



Yukon-Kuskokwim HEALTH CORPORATION

Clinical Protocol Consultations

Phone Numbers

ANMC: Consult: *97 or (907) 563-2662
 Transfer: (907) 729-2337
 PICU Cell for urgent consults: (907) 297-8809
 Providence: ED for on-call specialist: (907) 212-3111
 Trauma: (907) 212-2525
 Alaska Regional Hospital Access Center: (844) 880-5522
 VA/JBER: ED: MD consult number (907) 580-5556
 Transfer: (907) 580-6420
 Admissions 24/7: (907) 580-6423
 Operator: (907) 552-1110
 Harborview Seattle (burns): (888) 731-4791

Remember: Unless you transfer care of the patient, YOU are responsible for orders, documentation, and notifying the patient and family of the plan of care.

SRC and village itinerant providers do not have the luxury of paging the provider STAT to bedside. However, the SBAR case presentation and the documentation requirements listed on this protocol still apply.

Page the appropriate provider:

1. ANMC for beneficiaries.
2. Providence Hospital or Alaska Regional Hospital for non-beneficiaries.
3. Alaska Regional for prison inmate.
4. VA or JBER (Joint Base Elmendorf/Richardson) for veterans.

Provider needs consultation about patient at YKHC

Consulting provider located in Bethel?

No

Yes

Patient is critically ill and the consultant is required at bedside?

No

Yes

Page provider STAT to come to bedside and assist in management.

Be prepared with the following information:

1. State your name, title, and department (e.g. ED physician, outpatient NP, second year resident, etc.)
2. State purpose of call (e.g. quick question, possible admission, management advice, etc.)
3. Provide name, age, DOB, and location of patient. If the patient is pregnant, give gravity and parity and gestational age in initial sentence. If the patient is a child, give the age in the initial sentence.
4. Use SBAR (see box).
5. Ask a **specific question** about management.
6. If patient is to be transferred, state whether you think that the patient can travel by commercial flight or will require air medevac.
7. If there is a problem getting an accepting physician for a medevac/transfer or with patient management decisions, see NOTE below.

Document consultant advice in the medical record, include date, time, first and last name of consultant and a summary of the advice given.

If on-going management is required, a decision must be made immediately and communicated to the team about who will be the primary managing provider giving orders and documenting in the medical record.

Once patient is stabilized, discussion will occur between the primary provider and the consultant regarding further documentation and ongoing management.

Page the appropriate provider. Be prepared with the following information:

1. State your name, title, and department (e.g. ED physician, outpatient NP, second year resident, etc.)
2. State purpose of call, including if you want a formal consult (e.g. quick question, possible admission, management advice, etc.)
3. Name, MRN, age, DOB. If the patient is pregnant, give gravity and parity and gestational age in initial sentence. If the patient is a child, give the age in the initial sentence.
4. Use SBAR (see box).
5. Ask a **specific question** about management.

Provider requesting consult must document consultant's advice in the medical record. Include date, time, first and last name of consultant, and a summary of the advice given.

Note: consultants are encouraged to document their recommendations in a separate note or as an addendum to the provider note. If done, this note does not obviate the initial provider's documentation requirements.

At any time in the process, if the primary provider wants support at the bedside, page the consultant and ask them to come to bedside and provide support.

Clear role delineation must occur establishing who is the primary managing provider.

SBAR

Situation: a concise statement of the problem, a "one-liner"

"This is a 3 year old otherwise healthy girl with a fever..."
 "My patient is a 20 year old G3P2 at 26 weeks with vaginal bleeding..."
 "I'm taking care of a 21 year old male with fever and abdominal pain..."

Background: pertinent and brief information related to the situation

"The labs are normal and CXR shows no infiltrate but her pulse is elevated..."
 "I have performed a sterile speculum exam and there is frank blood in the vault..."
 "The patient's CT show appendicitis and the patient is vomiting all intake..."

Assessment: analysis and consideration of options, what you found/think

"I think she needs a fluid bolus but I am wondering if she also needs a UA..."
 "I think this patient might have an active abortion..."
 "I think this patient has appendicitis and needs to be transferred to ANMC..."

Recommendation: action requested, what you want

"I want your opinion on how much fluid and the need for a UA..."
 "I want you to come in and assess this patient in person..."
 "I would like to transfer this patient via medevac to ANMC..."

Note about Disagreements

If there is a disagreement regarding the management of a patient and a consensus cannot be reached, a third opinion shall be obtained. This can either be from another YKHC provider or from a provider from another facility. At any time, the Clinical Director on call can also be notified to assist.

This protocol is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
 Approved by Clinical Guideline Committee 8/23/23.
 Click [here](#) to see the supplemental resources for this guideline.
 If comments about this protocol, please contact
 Ellen_Hodges@ykhc.org.



EMERGENT Consults

- Need a call back immediately.
- Examples: Child is in status epilepticus or impending respiratory failure.
- Send priority message via Tiger Connect to Peds Wards on Duty using format below.

URGENT Consults

- Need a call back within one hour.
- Examples: Advice on antibiotic choice or questions about a rash.
- Send message via Tiger Connect to Peds Wards on Duty using format below.

NOT URGENT Consults

- Question can wait until the end of the day/next morning.
- Examples:
 - "Noted that weight percentile has decreased by >2 major percentiles on weight growth chart. Forwarding note to pediatrician for recommendations on further work-up and management for failure to thrive."
 - "During this WCC, reviewed PMH and noted child has not seen neurologist in several years and is off anti-epileptics. Forwarding note to pediatrician for recommendations on further management of seizure disorder."
- Do not send a message via Tiger Connect.
- Complete note and forward to "Chronic Peds, RMT" box via Message Center. Note MUST include a specific question for the pediatrician in the plan.
- Note reviewed by inpatient pediatrician, who will addend the note with recommendations and send it back. It will be addressed with the same triage principles we use to prioritize RMT. Goal will be response by the end of the day, but if there is critical care, the night pediatrician will address it by the next morning.

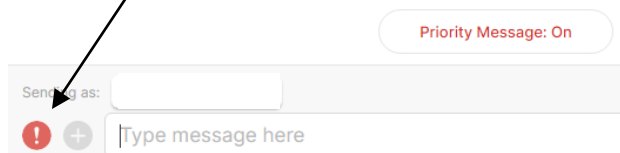
Tiger Connect Message Format for **EMERGENT** and **URGENT** Consults

1. Urgency of consult: need call back ASAP or within one hour.
2. Name of provider, location, role, and phone number.
3. Name and MRN/DOB of patient.
4. One-liner about patient. Here are some examples:
 - "4 yo girl with h/o seizures here for prolonged seizure."
 - "3 month old boy with h/o respiratory failure requiring ICU care here with increased work of breathing."
5. Specific question. Here are some examples:
 - (**EMERGENT**) "The seizure is now >5 minutes and needs medication to stop it. What drug and dose should I give?"
 - (**EMERGENT**) "This child has a RR of 80 and hasn't improved with albuterol or nasal suction. I would like to discuss if a medevac is appropriate."
 - (**URGENT**) "I think this child needs antibiotics, and I'd like to discuss an appropriate choice."
 - (**URGENT**) "This child may require further evaluation in Bethel, and there is a commercial flight landing in two hours. I'd like to discuss whether the child should be sent to Bethel on that flight."

NOTE: If true emergency, limit message to #2 and #4.

How to Send a Priority Message in Tiger Connect

Click the exclamation point to the left of the message box. It will turn red.



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