GWUH Service Designation List

Primary Concern	Reason for Admission	Designation Team (in order of preference)
Cardiac	Potentially Cardiac Related problems LOC medical-surgical telemetry ACS/Heart Failure/New or unstable arrythmia/cardiogenic syncope/Hypertensive urgency?	Cardiology/CCU
Cardiac	Aortic dissection/Cardiac Mass/Valve related acute decompensated heart failure	CT Surgery Determined, CT Pod vs CT telemetry, vs CVICU under Cardiac Surgery
Cardiac	Heart transplant patient	Transfer to transplant center
Cardiac/ Pulmonary	Patients with both heart failure and renal failure, patients with both heart failure and COPD, or patient with heart failure, renal failure, and COPD	ED determined (ED attending to decide) If Outside ED can be transferred to ED to ED to determine ultimate dispo
CNS	Acute Stroke, TIA requiring IV gtt anti-hypertensives	ICU
CNS	Acute Stroke, TIA without hypertension	Stroke Service-ASU
CNS	Acute Stroke, TIA with LVO	ICU
CNS	Acute, nontraumatic intracerebral hemorrhage	ICU/ASU see ICU criteria
CNS	Acute, repetitive seizures in the absence of an underlying toxic, metabolic, or infectious etiology	Epilepsy/Neurology
CNS	ALS with decompensation or dyspnea	ICU/Neurology Consult
CNS	ALS without decompensation	Neurology
CNS	Concern with DBS (deep brain stimulation)	Neurology
CNS	Critically ill patients with primary neurologic condition that need further stabilization or diagnostic procedures	ICU

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CNS	DBS system disruption or infection	Neuro-Surgery
CNS	DVT/PE in patient with known brain tumor	Internal Medicine
CNS	EEG-Proven non-convulsive status epilepticus	Epilepsy/Neurology
CNS	Hydrocephalus without VPS obstruction	Neurology
CNS	Hydrocephalus with VPS obstruction	Neurosurgery/see ICU criteria
CNS	Intracerebral Hematoma (Hypertensive stroke)	Stroke Service-ASU
CNS	Limited (non-operative) SDH	Trauma
CNS	Massive stroke or CNS bleed deemed non-survivable	Neurology or Neurology-ASU depending on neuro check requirements vs. ICU depending on critical care and palliative statuses
CNS	Multiple Sclerosis acute exacerbation	Neurology
CNS	Myasthenia gravis crisis	Neurology/ICU see ICU criteria
CNS	New brain tumor/mass Worsening neurological symptoms from known brain tumor/mass	Neurosurgery if isolated or patient needs urgent CNS operation, otherwise Medicine
CNS	Non-Traumatic SAH (even if CTA normal)	Neurosurgery
CNS	Seizures of known origin needing EMU and/or medication adjustment	Epilepsy/Neurology
CNS	Seizures of Unknown Origin	Epilepsy/Neurology
CNS	Status Epilepticus	ICU
CNS	Periodic paralysis with acute weakness	Neurology
CNS	Pituitary adenoma??	Neurosurgery/ENT
CNS	Pituitary apoplexy (with visual changes)	Neurosurgery
CNS	Possible acute Guillain Barre	Neurology vs ICU depending on severity

