Family Medicine & Pediatric Hospitalist
Service Agreement

These guidelines are intended to assist in determining the appropriate management of patients by Family Medicine and the Pediatric Hospitalist services.

Family Medicine admits patients >2 months. This agreement does not apply to Maternal Child Health which admits patients <2 months.

General principles:

1. Disagreements regarding the appropriate service for admission should be resolved at the attending level. If still unresolved, the Clinical Affairs on-call physician for Family Medicine and the Section Chief for the Pediatric Hospitalists should be involved promptly to resolve any disputes.
2. The following are only guidelines and the patient's best interest should be the primary factor in determining the appropriate service.
3. Consultation needs not addressed in these guidelines may be requested anytime. Consults should be carried out in a timely and professional manner with written and verbal communication of attending approved recommendations within 12 hours of the request unless otherwise agreed.
4. Communication is vital to good patient care. When there are no new consultant recommendations, then communication via clear progress notes is acceptable. Any change in recommendations by the consulting service must be clearly documented and communicated.
5. If a patient's ongoing reason for admission changes during the hospitalization, the primary and/or consulting service should be determined by this guideline.
6. Transfers of care will be agreed at an attending-to-attending level and accompanied by an interim summary for patients hospitalized >48 hours and an appropriate verbal sign-out. The patient is the primary responsibility of the existing team until sign out is completed and transfer orders are written. Patients who are expected to be discharged within 24 hours should stay on the admitting service to ensure improved continuity for discharge.

Management Guidelines:

1. Admit to Peds Hospitalist Service:

a. Any pediatric patient who requires the following treatment:
   i. high flow nasal cannula
   ii. insulin drip
   iii. continuous albuterol
   iv. chest tube
b. Any pediatric patient who is trach dependent or vent dependent.

c. Any pediatric patient with concerns for or diagnosis of the following:
    i. Osteomyelitis
    ii. Septic arthritis
    iii. Mastoiditis
    iv. Fever of unknown origin

d. Any patient with new or existing renal disease that requires acute management.
e. Any patient with concerns for malignancy.
f. Any patient with abusive head trauma resulting in a cranial or intracranial injury.
g. Any patient with an eating disorder as the primary diagnosis requiring inpatient admission
h. Any patient with altered mental status of unknown etiology

**If a patient is admitted to family medicine and later meets the criteria above, the patient will be transferred to the pediatric hospitalist service by family medicine.

2. Admit to Family Medicine Service

a. Any established family medicine patient with concerns for or the diagnosis of the following:
    i. Seizures
    ii. Cellulitis
    iii. Bronchiolitis (not requiring high flow nasal cannula)
    iv. Acute Viral Gastroenteritis
    v. Asthma
    vi. Abusive trauma or neglect without any cranial or intracranial injury
    vii. Dehydration
    viii. UTI or pyelonephritis
    ix. Pelvic Inflammatory Disease
    x. Diabetes not requiring an insulin drip
    xi. Pneumonia (CAP or aspiration)
    xii. Altered mental status due to alcohol or substance abuse
    xiii. Failure to Thrive
    xiv. BRUE

3. Admit to Family Medicine Service with Mandatory Pediatric Consult. If Pediatrics has not already evaluated the patient in the ED, FM will call for consultation at time of admission.

a. Any patient with concerns for or the following diagnoses:
    i. Meningitis
    ii. Sepsis
    iii. SIRS

Service Responsibilities:

Family Medicine:

I. Admit the patient and write all orders
II. Daily progress note
III. Communicate with the PCP
IV. Arrange PCP and sub-specialty follow up
V. Lead Care Conferences
VI. Order medications, formula, and equipment for home

Peds:

I. The pediatric hospitalist service will automatically consult for patients with concerns for or the diagnosis of meningitis, sepsis or SIRS. The family practice resident should inform pediatrics of any automatic consults by calling the admit pager.
II. The pediatric hospitalist service will consult for any general pediatric issues, if family practice requests a consult.
III. If consulted, the pediatric hospitalist service will communicate and document consultation recommendations within 12 hours.
IV. If consulted, the pediatric hospitalist service will attend care conferences if requested.

4. **<u>Transfers of Service</u>**
   a. Process of transfer:
      i. Attending-to-Attending conversation will occur first.
      ii. Accepting Service residents will then contact transferring service residents when okay for transferring service to write transfer orders.
      iii. If patient found NOT to be appropriate for transfer this will be relayed in resident-to-resident followup phone call, with any disputes to be resolved at attending-to-attending level.
      iv. The original service is responsible for patient care until patient is transferred.
   b. An interim summary will be completed for any patients on the transferring service for >48 hours.
   c. Orders will be reviewed by the transferring service and updated prior to transfer.
   d. The transferring service will inform the family of transfer.

Pediatric Admit/Consult Pager	380-1172
Family Medicine Admit Pager	380-0534

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