

Appropriate IM Consult Criteria According to IM Versus According to Ortho

WOONSOCKET, RI - After a decades long proxy battle typically waged through interns and passive aggressive notes, the leaders of the Internal Medicine and Orthopaedic Surgery Departments finally sat down to try to hammer out appropriate use criteria for consulting Internal Medicine on Ortho inpatients.



“Reason for consult, small biceps..hmm, well actually that is a new criteria”

The meeting was quickly adjourned with much huffing and puffing shortly after the two sides exchanged their initial drafts. Gomerblog was fortunate to have obtained a copy of each side’s drafts:

Indications for consulting Internal Medicine on Ortho inpatients according to Internal Medicine:

- Active angina
- Poorly controlled DM on 4 meds including insulin
- HTN uncontrolled on 3 meds
- Recent stroke with evolving neurologic deficits

Indications for consulting Internal Medicine on Ortho inpatients

according to Orthopaedics:

- More than one drug allergy or one drug allergy that's hard to spell
- More than one active medication or one med that's hard to spell
- Chest pain ever in their life even after getting punched in the chest
- Any arrhythmia except for asystole, orthopods can handle asystole
- Multiple medical problems, i.e. more than 1
- Sometimes for surgical management
- Potentially complicated discharge
- Any bodily discharge
- Lab abnormality, literally any lab abnormality including MCV
- Old patient, like even kinda old
- Small biceps
- Chart missing a history and physical