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CNS	Traumatic Brain Injury (Any)	Trauma
CNS	VP Shunt with Fever	Neurosurgery with (+) tap, otherwise Internal Medicine
Colon and Rectal	Crohn's Flare	Internal Medicine
Colon and Rectal	IBS/Abdominal pain NOS	Internal Medicine
Colon and Rectal	Rectal Prolapse	Colorectal
Colon and Rectal	See Below under "Surgical" for SBO	See below for "Surgical" for SBO
Colon and Rectal	Ulcerative Colitis	Internal Medicine
Colon and Rectal	Need for Colon or Rectal Surgery? Acute mesenteric ischemia/SBO/Large bowl obstruction/ruptured appendicitis/complicated or ruptured diverticulitis	Surgery
Derm	Concern for SJS/TEN/Acute Extensive Burns (30% Body surface area or greater)	Derm consult Send to Hospital with Burn Unit (WHC)
Derm	Other dermatological issue	ED to ED to assess above otherwise Internal Medicine
ENT	Any Ear, nose, or throat related issue Head and neck cancer/tracheal malacia/tracheal stenosis/tracheostomy issue/mastoiditis/tonsillitis c/b abscess/ otitis externa/Ramsey Hunt Syndrome	ENT
ENT	Odontogenic or non-odontogenic abscess (even if drained in ED) requiring inpatient ABX	Internal Medicine

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Endocrinology	Any Admission/Transfer requiring inpatient endocrinology (eg. Hypothyroidism/Hyperthyroidism, adrenal insufficiency/crisis	Internal Medicine
General	General medicine issue, or patients not requiring specialty care with general complaint or multiple medical issues to manage.	Internal Medicine
GI Bleed	Unstable and/or critical GI bleed	ICU
GI Bleed	HD stable GI bleed	Internal Medicine
GI	Abdominal or pelvic Solid Organ abscesses (ie liver, kidney, spleen etc.)	Internal medicine
GI	Abdominal or pelvic Cavity Abscess	Surgery
GI	Acute/chronic pancreatitis (without gallstones)	Internal Medicine
GI	Gallstone pancreatitis	Surgery
GI	Acute Cholecystitis	Surgery
GI	Choledocolithiasis	Surgery
GI	Esophageal Stricture/Stenosis	Internal Medicine
GI	Pancreatic pseudocysts, stable needing IR drainage	Internal Medicine
GI	Pancreatic Pseudocysts with obstruction, bleeding, peritonitis	ICU
GI	Complications of/decompensated cirrhosis, critical care	ICU
GI	Complications of/decompensated cirrhosis, stable	Internal Medicine
GYN	GYN surgery(menorrhagia/abnormal uterine bleeding/PID/vaginitis/cervicitis/endometritis)	GYN
GYN	GYN-Onc related issue	GYN-ONC

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GYN	Post-partem complication within 6 weeks of birth including: hemorrhage, cardiomyopathy, sepsis and severe hypertension	OB
GYN	Vaginal Bleeding	GYN
Hand	Surgical/Non-surgical hand infection with or without trauma and w/o other acute medical issues	Ortho-Hand
Hyperbaric	Any Hyperbaric need	Transfer out
Interventional Radiology	Any Interventional Radiology admission	Internal Medicine vs ICU
Liver	Acute Liver failure	Transfer to Transplant Center (Georgetown vs U Maryland) if no beds admit to ICU
Medicine/ Cardiology	Indeterminate troponin levels in patients with another issue or multiple other acute medical issues (eg. Renal failure/sepsis)	Internal Medicine
OB	HELLP Syndrome	OB
OB	Eclampsia	OB
OB	Pre-eclampsia	OB
OB	Pre-partem and Term Laboring patients	OB
OB	Pregnant patient with medical/surgical problem	Joint discussion between on call OB and IM/Surgery attending
OB	Unstable Gestational Diabetes (not critical)	OB
Oncology	Newly diagnosed neoplasms without established tissue diagnosis	Internal Medicine (except new leukemia with >20% blasts Heme-Onc-Red)
Oncology	Oncology patients followed by non-GWUH oncologists	Heme-Onc- Red team

