

2019 Specialty Department afterhours Admissions Guideline - St Vincent's Hospital, Sydney

Specialty	Gastroenterology	Haematology	Dermatology	Nephrology	Neurology
Admission criteria	<p>Patients with, or suspected to have, any of the following as their primary reason for presentation to hospital:</p> <ul style="list-style-type: none"> -Acute hepatitis and/ or hepatic failure -Painless jaundice -Alcoholic liver disease with acute decompensation -Diarrhoea both acute and chronic -Inflammatory bowel disease -Symptomatic Iron deficiency anaemia of unknown aetiology -Persistent vomiting (if no evidence of obstruction) -Upper gastrointestinal bleeds (melena/ hematemesis) -Ascites or liver masses of undiagnosed cause -Non-traumatic pancreatitis -Eating disorders as per guideline <p>Note - Haematochezia (lower GIT bleeding) - best served admitted under colorectal surgery with concurrent input from gastroenterology</p>	<p>Patients with haematological conditions as their primary reason for presentation to hospital.</p> <p>Chronic iron deficiency anaemia due to probable GIT blood loss is best admitted under Gastroenterology to facilitate endoscopies</p>	<p>Patients with dermatological conditions as their primary reason for presentation to hospital</p>	<p>Patients with, or suspected to have, any of the following as their primary reason for presentation to hospital:</p> <ul style="list-style-type: none"> - Non-obstructive Pyelonephritis - Acute or chronic renal failure - Rhabdomyolysis - Electrolyte disturbance due to diuretic complication (Hyponatraemia) - Patients with complications related to renal replacement therapy - Patients with renal transplant complications - Uncontrolled HTN 	<p>Patients with, or suspected to have, any of the following as their primary reason for presentation to hospital:</p> <ul style="list-style-type: none"> - Patients with primary diagnosis of stroke (ischaemic or haemorrhagic) but exclude subarachnoid haemorrhage - Patients with primary diagnosis of central or peripheral nervous system disorder - Suspected meningitis - Brain or spinal lesion of undiagnosed cause
Contact	<p>Mon - Sun 23:00–6:00</p> <p>Gastroenterology delegate first on-call</p> <p>Consultant to take first call rest of afterhours</p>	<p>Mon - Sun 23:00–6:00</p> <p>Haematology delegate first on-call for advice.</p> <p>Consultant to take first call for admissions.</p>	<p>NO after-hours Dermatology service on call at SVH</p>	<p>Mon - Sun 23:00–6:00</p> <p>Renal delegate first on-call</p> <p>Consultant to take first call rest of afterhours</p>	<p>Mon - Sun 23:00–6:00</p> <p>Neurology delegate (on site Medical Registrar) first on-call.</p> <p>For Strokes contact Stroke Registrar</p> <p>Consultant to take first call rest of afterhours</p>

