

Cancer Clinic Consultations to Medicine

Preamble:

Patients from the cancer clinic have traditionally been sent to the ER when Internal Medicine consultation is needed with a view to admission.

Clearly, if patients are very sick or unstable, this is necessary and appropriate use of the ER. At other times, however, patients do not need the ER but may require admission to hospital under Internal Medicine. Sending these individuals to the ER is neither in the best interest of the patient nor appropriate use of resources.

Process for Medicine Consultation for an outpatient in the Cancer Clinic:

- Admission to Oncology with consultation to Medicine concurrently or following admission should be the first consideration. (eg. admission for radiation for acute spinal cord compression should be admitted to Radiation Oncology service directly, not to Medicine.)
- Sick patients with an Internal Medicine problem requiring the ER:
 - Oncology Attending to call Medicine Attending to accept pt in ER (CTU-E Attending before 1300h or the CTU On Call Attending after 1300h)
 - It is the responsibility of the Oncology Attending to also contact the ER charge nurse to accept and arrange transfer of patient to ER.
- Stable patients felt to require admission to a hospital bed but not requiring the ER:
 - Consult should be called to the GIM Consult resident (ie. Resident on GIM inpatient consultation service, NOT resident on call in ER; call switchboard for name and pager)
 - GIM Consult resident will see patient in the cancer centre and review with appropriate Attending staff:
 - If patient does not require admission, or requires admission to a different (non-CTU) service, review with GIM Consult Attending
 - If patient likely to require a short stay, review with CTU-E Attending
 - If patient likely to require a long stay, or needs admission to ward for other reasons (isolation for febrile neutropenia, telemetry etc), review with one of two CTU Attendings on take for the day (either C or D attending, as actively treated cancer patients are admitted to whichever of team C or D is on take).
 - **Oncology Attending does NOT need to complete a HRF and admission orders**, as this will be done once patient's destination is determined after review with Medicine Attending
 - After 1600h, consultation will be provided by the on call Medicine team. Patients will not be seen in the cancer clinic by the on call team, thus would either need to be admitted by Oncology or triaged to the MSSU, OPPU (usual practice), or if these are not available, the ER. Thus consultation should be placed with the resident on the GIM consult service as early in the day as possible.
 - If the GIM Consult resident is unavailable (clinic, half day), and the patient clearly needs admission to a ward bed, it would be appropriate and acceptable for one of the junior residents from the on call teams to see the patient in cancer clinic and review with their (on call) Attending staff. However, Oncology should still call the consult in to the GIM Consult resident, and the decision about who will see a consult in these circumstances can be left to the GIM consult resident and the senior resident on call (at ext 7074) to sort out.