

TDHB Base Hospital: Emergency Department Guidelines for Specialty Referral

Diagnosis/symptom sets and specialty service:

Condition	Symptoms/diagnosis	Specialty																				
Abdominal Pain	Gastroenteritis, pyelonephritis, UTI Proven ureteric stone requiring admission Gynaecological cause or due to confirmed pregnancy All other patients with abdominal pain	General medicine Urology O & G General Surgery																				
Acute Arthritis	Suspected septic arthritis Gout or rheumatological condition	Orthopaedics General medicine																				
Anaemia	If complicating a pre-existing condition or a non-GIT source of bleeding (e.g. epistaxis or vaginal bleeding) If suspected occult GIT blood loss or of unknown cause and requiring admission	Relevant service General medicine																				
Back Pain	Acute injury or cord compression, Osteoporotic collapse without instability, pain secondary to metastases. Acute musculoskeletal pain requiring admission Chronic musculoskeletal pain known to the pain service at Base Hospital	Orthopaedics																				
Cellulitis/Soft tissue infection	Mastoiditis, pharyngeal infections, sinusitis Abscesses that threaten the airway including Ludwig’s angina Bone or joint including overlying a joint, over, or potentially associated with a prosthesis, infected bursitis Orbital and periorbital cellulitis Dental abscess/infections Scrotal cellulitis or abscess Vulval cellulitis and abscess All other patients/locations These will be SURGICAL, unless patient’s medical co-morbidities are considered “unstable” and would, on their own merits (in the absence of any cellulitis) warrant an acute medical admission, then it would seem appropriate to admit such a patient under the medical service.	ENT (refer to ORL pathway if actual ENT surgeon not on call locally) Orthopaedics Ophthalmology Dental Urology O&G General Surgery																				
	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;">Condition</th> <th style="width: 15%;">Comorbidity</th> <th style="width: 15%;">Admitting service</th> <th style="width: 15%;">Consulting service</th> </tr> </thead> <tbody> <tr> <td>cellulitis</td> <td>none</td> <td></td> <td></td> </tr> <tr> <td>cellulitis</td> <td>stable</td> <td></td> <td></td> </tr> <tr> <td>cellulitis</td> <td>unstable</td> <td>medical</td> <td>surgery</td> </tr> <tr> <td>Mild cellulitis</td> <td>unstable</td> <td>medical</td> <td>surgery</td> </tr> </tbody> </table>	Condition	Comorbidity	Admitting service	Consulting service	cellulitis	none			cellulitis	stable			cellulitis	unstable	medical	surgery	Mild cellulitis	unstable	medical	surgery	
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Chest Pain	Trauma, traumatic PTX, oesophageal perforation All other patients	General Surgery General Medicine																				
Collapse/Falls	Patients who have a medical cause of falls (seizure, syncope, possible arrhythmia etc.) Unable to mobilize because of severe pain, injury or mechanical fall or trauma (with or without a fracture) – unless they have a concurrent active medical problem requiring inpatient management	General medicine Orthopaedics																				
Constipation	Severe enough to result in impaction with overflow or urinary retention. If associated with significant abdominal pain – adult patients are likely to need a CT to exclude other surgical pathologies.	General surgery (note Paediatric age-group should be admitted under Paediatrics)																				
COPD/Asthma		General medicine																				

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Delirium	Patients with delirium due to an identified surgical specialty cause should be admitted under that surgical service Delirium of uncertain cause or caused by a medical condition	Relevant service General medicine
DVT (but no PE)	If significant co-morbidities and unsuitable for outpatient Rx With critical limbs ischaemia to consider thrombolysis or if high saphenous clot to consider ligation	General medicine Vascular surgery
Diverticulitis		General surgery
Facial fractures		Maxillo-facial surgery – initial discussion is with Dental surgeon on call
GI bleeding	Upper and lower GI bleeding	General surgery
Heart failure		General medicine
Hepatitis/Liver failure		General medicine
Hypertension	Pre-eclamptic All other patients	O&G General Medicine
Inflammatory Bowel Disease	Obstruction, perforation, undifferentiated pain New diagnosis or flare of known IBD with no concern of acute surgical complications	General surgery General medicine
Ischaemic limb		Vascular surgery
Ischaemic colitis		General surgery
Paediatric patients (<16years)	Depending on dx/cause identified for patients >24 months old All other patients and all patients <24 months old	Relevant service General paediatrics
Palliative care	New patients, or no Hospice bed available	General medicine
Pancreatitis		General surgery
Pregnancy**	Depending on dx/ cause if identified **notify O&G of all obstetric patients admitted with a significant illness or injury	Relevant service
Psychosis, depression, mood disorder and disordered behaviour	Organic or uncertain cause Acute or chronic psychiatric condition	Relevant service Psychiatry
Pulmonary embolism (+/- DVT)		General medicine
Pneumonia		General medicine
Prostatitis		Urology
Pyelonephritis/ UTI	With ureteric stone All other patients requiring admission	Urology General medicine
Renal failure		General medicine
Stroke/TIA/ICH	ICH possibly amenable to intervention or from trauma All other patients (i.e.: atraumatic ICH)	General surgery General medicine
Suicidal attempt		Emergency
Seizure	Depending on dx or cause if identified (e.g. – post traumatic, eclamptic etc.) All other seizures requiring admission	Relevant service General medicine
Strangulation	With laryngeal injury Hypoxic brain injury	ENT (See ENT pathway if local ENT surgeon not on call) General medicine
Trauma	Single system injury even with other minor injuries that can be managed by consultation All other patients	Relevant service General surgery
Urological devices and post urological surgery related complications		Urology
Undifferentiated patient		Emergency