Med Consult Goals and Objectives

Goals and Objectives of the Rotation:

1) To learn how to perform a perioperative cardiac risk assessment.
2) To learn the perioperative management of medical problems—including diabetes, hypertension and renal disease.
3) To learn to make site of care decisions (eg: home vs. medicine ward vs. intensive care unit) for a variety of medical conditions.
4) To learn to rapidly evaluate, assess, treat and triage unstable medicine patients.
5) To learn about hospital operations as they relate to the transferring of patients between hospitals and treating services.
6) To learn to prioritize the distribution of limited resources (eg: ICU beds) appropriately to critically ill patients in the hospital.

Your Role on Med Consult Days and Nights:

1) Be present for all CODES and know your ACLS.
2) Evaluate unstable patients on the floor.
3) Facilitate the transfer of critically ill patients to the ICU.
4) Communicate with Bed control to adjust team assignments as appropriate.
5) Emergency internal medicine consults.
6) Handle critical lab values for the Department of Medicine.
7) Receive possible patient transfers from other hospitals via the MAC.
8) The night Medicine Consult resident will admit to the General Medicine Service according the night float distribution pattern in Bed Control.
9) Cross cover and admit for Hematology Service overnight.
10) Keep the keys to the medicine ward ultrasound machine and ensure it is returned to the Medicine Consult call room.

Your Role on Med Consult Routines:

1) Routine internal medicine consults for patients on surgical services.
2) Determine if surgical patients should be transferred to medicine.

Your Schedule:

- The only time you are excused from clinic is if it falls after the last day of your Med Consult Nights (i.e. Post-Call from Med Consult nights).
- Medicine Consult Days and Nights change shift at 7 am and 5:30 pm.

Med Consult Days and Nights:

-At the beginning of the shift, go to ICU and talk to the nurse in charge to hear about the bed situation (open/closed beds and patients potentially transferrable to wards).

-Next talk with the CMA coordinator. Most of your problems occur when you do not communicate with the CMA coordinator. If both of you are on the same page, you will be giving the same information to the ER. If you do not do this, the already stressed ER attending will be hearing two different stories about the open beds and will often become angry making your job much more difficult.

-Finally, when you have all of the information, go to the ER and talk to the 2 star or ER attending. Ask them which patients they would like to add to the ICU waiting list.

Ask them to rank the patients in order of who should go first, then second, etc… This sounds simple but it is probably one of the most important things you do. It creates good communication between you and the ER and gives them the correct impression that you are working hard to get them beds.

-Then maintain good communication with the ER and CMA coordinator throughout the shift by being as open and straight forward and updating them as much as possible.

Common Pitfalls:

-Show ER attendings the same respect you show your own attendings. Do not argue with the ER attending about admissions (they are an attending and you are not). If in doubt, discuss the case with your attending or the attending on call.

-Realize there are many reasons why the CMA coordinator might have different information:

- -They are wrong.
- -You are wrong.
- -The bed was closed due to nurses calling in sick but now it is open because they were able to pull some nurses.
- -The bed will be open but is not yet open because:
    - -the medicine bed the patient will transfer to is not open yet
    - -the room has not been cleaned and turned over yet
    - -beds are closed due to nursing

Team Assignments:

1. Bed Control follows the Patient Distribution lists and only deviates if there is a team blocked for various reasons as determined by Medicine Consult (e.g. senior resident in clinic, team census at max capacity, team is short-staffed due to unforeseen reasons, etc.)
2. General Medicine day teams admit from 6 am – 4:59 pm and Night float admits from 5:00 pm – 5:59 am.
3. The MICU teams are assigned patients in cyclic fashion per the discretion of the PCCM fellow. Med Consult informs the PCCM fellow of MICU admissions.

After Hours and Weekends/Holidays:

All consults on weekends/holidays are to be staffed with the Medicine consult attending between the hours of 8:00 am – 5:00 pm.

All emergency consults after hours are to be staffed by the on-call Hospitalist Attending.

Accepting Transfers from Outside Facilities:

1. Do not accept a transfer from an outside facility without talking to Medicine Consult attending (i.e. Med Consult attending or Hospitalist on-call).
2. If and when you do accept a transfer, make sure you do it through the MAC Center (323-869-0578). They record the conversation and are a measure to ensure that the transfers are appropriate.

Emergency Consults:

1. These will usually come from Sugery, OB/Gyn, and Psych ER.
2. Pre-Op evals are not emergent (if it is an emergent surgery the patient should already be in the OR), but if at all possible you should try to help them out by doing a pre-Op for them.
3. A consult for the transfer to medicine of a stable patient from another service is also not an emergency and can wait to be seen and evaluated by the routine med consult service within 24 hours.
4. If you have an unstable patient on the floor that needs to be transferred to the ICU, this should take priority over an ER patient because the ER is still a monitored setting. Be sure to involve the ER attending in the process and let them know that you have an unstable patient on the floor who needs a monitored bed.

Critical Lab Values:

-When called with a critical lab value get the patient's name, PF#, and Home phone #. Check the lab and the trend, then call the patient and advise them what to do.
-If you are unable to reach the patient and the labs point to a possible problem call the dispatcher back and tell them to do a "wellfare-check". Basically, the police will go to the patient's home and instruct them to return to the hospital.
The lab and UR will be able to help you with these only until 11 pm.

MedConsult Curriculum:

MKSAP 16 General Medicine questions x5 reviewed daily.

Any questions?
Please direct them to either your Med Consult attending or Dr. Sarte.