2019 Specialty Department out of hours Admission Guidelines - St Vincent's Hospital, Sydney

Specialty	Alcohol & Drug	Cardiology	Emergency Medicine	Palliative Care
Admission criteria	<p>Patients presenting with alcohol or other drug intoxication or withdrawal as their primary reason for presentation to hospital AND where other medical and surgical complications requiring admission have been excluded, specifically:</p> <ul style="list-style-type: none"> - Moderate-severe withdrawal predicted from alcohol, opioids, cannabinoids, psychostimulants, benzodiazepines, other recreational drugs or combination as primary reason for presentation, and where other medical and surgical complications requiring admission have been excluded - Mild-moderate withdrawal predicted where ambulatory management is otherwise precluded due to significant medical or psycho-social complexity (including homelessness) as primary reason for presentation, and where other medical and surgical complications requiring admission have been excluded - Acute intoxication with alcohol, opioids, cannabis, psychostimulants, benzodiazepines, novel psychoactive substances, other recreational drugs or combination of, otherwise medically and psychiatrically stable, unsafe to discharge or homeless, and where other medical and surgical complications requiring admission have been excluded 	<p>Patients with, or suspected to have, any of the following as their primary reason for presentation to hospital:</p> <ul style="list-style-type: none"> - Acute Coronary Syndrome - Cardiac arrhythmias requiring anti-arrhythmic drug therapy / pacemaker insertion (not stable chronic arrhythmias) - Infectious endocarditis - Cardiogenic pulmonary oedema or congestive cardiac failure - Intermediate risk pain patients awaiting investigations - Uncontrolled HTN in patient known to a SVH Cardiologist - Syncope suspected to be cardiac in origin - Other decompensated cardiac conditions 	<p>Emergency Medical Unit Patients (admission less than 24 hours):</p> <ul style="list-style-type: none"> - Rapid diagnostics and decision making requiring investigations that necessitate greater than a four hour stay in the ED: <ul style="list-style-type: none"> <input type="checkbox"/> Treatment and rapid discharge <input type="checkbox"/> Observation and reassessment - Short procedure requiring sedation or short acting anaesthetic agent - Mild trauma requiring trial of analgesia - Where it would be unsafe to send patient home alone at night - Envenomation - Allergic reaction - Minor head injuries - Renal colic with normal RF - Post-seizure in known epileptic <p>Refer to EMU business rules</p>	<p>Patients with end-stage illness requiring terminal care or for symptoms control</p>
Contact	Consultant to take first call	<p>Mon - Sun 23:00–6:00 Cardiology delegate first on-call.</p> <p>Consultant to take first call rest of afterhours and any time for complex patients</p>	<p>ED Consultant to admit all patients to EMU when on duty 08:00–24:00.</p> <p>ED delegate to admit patients in EMU 00:00–8:00 following EMU business rules</p>	Consultant to take first call

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Specialty	Geriatric medicine	Endocrine	Rheumatology	Radiation Oncology	Medical Oncology
Admission criteria	<p>Patients presenting with geriatric syndromes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gait disorder/falls <input type="checkbox"/> Delirium <input type="checkbox"/> Incontinence <input type="checkbox"/> Neurodegenerative diseases <input type="checkbox"/> Functional decline <input type="checkbox"/> Back pain <p>Patients > 70 with multiple co-morbidities on presentation to hospital</p> <p>Minor traumatic injuries not requiring surgery</p> <p>Iatrogenic problems</p>	<p>Patients with an endocrinological condition as the primary reason for presentation to hospital. Eg:</p> <ul style="list-style-type: none"> - Diabetes with acute metabolic compensation (DKA: hyperosmolar coma; severe, prolonged hypoglycaemia) - Hypercalcaemia with no known malignancy <p>Electrolytes disorder not related to diuretics use or renal pathology</p> <ul style="list-style-type: none"> - Eating disorders as per guideline 	<p>Patients with rheumatologic conditions as their primary reason for presentation to hospital</p> <p>Uncomplicated back pain that require >24hr admission</p>	<p>Patients with radiation oncology conditions as the primary reason for presentation to hospital</p>	<p>Patients with medical oncology conditions as the primary reason for presentation to hospital</p>
Contact	<p>Mon - Sun 17:00–06:00 Geriatrics delegate (on site Medical Registrar) first on-call</p>	<p>Mon - Sun 23:00–6:00 Endocrine delegate first on-call</p> <p>Consultant to take first call rest of afterhours</p>	<p>Consultant to take first call</p>	<p>Consultant to take first call</p>	<p>Mon - Sun 23:00–6:00 Medical Oncology delegate first on-call</p> <p>Consultant to take first call rest of afterhours</p>

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Specialty	Vascular Medicine	Immunology A	Immunology B	Infectious Diseases	Clinical Pharmacology
Admission criteria	<p>Patients with, or suspected to have, any of the following as their primary reason for presentation to hospital:</p> <ul style="list-style-type: none"> -Venous Thromboembolic Disease -Leg ulcers including leg cellulitis 	<p>Patients with a primary diagnosis of immunological condition requiring admissions such as:</p> <ul style="list-style-type: none"> - Anaphylaxis - Angioedema - Primary immunodeficiency - Suspected vasculitis - Systemic autoimmune disease 	<p>Patients with a complication of known or suspected diagnosis of HIV</p>	<p>Patients with the following:</p> <ul style="list-style-type: none"> - Sepsis or Fever of unknown origin - A returned traveller with fever -Non-pulmonary tuberculosis - Cellulitis (excluding leg ulcers that do not require surgical intervention in an otherwise well patient) 	<p>Patients presenting with overdose and poisoning as their primary reason for presentation to hospital AND not requiring other subspecialty intervention for acute management</p> <p>Admissions not otherwise in the scope of Alcohol and Drug</p>
Contact	<p>Mon- Sun 23:00–6:00 Vascular Medicine delegate (On-site Med Registrar) first on-call for uncomplicated PE and legs ulcers / cellulitis</p> <p>Consultant to take first call rest of afterhours and any time for complex patients</p>	Consultant to take first call	Consultant to take first call	Consultant to take first call	Consultant to take first call

