

East Jefferson General Hospital  
Procedures  
Metairie, LA 70006

Medical Staff Policy and

Policy No.: MSO - 2

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Effective Date: October 19,

2015

Title: **Assignment of Non-Medical Patients  
Executive Committee  
To Hospitalist Services**

Approved By: Medical

Original Signed Policy on

File

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Puneet Singha, MD, Chief of

Staff

Reviewed:

Revised:

## **I. POLICY**

The Medical Staff of East Jefferson General Hospital supports the use of Hospitalist services for adults. Patients with acute medical diagnoses that fit within the scope of medical expertise are appropriate for a hospitalist service. When appropriate, hospitalists may be asked to participate in the care of a patient with a surgical or traumatic condition.

**II. DEPARTMENTS AFFECTED** Medical Staff and Advanced  
Practice Allied Health Professionals

## **III. PROCEDURES**

A. When a patient with a predominantly acute surgical condition presents to the Emergency Department (ED) and is determined to require admission for that surgical condition, the ED physician will consult the surgical specialist on call.

B. If a patient requires admission for an acute surgical condition, the surgical consultant may request that the patient be admitted to a hospitalist service if the patient is over 65 years of age or has multiple medical issues.

C. If a patient with an acute surgical diagnosis and does not appear to have any significant complicating medical issues that would require management, the patient will be admitted to the service of the surgical consultant from the ED. A medical consult can be ordered by the surgical admitting physician if acute management for a medical issue is desired.

D. For an extenuating circumstance that the surgeon necessitates admission to a hospitalist service, the surgeon will first call the hospitalist on call to discuss the situation. The hospitalist may deny the request if deemed that the need for medical management does not appear to justify admission by the hospitalist.

E. All high-risk trauma adult patients should be admitted to a surgical service unless the patient is transferred to a more appropriate trauma center (Level 1). These patients may have physiologic or mechanism considerations.

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Examples of mechanism:

1. Ejection from vehicle
2. Vehicle rollover
  3. Steering wheel deformity
  4. Major auto deformity
  5. Auto-pedestrian or auto-bicycle impact
  6. High speed MVC (>40 mph)
  7. Motorcycle or ATV crash
  8. Fatality at scene or same vehicle
  9. Prolonged extrication (>20 minutes)
  10. Fall >20 feet for adult
  11. Any penetrating trauma
  12. Burns >15% TBSA

Examples of physiologic criteria:

1. Open or depressed skull fracture
2. Amputation of an extremity
3. Unstable pelvic fracture
4. 2 or more long bone fractures
5. Intra-abdominal injury
6. Paralysis
7. Crush injuries
8. Multiple rib fractures
9. Hemo- or pneumothorax

F. After a trauma is evaluated in the ED by the surgeon on call, if the patient is felt to be stable and desires the patient be admitted under a hospitalist service, the surgeon will first call and discuss with the on-call hospitalist directly. The hospitalist reserves the right to refuse the admission of a trauma patient.