"ACS Grid" -- ACUTE CARE SURGERY SERVICE CONSULT GUIDELINES (Non-Trauma)

~ Finalized 11/24/2010 by the ACS PI Committee

1) These Guidelines apply to all patients with non-traumatic, general surgery conditions.

2) CONSULTS may originate from Emergency Department, in-house clinical services or Interhospital Transfers:
   a. Emergency Department and in-house consults should be directed to the senior Surgery Resident first.
   b. Interhospital Transfers MUST be directed to the on-call Attending Surgeon first. This includes transfers from Brighton First Care.
   c. UNASSIGNED PATIENTS: New patients with surgical problems will be assigned to the on-call surgeon and the resident team. Patients should be asked if they have a local surgeon, and if so, should be directed to that individual or group.
   d. POST – OP PATIENTS: **If a patient has had recent surgery (within 30 Days)** and presents to the Emergency Department, **call the patient's Attending Surgeon first**. He/she can help decide if this is a related problem and needs surgical readmission or if this is an unrelated problem.
      1. Please call for any wound related problems whether admission is required or not.
      2. Generally, surgery will be the admitting service for the following post-op conditions:
         a. DVT, PE
         b. Infections (including pneumonia)
         c. Nausea, vomiting, diarrhea, colitis etc
         d. GI bleeding after GI surgery
         e. Other post-op conditions
      3. The following conditions would be better managed on a medical service utilizing existing guidelines with a surgical consult:
         a. New arrhythmia, MI
         b. CVA, unresponsiveness
         c. Diabetic disorder
         d. Others serious medical conditions
      4. GI bleeding (without GI surgery) should be managed by GI bleeding multidisciplinary protocol.
      5. The Surgery Service will actively participate in the assessment of the patient and in the decision of who should primarily admit/manage the patient.
   e. SURGEON REFERRALS: A surgeon may send his/her own patient to the Emergency Department for evaluation. The surgeon should personally contact REMIS/OneCall with information about the patient (including name, DOB and complaint) and a plan developed for whom will evaluate the patient.

3) Communication between services and REMIS/OneCall who will make those connections is a crucial factor in assuring the patient is placed in the most appropriate service. Call 662-6632.

4) Suggestions for Pain Management in the Potential Surgical Patient:
   a. Analgesia is appropriate as part of compassionate care
   b. **SHORT-ACTING** agents are suggested, *e.g.* Fentanyl, rather than Morphine or Hydromorphone
   c. NSAIDS, like Ketorolac, are **NOT** recommended for patients that may need urgent operations

5) Conditions NOT covered by General Surgery include: Trauma, Neurosurgery, Vascular, Urology or Orthopedic Surgery

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Key: **AIM** = Hospitalist, FM and IM teaching service, and FM/IM PCP that admit to AIM PA service	**Small Bowel Obstruction**	**Pancreatitis**	**Gallstone Pancreatitis**	**Cholecystitis**	**GI Bleed** *(Refer to ED Guidelines)*	**Large Bowel Obstruction**	**Post-Op Returns to the ED**	**Simple infections (i.e. cellulitis, superficial tissue infection)**	**Complex infections or vascular conditions (i.e. bullae, necrosis, ecchymosis, discoloration)**
Contact: Contact team is expected to evaluate the patient unless excused by Admit Team	ACS or Patient's General Surgeon	AIM	ACS or Patient's General Surgeon	ACS	AIM	ACS or Patient's General Surgeon	Each service is expected to be primary contact for any readmissions within 30 days	AIM	ACS
Admitting Team: Admission by a team other than listed should be based on Attending-to-Attending Communication	ACS or Patient's General Surgeon	AIM	ACS or Patient's General Surgeon	ACS	AIM	ACS or Patient's General Surgeon	Post-op infections, DVT/ PE to go ACS or Patient's General Surgeon Post-op stroke or MI go to AIM Phone call to Patient's General Surgeon to let them know about the complication	AIM	ACS &/or Vascular Surgery