

Guideline for Surgical Procedures for Patients Admitted to CTU

The following applies to patients admitted to a CTU team who require a surgical procedure that takes place in the OR.

Goal: The patient's best interests should be kept in mind when determining the most appropriate MRP service, including the patient's nursing needs

- Generally, the expectation is that the patient's care is transferred to the surgical team post-operatively
 - The patient shall go from PACU to the appropriate surgical ward (and NOT back to the Medicine ward)
 - MRP and Service will be transferred to the surgical team post-operatively
 - There is NO expectation that the patient will be transferred back to Medicine
 - **'Auto-transfers' are not acceptable**
 - **Any attempt to 'bargain' or 'make a deal' regarding transfer back to CTU after surgery should be immediately communicated to the CTU director and COS.**
 - Exceptions include patients who require minor procedures to assist in the diagnosis or management of a patient on CTU
 - Examples include: LN /fat pad/muscle/mass biopsies, debridement of wounds, digit amputation for source control
 - Patients who have active medical conditions can be assessed and followed by the GIM Consults service
 - As with any surgical patient, if active medical issues arise that require CTU services, the GIM consult service will transfer the patient to CTU
 - *Patients will not be transferred back to CTU solely for disposition issues as CTU is not a hospitalist service*