

EMERGENCY DEPARTMENT POLICIES		
SUBJECT:	CRITICAL CARE CONSULT POLICY	NO. 34.5
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Patient Population

Neonate	
Pediatric	
Adolescent	
Adult	√
Geriatric	√

POLICY:

The following procedure will be implemented when a patient is in need of intensive care placement in any of the ICUs within Mount Sinai.

IMPLEMENTATION:

1. When a critically ill patient is treated in the Emergency Department, the attending emergency physician will determine the need for critical care admission and select the clinically most appropriate unit for a patient.
2. When consulted, the admitting unit will place a formal consult note and admitting orders on the chart. Further care of that patient is the responsibility of the accepting unit. This includes consults, diagnostic testing, transfers of the patient off unit and nursing initiated clinical questions.
3. If no bed is available in the assigned unit, it is the responsibility of that unit's team to find an appropriate bed for the patient and arrange expeditious transport of the patient out of emergency department. This may involve transfer of an existing patient or the "boarding" of the patient in another unit, with goal of moving the patient out of the emergency department as soon as possible. The attending of record will be designated by the department admitting the patient.
4. Attending and fellow on-call lists are to be provided to the emergency department on a regular basis and all changes communicated in a timely fashion.
5. Critical care and cardiology consultation at the attending level is to be available on a 24-hour/day basis. In accordance with medical board policy, consultations will be answered in ten minutes for emergent consultations and one hour in urgent cases.
6. If the admitting attending disagrees with the emergency physician's decision to admit, the admitting attending will see the patient, make a clinical assessment, write a note and if desired, arrange for the transfer of the patient to another service.
7. ICU and CCU admissions and consultations will have quality assurance review in the Care Center Quality Council.