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Oncology	Oncology patients followed by GWUH/Initiation or continuation of chemotherapy in house	Heme-Onc-Red
Ophthalmology	Isolated ocular infections/issues requiring inpatient acute care	Internal Medicine
Ophthalmology	Traumatic ocular injury	Trauma
Ortho	Septic joints in patients without other acute medical issues (e.g., AKI, poorly controlled DM/HTN, electrolyte abnormalities etc.)	Ortho-General
Ortho	Isolated extremity fractures in a medically non-complex patient with no indication of internal organ injury not isolated to hand or spine	Ortho-General
Ortho	Isolated extremity fractures in a patients with active medical problems (e.g., AKI, poorly controlled DM/HTN, electrolyte abnormalities etc.) or greater than 65 years old	Internal Medicine
Ortho	Isolated spinal fractures in a medically non-complex patient with no indication of internal organ injury	Trauma
Ortho	Isolated spinal fractures with no indication of internal organ injury in a patient with active medical problems (e.g., AKI, poorly controlled DM/HTN, electrolyte abnormalities etc.)	Internal Medicine
Ortho	Fractures with no indication of internal organ injury needing admission for pain control in patient without active medical issues (e.g., AKI, poorly controlled DM/HTN, electrolyte abnormalities etc.)	Ortho
Ortho	More than 1 fracture (any location)	Trauma

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Podiatry	Podiatric complications/issues requiring inpatient care	Internal Medicine
Postop, NEW medical issue after surgical discharge (non-Ortho, non-Trauma)	New (but related) medical complications such as DVT/PE, SBO r/t pain medications or surgery, or PNA, etc. following surgery	Back to Surgical Service who performed the surgery unless >30days post-op, then Internal Medicine
Postop, NEW medical issue after surgical discharge (TRAUMA)	New (but related) medical complications such as DVT/PE, SBO r/t pain medications or surgery, or PNA, etc.	Back to Trauma if within 30 days of discharge
Pulmonary	COPD exacerbation/Asthma exacerbation/PE	Pulmonary-Blue/Internal Medicine after 5pm and weekends
Pulmonary	Cystic Fibrosis flare, stable	Pulmonary-Blue/Internal Medicine after 5pm and weekends
Pulmonary	Cystic Fibrosis flare, unstable	Pulmonary Determined-PCU vs ICU
Pulmonary	Non-traumatic pneumothorax/pneumomediastinum due to an underlying medical condition such as COPD or neoplasm excluding esophageal perforation not requiring a chest tube	Pulmonary-Blue/Internal Medicine after 5pm and weekends If chest tube required Thoracic Surgery
Pulmonary	Primary non-traumatic spontaneous pneumothorax/ pneumomediastinum	Thoracic Surgery

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Pulmonary	Respiratory Distress or Respiratory Failure/Unstable	ICU
Pulmonary	Respiratory infection stable	Pulmonary - Blue/Internal Medicine after 5pm and weekends
Pulmonary	Saddle PE	ICU
Pulmonary	Symptoms r/t Pulmonary Fibrosis, stable	Pulmonary Determined-PCU vs Blue
Pulmonary	Symptoms r/t Pulmonary Fibrosis, unstable	Pulmonary Determined-PCU vs ICU
Pulmonary	Respiratory Distress or Respiratory Failure/Stable/Chronic	Pulmonary Determined- PCU vs Blue
Rheumatology	Any transfer/admission requiring rheumatology	Internal Medicine
Renal	ESRD with a nonspecific complaint such as fever or weakness without clear etiology, not followed at GWUH renal or renal transplant	Internal Medicine
Renal	ESRD with a nonspecific complaint such as fever or weakness without clear etiology, followed at GWUH renal	Internal Medicine
Renal	ESRD with a nonspecific complaint such as fever or weakness without clear etiology, followed at GWUH renal transplant	Renal Transplant
Renal	Patients coming in for renal biopsy	Renal Transplant
Renal	Recent renal transplant coming in with non-renal related issue	Renal Transplant
Renal	Renal Transplant recipient pre-op	Renal Transplant
Return Patient	Patient discharged from a service but returning within 48hours with a different complaint	ED/PLC– The discharging service unless new acute

