

CTU-G/HOSPITALIST GUIDELINES

CTU-G is an acute medicine service, but with no housestaff.
It is run by 2 Attendings and a Physician Assistant.

The following guidelines apply to CTU-G:

- Cap of 35 patients
 - Attending may increase cap at their discretion, particularly if discharges are anticipated
 - If CTUs A-D&K have low census (~low 20s), new admissions should be shared among all teams and G census should not be pushed up to 35.
- Maximum of 4 admissions overnight, no daily limit on admissions
 - *No D4 Admissions overnight*
- No D4 admissions in general , except:
 - If a CTU-G ward patient is transferred to D4, the CTU-G Attending will decide if that patient is transferred to another team, or remain on G.
- No 'holdovers' for the G attending
- Boucebacks to G are acceptable, similar to other CTU teams given continuity of the PA.
- CTU-E will preferentially admit longer stay patients to G throughout the day as long as G has capacity
- Patients can be assigned to either G Attending as MRP
- G can receive admissions from GIM consult service (ideally if patient is bed spaced to C3)
- No K2-ICU transfers to G, they should be assigned to K if on C3