

**EMERGENCY DEPARTMENT POLICIES**

<b>SUBJECT:</b>	<b>CRITICAL CARE CONSULT POLICY</b>	NO. 34.5
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**Patient Population**

Neonate	
Pediatric	
Adolescent	
Adult	√
Geriatric	√

**POLICY:**

The following procedure will be implemented when a patient is in need of intensive care placement in any of the ICUs within Mount Sinai.

**IMPLEMENTATION:**

- When a critically ill patient is treated in the Emergency Department and deemed appropriate for critical care admission,, the ED attending will select the most appropriate ICU, and will request Critical Care Evaluation.
- When Critical Care Evaluation is requested the admitting unit will place a note in the chart accepting or rejecting the patient to the ICU.
- If the patient is accepted, and there is no bed available in the assigned unit, it is the responsibility of that unit’s team to find an appropriate bed for the patient and arrange expeditious transport of the patient out of emergency department. This may involve transfer of an existing patient or the “boarding” of the patient in another unit, with goal of moving the patient out of the emergency department as soon as possible. The attending of record will be designated by the department admitting the patient.
- If the patient is rejected, a note will be placed in the chart. If the ED team agrees, the patient will be admitted to the appropriate location with the assistance of the MAR. Alternatively, the ED physician may ask that the ICU fellow see the patient and discuss the case in person with the ED Attending. If there is still a question of most appropriate placement, the ED Attending may request that the ICU attending personally evaluate the case and discuss with the ED attending.
- The ED may request a Critical Care Consultation from the ICU team, whether the patient is admitted and waiting a bed or has been rejected. The ED will note the reason for the consultation.
  - The ICU fellow will evaluate the patient, discuss the case with the ICU attending and leave a consultation note in the chart including recommendations. The fellow will discuss the case with the ED attending or designee. The ICU team will not be responsible for managing the patient in the ED.
- Attending and fellow on-call lists are to be provided to the emergency department on a regular basis and all changes communicated in a timely fashion.
- Critical care and cardiology consultation at the attending level is to be available on a 24-hour/day basis. In accordance with medical board policy, consultations will be answered in ten minutes for emergent consultations and one hour in urgent cases.
- ICU and CCU admissions and consultations will have quality assurance review .