&P, PNs, D/ C Summary)

- g. Documentation:
 - i. Med Consult resident is expected to write an H&P and admit orders except for those orders covered by ortho (see below #4)
 - ii. Admission H&P should include pre-op risk assessment and mitigation strategies.
 - iii. Med Consult resident is also expected to write a daily PROGRESS NOTE (not a consult note).
 - iv. Med Consult resident is expected to write the discharge summary

2. Specific Management Scenarios

Antibiotics Management:

- a. For pre-op antibiotic prophylaxis, it is expected the management is decided upon after discussion with the orthopedic team.
- b. Pre or Post-op antibiotics for the treatment of infectious complications should be managed by the medicine team.
- c. Any Post-op complications identified by the medicine resident, i.e. infection, should be communicated to the ortho resident/team for care coordination.

Anticoagulation:

a. All full anticoagulation needs to be an Attending to Attending discussion (Medicine and Ortho) before starting.

Weight Bearing Status:

- a. The orthopedics team will be discussing the case with the medical team and is expected to place any non-medical orders ie physical therapy, ambulation etc
- 3. As of July 1st 2013, ELECTIVE hip/knee or other joint replacements are admitted to the hospitalist ortho co-management team and resident housestaff are not involved in the care of these patients.

Orthopedic and ENT Co-management

The medicine department has formed a co-management service with the otolaryngology and several of the orthopedic services to provide excellent patient care throughout the patient's hospital stay. All orthopedic non-hip fracture patients whom have a medicine consult request are considered to be co-management per the following guidelines

- 1) All co-management consults follow the same rules as other consults in terms of time to when the patient is seen, communication, and documentation
- 2) When the medicine consult team is consulted regarding a co-management patient, the medicine consult service is expected to follow the patient throughout his or her hospital course regardless of the acuity or status of their medical problems. This means that even if all the patient's medical problems are stable, you are still expected to follow the

patient. The medicine consult service can discuss the need for following the patient with the surgical service and can only stop seeing the patients **<u>if both groups agree</u>** that was no need for further consultation.

- 3) If a patient is transferred to the SICU from a ward team, the medicine consult team can discuss the need to follow the patient with the SICU team and can only stop seeing the patients **if both groups agree** that was no need for further consultation.
- 4) All initial admission orders or transfer orders are placed by the surgical team.
- 5) All labs, studies, telemetry orders, medical consultations, or medication orders related to medical issues are to be ordered by the medical team.
- 6) In regards to pain management in the perioperative period, the medical and surgical teams are expected to determine who will be managing the patient's pain. This may vary on a case to case basis.
- 7) The medical consultants are expected to give at least an outline if not a more detailed summary of the patient's medical issues to be included in the patient's discharge summary. The surgical team is still expected to start and complete the discharge summary.