

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER –
SHREVEPORT

PHYSICIAN CONSULTATION

Purpose:

To delineate policies and procedures for the timely completion of consultations. To provide guidelines for the interaction between attending physicians and consultants to ensure quality patient care.

Policy:

1. A request for a consultation shall be noted in the physician's orders or the progress notes.
2. The consultation request form shall be completed by the requesting physician and placed on the patient's medical record. The form should indicate the current date, time, reason for consultation, requesting physician's signature, printed name, hospital service, and beeper number. A copy of the ED record will be placed in the chart with the written consult.
3. The physician (or designee) requesting an ED or inpatient consult shall contact the service to be consulted by telephone through the Hospital paging system.
 - a. Routine inpatient consults should be answered within 24 hours. Routine outpatient consultations shall be answered within the time frame requested. All requests for consults shall be immediately communicated, other than those for routine clinic appointments and accompanied by a legible written consultation request form. Consult forms are never to be sent via campus mail; consults are delivered by hospital staff to the appropriate area/department.
 - b. Emergency or stat consultations shall be requested only when there is an emergency or urgent need for the consultation. The consultation form will remain on the chart. The physician will notify the Clinical Service directly of the need for the consultation, giving the patient's name and location.

- c. Emergency Department consults should be answered within ONE HOUR. Once the consult service writes orders or sends admission papers the patient becomes the responsibility of the consult service. The consult service should notify the ED physician of their plan BEFORE leaving the ED. In the event of a conflict as to which services is the most appropriate one for the patient, the Attending Physicians of the involved services should be contacted. If the Attending Physicians do not agree, the Hospital Medical Director or designee will determine the final disposition of the patient.
4. A monthly listing of designated consultants for each clinical service is published and available at the Switchboard.
5. Problems obtaining consultations should be directed to the attention of Hospital Administration or Hospital Medical Director.
6. The consultant physician shall evaluate the patient and complete the consultation form in a timely manner. Consults determined to be inappropriate (patient's medical condition not consistent with, or services needed not provided by, the consult service) are returned to the referring service with an explanation.
7. The consultant shall make recommendations regarding testing, medications, and subsequent management.
8. The consultant should stipulate his plan of continued involvement and sign off the case when appropriate.
9. If additional input from a consultant is needed at a later date, a new consultation order should be initiated.



Administrator

10/23/09
Date

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