



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.

If you're an SRC provider, you do not have the luxury of paging the provider STAT to bedside. For the purposes of this protocol, the SBAR case presentation and the documentation requirements apply.

Page the appropriate provider in Anchorage
 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

Once speaking with the appropriate provider be able to:
 1. State your name, title and department (i.e. ER physician, outpatient NP, second year resident, etc)
 2. State purpose of call (i.e. quick question, possible admission, management advice.)
 3. Provide 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. Be able to use the SBAR method to communicate patient details (see box below)
 5. Ask a **specific question** about management.
 6. Let accepting physicians know 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.

Provider needs consultation about patient at YKHC

Consult provider is 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.

If on-going management is required, a decision must be made **immediately** and **communicated** 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 documentation of the patient's medical care in the record and ongoing management.

Page the appropriate provider. Have ready the following information:
 1. State your name, title and department (i.e. ER physician, outpatient NP, second year resident, etc)
 2. State purpose of call (i.e. quick question, possible admission, management advice.)
 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. Be able to use the SBAR method to communicate patient details (see box below)
 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.

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 abruption..."
"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 asses this patient in person..."
"I would like to transfer this patient via medevac to ANMC..."

NOTE:
 If there is a disagreement regarding the management of a patient between the consultant and the primary provider, the primary provider will advise the consultant as to the reason for the disagreement. If a consensus cannot be reached, a third opinion shall be obtained. This can either be from a YK based provider or from a provider from another facility. At any time the Clinical Director on call can also be notified.

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 MSEC 11/8/17; updated 3/7/19.
If comments about this protocol, please contact Ellen_Hodges@ykhc.org.