

Admissions to Medicine from Non- ED Areas: Cancer Centre, Dialysis Unit or Post-procedure

Preamble:

Patients sent to the ED for admission from clinics are dealt with in the normal way. However, a common source of non-ED admissions to medicine is from the cancer centre and renal clinic / dialysis unit, or Post-procedure Resp / GI / IVR / Radiology (e.g. pneumothorax or G-tube management), Patients from these areas typically do not go to the ED unless they are unstable.

Process for Medicine Consultation for these Admissions:

The Service requesting admission (e.g. Oncology, Nephrology, Radiology), should call the **GIM Consult Team** who will come and see the patient and arrange admission to the appropriate service (e.g. CTUE/MSSU or regular team) if necessary, or provide consultation advice and arrange follow up.

- GIM Consult resident will see the patient and review with the GIM Consult Attending staff for all consults being discharged or admitted to a non-CTU service and for most that require CTU admission:
 - However may present directly to the CTU E or on-call Admitting CTU Attending if that is the preference of the E or on-call Attending that day.
 - GIM Consult resident must call 7074 to inform on-call resident of any new admissions to CTU so they can be assigned to the appropriate team.

- **After 1700h**, consultation will be provided by the **on-call Medicine team (ext. 7074)**. Patients that need to be assessed will typically be triaged directly to a ward bed or ATU, or if these are not available, the ED.

- If the GIM Consult team (Attending &/or resident) are unavailable for immediate consult (e.g. clinic or half day, or too many consults), and the patient clearly needs admission to a ward bed, then HRF can be filled after discussion and the **GIM consult team is responsible** for ensuring appropriate medical consultation is provided quickly by the on-call team.