

## **Guidelines for Post-Operative General Internal Medicine (GIM) Consults** **(Non Cardiac)**

*(For cardiac issues, please refer to cardiac consults document to determine whether GIM or Cardiology should be consulted)*

*Background: The division of GIM has developed an interest and expertise in the perioperative management of patients with multiple internal medicine issues. GIM now runs pre-operative clinics for patients with complex internal medicine problems and hopes to become more involved in the inpatient post operative management of these patients. The department of Anaesthesia has requested that GIM provide guidelines for indications for post-operative GIM consults. In addition, it has been noted that at times, multiple different internal medicine consulting services are involved in one patient's case; GIM can generally manage the majority of post-operative internal medicine problems hence avoiding redundancy with consultants.*

*Purpose: to provide clear guidelines for Anesthesia and Surgery regarding when GIM should be consulted in the post-operative period.*

**GIM can be consulted for the following post-operative issues:**

- **Cardiac issues: please refer to “cardiac issues” document for who to consult (GIM vs Cardiology)**
- **Respiratory issues:**
  - **COPD exacerbation**
  - **Hospital acquired pneumonia**
  - **Increased SOB or O<sub>2</sub> requirements NYD**
- **Endocrine issues:**
  - **Poorly controlled diabetes**
  - **Hypoglycemia**
  - **Suspected adrenal insufficiency**
- **VTE**
  - **PE**
  - **DVT**
- **Delirium**
- **Electrolyte abnormalities (HypoNa, HyperNa, HyperCa<sup>2+</sup>, etc)**
- **AKI (NOT requiring dialysis)**
- **Cirrhosis with decompensation (ascites, encephalopathy)**
- **Medication management/adjustment (eg restarting anti-platelets, anti-hypertensives, etc)**

*It is the understanding that GIM will consult the specific internal medicine subspecialty for an individual problem, if indicated. (eg consult Nephrology for worsening AKI)*