

Renal Unit Consultations/Admissions to Medicine

Preamble:

Patients from the renal unit/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 a 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 a patient in the renal unit or renal clinic:

For SICK patients (eg. hemodynamic instability), renal unit Nephrologist to decide on either:

- **RACE TEAM** call to renal unit
 - RACE physician to decide location of subsequent assessment – transfer to ER for further investigation/management or assessment in renal unit
- **Transfer to ER** for urgent investigation/treatment
 - Nephrology Attending to call Service to accept pt in ER
 - Medicine Attending on call or other specialty Attending on call
 - It is the responsibility of the Nephrology Attending/Renal unit charge nurse to also contact the ER charge nurse to accept and arrange transfer of patient to ER.

For STABLE patients

- **For patients with an UNDIFFERENTIATED or clearly non-Medicine problem** (ie. Chest pain requiring ER/Cardiology assessment, Surgery assessment)
 - Nephrology Attending to contact ER/other specialty Physician to arrange transfer to ER for ER/other specialty assessment
 - It is the responsibility of the Nephrology Attending/Renal unit charge nurse to also contact the ER charge nurse to accept and arrange transfer of patient to ER.
- **For patients with a clearly (in the opinion of the Nephrologist) Internal Medicine problem requiring admission**
 - Consult should be called to the Medicine team on call via phone 7074 (CTU-E until 1 pm, on call medicine team after 1 pm). Resident carrying 7074 is responsible for ensuring that the consult is seen in the renal unit in a timely fashion by either a resident from CTU-E, or one of the on call teams.
 - Resident who sees the consult may review with appropriate attending staff:

- If patient likely to require a short stay, review with CTU-E Attending
- If patient likely to require a long stay/D4ICU/ward requirement like telemetry, review with one of the two CTU Attendings on take for the day

- To facilitate timely bed allocation, Nephrologist may speak directly to Medicine Attending on call. If patient admission needs are clear (ie. Short stay, D4ICU, telemetry or regular ward bed for longer stay), Nephrologist may fill in HRF to be sent to bed allocation. This should only happen after direct communication with Medicine Attending who is aware of, and has accepted patient

- If Nephrologist wishes to further expedite patient transfer to ward, it would be acceptable for him/her to complete CTU admission orders and KGH admission history/physical for the chart.

- After hours (?2000h),