

**THE LONG ISLAND COLLEGE HOSPITAL
DEPARTMENT OF SURGERY
Policy and Procedures**

EMERGENCY ROOM CONSULTATIONS

The policy within the department is to answer all consultations emanating from the Emergency Room within 15 to 20 minutes. Trauma codes are answered STAT. A daily schedule is provided throughout the hospital including the emergency room and telephone operators with the assigned Senior Resident, Chief Resident, Attending Surgeon-on-call, Attending Surgeon-on-second call for every 24-hour period. In the monthly printed on-call schedule, page numbers are listed together with the names of all individuals assigned. The On-Call Senior Surgical Resident's (PGY 2 or 3) main responsibility is to be available to respond to all emergency room and in hospital emergency consultations and he/she should be paged first. Both the Senior Resident and the Chief Resident have the authority to admit any patient with a surgical problem to the hospital. If there is any difficulty (with in timely response or in situations of disagreements regarding patient management), the Chief Surgical Resident and/or the Surgical Attending on call should be directly called. If the problem remains unresolved the second call full time Attending and/or the Chairman of the Department should be called.

During the hours of **7am to 5pm**, if there are difficulties in obtaining timely Surgical Residents' response, the department office (Ext. 1200) should be called. Between the hours of **5pm to 7am**, the Senior Resident, the Chief Resident or the Attending on call should be paged directly as per our policy. If necessary, the Senior Surgical Attending on **second call** (listed on the schedule) or the Chairman of the Department should be called. All page numbers and service numbers, including home numbers of all full time Surgical Attendings, including the Chairman, have been submitted to the hospital telephone operators.

Similar to the departmental policy for inpatient consultations, if a private consultation is desired by a patient or referring physician for a specific Surgical Attending other than the assigned Attending Surgeon on call for the day, it should be the primary responsibility of the ER Attending and/or referring physician to directly call his Attending Surgeon of choice. This should not be channeled through the house staff. It remains highly recommended that if a bona fide surgical emergency situation is present, the Attending Surgeon on call who is already available should be utilized as this will prevent unnecessary and inefficient delays.

All answered consults must be documented in the medical record by a dated, timed note at the time the evaluation is performed.

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