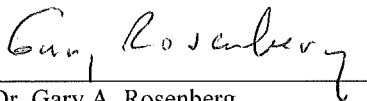




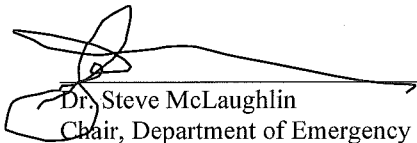
Neurology Consultation Agreement with Emergency Medicine

Goal: Improved patient care, satisfaction, and reduced cost and time in the ER for patients needing neurology evaluation and expertise in the Emergency Department based on mutually identified priorities.

- 1) The Neurology attending and team will round on patients in the ED first every morning in order to make timely decisions and dispositions for patients awaiting consultations.
- 2) Patients in the ED with suspected neurological problem requiring an MRI in which the delay to MRI is anticipated to be more than 4 hours should be admitted to neurology to complete these procedures. Neurology attending should be contacted if ED patients wait longer than six hours for neurological evaluation by the neurology resident.
- 3) Any patient with a persistent acute neurologic deficit (typically concerning for CVA and more than 3 hours duration) will be admitted to the Neurology service or other appropriate service rather than TIA Obs. EEGs can be done in the ER to aid in deciding on admission if the test can be done within 3 hours.
- 4) Direct attending-to-attending discussion is always the preferred method for resolution of problems.
- 5) Patients with urgent neurological conditions will receive early Neurology consultation in order to facilitate a rapid disposition, appropriate imaging and optimal patient care. These urgent patients will be seen immediately by the Neurology resident and will be discussed, if necessary, with an attending Neurologist immediately after the resident's evaluation.
- 6) Patients with non-acute neurologic problems may not always need an urgent CT scan. In this select group of patients, it is appropriate to consider specialized imaging such as MRI or CTA as the initial study in consultation with the on-call neurologist.



Dr. Gary A. Rosenberg
Chair, Department of Neurology



Dr. Steve McLaughlin
Chair, Department of Emergency Medicine

2/9/14