HOW TO EFFECTIVELY CALL A CONSULT

Case 1:

Patient: John Alvarez
MRN: 000-23-431
DOB: 03/04/1960

HPI: Mr. Alvarez is a 54 y o M with HTN and HL who presents with chest pain. Onset was 3 hours prior to presentation while having dinner. Pain is substernal, pressure-like quality. Non-radiating but associated with diaphoresis and dyspnea. Never had pain like this before. Patient received NTG SL x 2, and pain improved after each one. Chest pain has now resolved when resting, but he states he feels chest discomfort when trying to get up or walk.

PMHx: HTN. HL.

Allergies: NKDA

Meds: HCTZ 25mg PO daily. Ibuprofen 400mg PO PRN.

FMHx: Father had CAD at age 69

SHx: Smoked tobacco, 1 ppd x 10 years. Quit 3 years ago. 2 beers on the weekends. No h/o IVDA.

Initial Vitals: T 36.7, HR 102, BP 174/88, RR 16, 97% on RA, 82kg

Exam:
NAD, nontoxic.
HEENT normal.
Cardiac: RRR, no m/r/g. JVP 7cm. No leg pitting edema. Pulses 2+ throughout.
Lungs: CTAB, no w/r/r.
Abdomen: soft, nt, nd. Normoactive bowel sounds.

Labs:

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   \ 13.6 /          138 | 104 |  8  /        Ca 8.7
5.7 ------ 203       ---------------  140     Mg 1.2
   / 40.9 \          3.4 |  24 | 1.3 \        Phos 3.4
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AST 21, ALT 33, AP 55, tBili 0.5, tProt 6.7, Alb 3.8, Lipase 23
Trop #1: 0.243
BNP: 63
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Diagnostics:

EKG: NSR, normal axis, no significant ST-T changes

CXR: No acute cardiopulmonary process

Case 2:

Patient: Maria Barrera
MRN: 000-02-372
DOB: 02/23/1971

HPI: Ms. Barrera is a 43yo F with known Cirrhosis secondary to EtOH abuse presents with hematemesis. Hematemesis occurred 2 hours prior to admission, which she describes as a half-cup of coffee grounds. This is associated with nausea, but no abdominal pain. No recent melena or hematochezia. She is feeling dizzy but not short of breath. She had a similar episode 2 years ago at which time she was diagnosed with alcoholic cirrhosis and esophageal variceal bleeding which was banded. In the ED, the patient was started on IV fluids 1 L NS bolus and IV Protonix/Octreotide gtt, but not transfused blood yet, 2 units of blood ordered.

PMHx: EtOH Cirrhosis. UGIB secondary to esophageal varices. Mild ascites.

Allergies: NKDA

Meds: Propranolol 20mg PO TID.

FMHx: Diabetes.

SHx: Nonsmoker. Drank half-liter vodka daily for 5 years. Last drink 2 years ago. No history of IVDA

Initial Vitals: T 36.1, HR 110, BP 118/74, RR 18, SpO2 98% on RA
HR improved to 96 after IVF

Exam:
NAD but tired-appearing.
HEENT: normal, no blood in nose/mouth
Cardiac: RRR, no m/r/g. No JVD. Trace leg edema.
Lungs: Clear except for mild bibasilar crackles; no wheezes
Abdomen: Slightly distended, soft, nontender. Questionable fluid wave.

Labs:

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   \ 8.6 /          135 | 101 | 16  /        Ca 7.6
3.9 ------ 89       ----------------  113    Mg 1.8
   / 28.6 \         3.7 |  22 | 0.8 \        Phos 2.8


MCV 73, RDW 16
AST 21, ALT 43, AP 55, tBili 1.2, tProt 5.3, Alb 2.5, Lipase 23

CBC #2: Hgb 6.8, Plt 75
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Examples of how to page consult:

- Go to amion.com→ click on green pager on top
- Go to drop down menu→ fellow or other specialty, call operator if unsure who is on call
- To: Can put pager number or if select drop down menu it will automatically fill
- From: Your name, team/service, and extension/pager number
- In body of page, put pertinent info including name of pt, MRN, one liner and reason for consult. Keep it short (240 characters max)

Tips for Calling Consult:

- When fellow/resident calls back, thank them for calling back and state that you have a new consult.
- Restate the patient's name and one liner. Give a brief description of patient, vital signs, and pertinent labs/exam/medications given.
- Make your question clear!
- Be prepared to answer questions. It is good to have chart pulled up.

Case 1:

Alvarez, John MRN 00023431. 54 y o M with HTN, HLD, no prior cardiac history here with typical CP now resolved after SL nitro x 2 found to have NSTEMI. VS stable, Trop 0.242. Consult for possible cath. Thanks.

Case 2:

Thanks for calling me back. I have a new consult for you, Ms. Barrera, she is a 43 y o F, known alcoholic cirrhotic and prior variceal bleeding s/p banding here with hematemesis, no melena/hematochezia, last episode 2 hrs prior to admission. VS tachycardic to 110s initially which improved to 90s after 1 L NS bolus and normotensive SBP 110s. Pt started on octreotide/protonix gtt. Hb 8.6 dropped to 6.8, unclear baseline, 2 units of blood ordered however not transfused yet. Consult for urgent EGD concern for UGIB possibly variceal bleeding.