

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.

Subspecialty Medical Service	Patient Criteria
Endocrinology	Radioactive Iodine (RAI) treatment
Gastroenterology	Advanced / Complex IBD management, Procedural complications, Medication access
Hematology	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))
Nephrology	Incident (NEW) Renal Transplants, Dialysis access issue (NOT line sepsis), Medication access, Admission for renal biopsy
Palliative Care	Symptom management due to a life-threatening illness as the primary reason for admission (with non-resuscitative GOC), Actively dying patient who is for comfort-care only (C1, C2)
Respirology	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.**