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		diagnosis is better served on other primary service
Return Patient	Patient discharged from a service but returning within 48hours with the same complaint	Service who Discharged
Sickle cell	SCC stable	Internal Medicine
Sickle cell	SCC unstable or with acute chest syndrome	ICU
Spine	Chronic back pain with Spinal Cord Stimulation System	Internal Medicine
Spine	Degeneration (disc herniation, stenosis, not cauda equine) non operative admission for pain control	Internal Medicine
Spine	Degeneration (disc herniation, stenosis, not cauda equine) requiring operative intervention	Ortho spine vs NSGY Spine alternating call ICU need determined by above ICU need determined by above service
Spine	Spinal infection or abscess with confirmed requirement for surgical intervention without active medical issues (e.g., AKI, poorly controlled DM/HTN, electrolyte abnormalities etc.)	Ortho-Spine/Neuro spine alternating call ICU need determined by above service
Spine	Spinal infection or abscess with no requirement for surgical intervention OR with active medical issues (e.g., AKI, poorly controlled DM/HTN, electrolyte abnormalities etc.)	Internal Medicine
Spine	Traumatic spinal injury	Trauma
Spine	Tumor without active medical issues (e.g., AKI, poorly controlled DM/HTN, electrolyte abnormalities etc.)	Ortho-Spine/Neuro Spine alternating call

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Spine	Tumor WITH (e.g., AKI, poorly controlled DM/HTN, electrolyte abnormalities etc.)	Internal Medicine
Surgical	Necrotizing fasciitis	Surgery for extremities, Urology for Fourneir's, Surgery for trunk or multiple areas (ICU as required)
Surgical	Primary psoas abscess	Internal Medicine
Surgical	Potential surgical problems in a patient with multiple acute/unstable medical comorbidities	Surgery
Surgical	SBO (non-IBD patients)	Surgery unless palliative or carcinomatosis, then Internal Medicine (or heme-onc if patient established with GWUH oncology)
Surgical	SBO (in patient with known IBD)	Internal Medicine
Surgical	Secondary psoas abscess due to nearby infection (spine hardware, THA, AAA graft, etc…)	Team managing the primary source of infection
Surgical	Breast abscess	Surgery
Surgical	Perianal/perirectal abscess	Colorectal surgery
Surgical	Obstructive uropathy in patient without active medical issues (e.g., poorly controlled DM/HTN, electrolyte abnormalities etc.) AKI is assumed	Urology
Trauma	Hanging/Suicide Attempt	Trauma vs Trauma ICU
Trauma	Patients needing admission for ADL's/pain control r/t trauma	Trauma vs Trauma ICU
Trauma	Traumatic neck laceration	Trauma vs Trauma ICU
Trauma	Trauma to ear (tragus, auricle)	ENT

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Trauma	Isolated Trauma to external auditory canal, tympanic membrane, or middle ear. Also, isolated mandible/maxilla fracture in patients without active medical issues (e.g., AKI, poorly controlled DM/HTN, electrolyte abnormalities etc.)	ENT
Trauma/Wound	Isolated large or complex soft tissue defects/lacerations from trauma or wound complications not involving bones	Trauma
Trauma	All injuries not otherwise noted above. When in doubt regarding triaging an injury, contact trauma first	Trauma

Service Designation List Implementation Procedure

The Service Designation List (SDL) will be utilized by the admitting ED attending for ED admissions, the Patient Logistic Center (PLC) staff for inbound transfers/Direct admits and the ICU Fellow/Attending for transfers out of the ICU. The SDL will guide the correct service designation driven by primary diagnosis. The goal is to ensure care is delivered in the right place at the right time and improve hospital efficiency.

In the event the receiving attending disagrees with the sending attending the following arbitration process applies

1. The on call attending physicians for the service(s) in question will discuss the case and ideally reach a resolution. If a resolution is not reached see #2
2. The on call medical director of the PLC will discuss the case with the on call attending(s) and determine the most appropriate service designation for the patient.

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