

Consultation Guidelines for Trauma Subspecialists

Immediately upon identifying a specific injury requiring consultation, the resident covering the subspecialty service will be paged for direct resident to resident communication.

If there is a delay in diagnosis, the service covering during that 24 hour period that the injury is identified will be responsible for seeing that patient in consultation (therefore, it is NOT necessarily the service covering when the patient was first admitted).

If a subspecialty service has performed a MAJOR surgical procedure and there are no other ongoing trauma-related issues requiring hospitalization, that patient can be transferred to the operating service after direct communication between the two services. If there is disagreement regarding transfer, then Attending to Attending discussion is required for disposition.

If an Ophthalmology consult is deemed necessary by the face surgery team, it is preferred that direct communication between these 2 consulting services occur rather than the trauma service being the intermediary.

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Reviewed on: 01/04/2019, 4/22/2021