

## **Subspecialty Medicine Admissions**

Patients with unique subspecialty needs will be admitted to the appropriate subspecialty services rather than CTU, in order to better meet their care needs.

<b>Subspecialty Medical Service</b>	<b>Patient Criteria</b>
<b>Endocrinology</b>	Radioactive Iodine (RAI) treatment
<b>Gastroenterology</b>	Advanced / Complex IBD management, Procedural complications, Medication access
<b>Hematology</b>	Acute leukemia, In-patient Chemotherapy, Incident (NEW) SCT <u>Any</u> medical problem for the following patients: Auto-SCT <1mo, Allo-SCT <6mo, Allo-SCT with active GVHD anytime, CAR-T cell therapy <6mo, BiTE therapy <6mo, aplastic anemia <3mo ATG therapy or severe cytopenias Complicated Febrile Neutropenia (Feb Neut in the above settings, and MDS on intensive therapy (azacitidine & venetoclax))
<b>Nephrology</b>	Incident (NEW) Renal Transplants, Dialysis access issue (NOT line sepsis), Medication access, Admission for renal biopsy
<b>Palliative Care</b>	Symptom management due to a life-threatening illness as the primary reason for admission (can be any resuscitative status), Actively dying patient who is for comfort-care only (C1, C2)
<b>Respirology</b>	Cystic Fibrosis with exacerbation, Iatrogenic pneumothorax caused by an <u>outpatient</u> procedure done or ordered by Respirology (e.g. CT guided lung biopsy, bronchoscopy, pleural space clinic procedures)

- Between 8am-10pm Monday- Sunday, the relevant subspecialty service should be contacted for admission directly by the ED team/ERP.
  - For Heme admissions contact Heme Ward Attending M-F daytime hrs (not consult Attending)
- Overnight, from 10pm to 8am, the ED Medicine team will complete the admission for the subspecialty service. The patient will be admitted directly TO the subspecialty service (not medicine/CTU) and reviewed directly with the subspecialty Attending or Fellow in the morning.
  - For overnight Palliative admissions, must discuss case with Palliative Attending on-call
- \*\*If unsure which service would best meet the patient's care needs, there should be an Attending-to-Attending discussion to determine the patient's ultimate disposition.**