

**EMERGENCY DEPARTMENT POLICIES**

<b>SUBJECT:</b>	Admission of Hip Fracture Patients from the Emergency Department	NO. 34.6 PAGE NO.
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Original date of issue: 10/06

Reviewed:							
Revised:							

Patient Population

Neonate	
Pediatric	
Adolescent	
Adult	√
Geriatric	√

**POLICY:**

1) Patients presenting to the ED with a hip fracture are to have an ECG, Vital Signs, CXR and GEM3000 (electrolytes/ hematocrit/ lactate/ venous gas) done, in addition to appropriate extremity x-rays, prior to calling for an Orthopedic Consult. (This does not apply in the situation where there is threat to life or limb.)

2) With regard to time frame of consultation, the Hospital Staff Rules and Regulations apply as written in Section K, Sub-Section 5: ([http://intranet1.mountsinai.org/admin\\_policies/rules\\_regs/frame\\_RR97.htm](http://intranet1.mountsinai.org/admin_policies/rules_regs/frame_RR97.htm))

*“Emergency Consultation - where the patient's life, limbs or vital organs are at significant risk in the opinion of the requesting physician. In accordance with JCAHO and CMS regulations, consultations to the Emergency Department, require that specialty attendings must be available by telephone within ten (10) minutes and be present in the Department of Emergency Medical Services within thirty (30) minutes of being called. When designated senior housestaff physicians respond to requests for consultation, the Attending time frames apply except in life threatening situations where the designated housestaff must be present in the Department of Emergency Medical Services within five (5) minutes.”*

3) Patient who are unstable hemodynamically, require telemetry monitoring, or are at imminent risk of becoming unstable should be placed on the appropriate medical service in discussion with the MAR.

4) Patients are not to be listed to the Orthopedic Service for admission until there is a discussion with the on-call Orthopedic Resident, unless so directed by the admitting Orthopedic attending.

5) Should disagreement arise as to which service the patient should be admitted to among the on-call house staff, the Orthopedic Attending on-call as well as the Internal Medicine Attending on-call should have a discussion regarding the care and disposition of the patient. If at that point no agreement is reached as to disposition, the Emergency Department Attending shall become the final arbiter as to which service will admit the patient.

(Note the Hospital Staff Rules and Regulations Section A, Sub-Section 3(a): *“The ED Director or his/her designee has the privilege to list a patient to be admitted for evaluation in the following situations: (1) if there is a dispute between services as to which is the appropriate service to take care of the patient, and/or (2) if a service does not come to the ED within four (4) hours and consult/admit a patient, the ED Attending will admit to the service deemed appropriate.”*)