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Specialty	General Surgery	TRAUMA	Upper GIT Surgery	Surgical Oncology	Colorectal surgery
Admission criteria	<p>All general surgical admissions request from the emergency department are to go to the on-call surgical service. The on-call consultant may elect to have a direct admission to a specific unit following discussion with the sub-speciality consultant as defined in this table</p> <p>Patients in whom the primary presenting condition is abdominal pain shall be admitted under General surgery unit of the day. The next working day, patients may be transferred to a specific unit such as upper GIT or Colorectal by the general surgical team.</p> <p>It is expected that appendicitis will be treated in the admitting unit unless complexities are found before surgery.</p>	<p>Trauma patient with specific system injuries such as limb fractures or isolated head injuries are to be admitted under the specific units</p> <p>All other multi-system injuries patients requiring admission shall be admitted under the General / Trauma surgeon of the day (Upper GIT Surgery, Surgical Oncology, Colorectal surgery, Vascular Surgery) for admission (a tertiary survey will be conducted on all trauma admissions by the general surgical registrar). The trauma surgeon of the day will then decide the most appropriate speciality at a later stage.</p>	<p>Patients with, or suspected to have, any of the following as their primary reason for presentation to hospital:</p> <ul style="list-style-type: none"> - Gallbladder disease - GIT surgical problems. - Gastric carcinoma. - Oesophageal conditions <p>Note – acute non traumatic pancreatitis is admitted under gastroenterology with concurrent consultation with Upper GIT surgery</p>	<p>The Unit provides services in the following areas –</p> <ul style="list-style-type: none"> - Head and Neck Surgery - Breast Surgery / Breast Cancer - Surgical Oncology specifically sarcoma management - General Surgery <p>This unit is responsible for the surgical aspects of the multidisciplinary management of head & neck, breast and other soft tissue tumours.</p>	<p>Patients with, or suspected to have, any of the following as their primary reason for presentation to hospital:</p> <ul style="list-style-type: none"> - Colorectal surgical problems - Anorectal conditions (ischio-rectal abscess, pilonidal sinus), - Colorectal cancer - Haematochezia (lower GIT bleeding)
Contact	On-site surgical delegate	On-site surgical delegate	On-site surgical delegate	On-site surgical delegate	On-site surgical delegate

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Specialty	Urology	Plastic Surgery	Neurosurgery	Vascular Surgery	ENT
Admission criteria	<p>Patients with, or suspected to have, any of the following as their primary reason for presentation to hospital:</p> <ul style="list-style-type: none"> - Torsion of the testis or acute testicular pathology requiring investigation and management - Complicated acute urinary retention or other obstructive urological conditions - Urinary retention with associated haematuria or UTI - Urinary retention with associated hydronephrosis +/- renal impairment suggestive of obstructive uropathy - Difficult or traumatic catheterisation where urethral injury is suspected - Clot retention requiring insertion of 3 way catheter for irrigation - Complicated UTI which includes prostatitis, urethritis, pyelonephritis + obstruction - Unresolved renal colic requiring an admission greater than 24 hours - Post urological intervention complication 	<p>Patients with, or suspected to have, any of the following as their primary reason for presentation to hospital:</p> <ul style="list-style-type: none"> - Complex lacerations / trauma face and deep structures - Burns that do not meet criteria for Transfer to Concord or RNSH burns units - Chronic and complex wounds - Acute hand pathology in patient that does not meet criteria for Transfer to Sydney Hand Hospital 	<p>Patients with, or suspected to have, any of the following as their primary reason for presentation to hospital:</p> <ul style="list-style-type: none"> - Brain and spinal cord trauma or haemorrhage - Structural blood vessel problems such as aneurysm and arteriovenous malformation (AVM) - Red-flag back pain that is not diagnosed (and patients aged less than 70 years) 	<p>Patient with, or suspected to have, any of the following as their primary reason for presentation to hospital:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm - Carotid artery disease - Ischaemic limb - Visceral artery conditions 	<p>Patients with, or suspected to have, any of the following as their primary reason for presentation to hospital:</p> <ul style="list-style-type: none"> - Acute airway compromise - Acute ENT infections not fit for discharge - Head and neck cancer
Contact	On-call delegate	On-call delegate	On-call delegate	On-call delegate	On-call delegate

