

Guidelines for the Management of CTU-H Patient Medical Issues over Weekends and Holidays

- Outside of working hours, CTU-H is covered by an R1 Medicine resident
- Various issues arise with these patients ranging from mild to severe and below is a guideline for who the patients should be reviewed with, and whether transfer of care is indicated.

	Mild Issues	Moderate Issues	Severe Issues
<u>Examples</u>	Sleeping pills, pain control, etc	New fever, new/change oxygen requirements, new drop in hemoglobin, concern for GIB	Any unstable patient that requires transfer to D4, such as shock, sepsis, GIB, respiratory failure
<u>*Review case?</u>	Update handover tool. No formal review required.	Case should be reviewed in the morning with the GIM resident on-call	Overnight, D4 resident can assist with management. Case should be reviewed with accepting CTU Attending (call 7074 for team assignment)
<u>Transfer of care?</u>	No transfer of care required	**GIM resident on-call to decide if patient should be transferred to an acute medical team, or remain on CTU-H and be followed	Yes, transfer of care required to acute medical team

*Any issues can always be reviewed with the D4 resident on call if the junior is unsure how to proceed

** A good rule of thumb for transferring patients to an acute medical team is considering if that patient was in a Nursing Home, would they require transfer to hospital and admission. If the answer is yes, then likely they should be transferred to an acute team. If the issue is fairly mild, it is also reasonable to follow them on the GIM consult service and re-assess transfer depending on how the clinical problem evolves.

Moderate issues that happen overnight on weeknights should be handed over to Dr R Wijeratne (CTU-H Attending) , who can then determine if GIM consult is indicated.