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Specialty	Orthopaedics	Thoracic Medicine	Lung Transplant	Heart Transplant & Heart Failure	Cardio-Thoracic Surgery
Admission criteria	<p>Patient requiring admission presenting with a joint infection, fracture, and musculoskeletal injury shall be admitted under the orthopaedic team, other than older patients with definite nonprocedural fractures who are to be admitted under the ortho-geriatric team</p> <p>Limb lacerations requiring exploration in theatre will be admitted under orthopaedics if they involve a joint or bone. All others should be admitted under General Surgery, Trauma or Plastics at the discretion of the emergency department</p>	<p>Patients with, or suspected to have, any of the following as their primary reason for presentation to hospital:</p> <ul style="list-style-type: none"> - Exacerbation of Asthma or COPD - Respiratory tract infections (including community acquired pneumonia & bronchitis) - Severe acute or chronic respiratory failure - Interstitial lung disease or other diffuse/ focal pulmonary infiltrate - Lung mass or lobar atelectasis - Non-cardiogenic pleural effusion - Suspected or proven pulmonary tuberculosis 	Patients awaiting lung transplant	<p>Patients awaiting heart transplant</p> <p>Patients with decompensated heart failure</p>	<p>Patients with, or suspected to have, any of the following as their primary reason for presentation to hospital:</p> <ul style="list-style-type: none"> - Post cardio-thoracic surgical complications - Recurrent spontaneous pneumothorax - Isolated traumatic pneumothorax - Isolated complex chest wall injury
Contact	On-call delegate	Consultant to take first call	On-call delegate	On-call delegate	On-call delegate

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Specialty	Gynaecology	Ophthalmology	Dental
Admission criteria	<p>Emergency Gynaecology conditions including uro-gynae and complex laparoscopic surgery such as endometriosis</p> <ul style="list-style-type: none"> -Undifferentiated lower abdominal / pelvic pain in females of reproductive age likely to be of gynaecologic reason -Abdominal pain in patients that have positive BHCG -Complication of recent gynaecological procedure or have clinical features -Pelvic inflammatory disease. -Pregnant patients with a confirmed or suspected acute surgical abdomen in the first trimester (such as appendicitis, cholecystitis or perforated viscus) shall be admitted under the general surgical team with early consultation by the gynaecology team. Patients in the 2nd or 3rd trimester need to be discussed with the Royal Women's Hospital to determine the best treatment location 	<p>Oculo-plastics and complex trauma in consultation</p> <p>Isolated eye injuries that require admission are transferred to Sydney Eye Hospital</p> <p>Non isolated injuries are admitted under other clinicians and the Ophthalmology Department acts in consultation with the primary admitting team</p>	All complex dental presentations
Contact	On-call delegate	<p>On-call delegate or Consultant</p> <p>If unavailable, contact Executive on call</p>	On-call Dentist

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Specialty	Palliative Care	Rehabilitation Medicine	Psychiatry
Admission criteria	Patients with end stage illness requiring specialised care or symptom control	Clinically stable patients that require rehabilitation but do not need any surgical procedures	<p>Patients with, or suspected to have, a mental illness as the primary reason for their presentation (including all patients presenting under section 19, 20 and 22), who do not have a medical illness or condition requiring care on a medical or surgical ward</p> <p>No patient can be admitted to a psychiatry ward without a review by the on-site delegate.</p> <p>PECC criteria: where the admission is expected to be <48-72hrs.</p>
Contact	Consultant to take first call	Consultant to take first call	<p>On-site delegate</p> <p>All discharges (from a section 19, 22 or 22, or patients otherwise referred to psychiatry) from the ED or mental health unit, and complex or unclear presentations, to be discussed immediately with Consultant by the on-site delegate.</p>