**CONSULT PRO TIPS**

**FOR ALL CONSULTS:** DO YOUR OWN WORK UP!!!

1. Know the patient’s MRN, name, age, gender, and room number.
2. Have a question.
3. Know the patient’s VS (AKA are they stable or not?).
4. **Check the last clinic note! (notes>filters>specialty)**

**CARDS:**

1. ISCHEMIA:
   1. Recent and old EKGs.
   2. Full set CEs (and serials pending).
   3. Old cath and non-invasive study results.
   4. Last TTE.
2. ARRYTHMIAS:
   1. Have recent and old EKGs and any event strips if on tele.
   2. Have recent chemistry and TFTs.
   3. Caths and TTEs as above.
   4. ?Any exam findings c/f valve dz or cardiomyopathy?
   5. If the pt has new heart block, EP can place PM.

**ID:**

1. GENERAL CONSULT:
   1. Know the results of the previous cx and imaging results.
   2. Know the abx the patient are on/has been on and the duration.
2. FUO:
   1. Know results of previous cx, imaging, bx, ESR, CRP, and connective tissue dz studies.
   2. Know results of, or perform, fluid taps on all tap-able sources prior to consult.
   3. Consider consulting rheum (instead/as well depending on above results).

**GI:**

1. GI BLEED:
   1. Know the pt’s H/H on initial presentation (and know their baseline).
   2. Know the pt’s H/H after transfusion and how many units they’ve received.
   3. Know the pt’s coags and plts.
   4. Know the results of the pt’s NG lavage (if you did one).
   5. Know the trends of the patient’s VS. Persistently tachy or hypotensive?
   6. Know the results of the previous EGD/colonoscopy!!!
      1. Variceal re-bleeds are VERY BAD vs just simple PUD.

**PULM:**

1. ABNORMAL IMAGING:
   1. Please obtain CT chest PRIOR to consulting!!!
   2. Know meds current, recent, and past.
   3. Know THOROUGH social history.
   4. Know smoking history especially!
   5. Any autoimmune/CTD labs done and their results.
   6. ABG results if available.
   7. Has the pt ever required oxygen at home, in hospital, or been ventilated?
2. BRONCH:
   1. Know what you’re looking for, but they’ll decide if IR bx would be better.
   2. Know if they’re on anticoagulation.
   3. Know last hgb, plts, INR.
   4. Effusion to tap? Tap first!
   5. Bronch or lung bx in past? Results?
   6. Do they have TB? (airborne precautions)
3. ILD:
   1. Results of prior CXRs and CTs.
   2. Recent PFTs.
   3. PMH (autoimm dz), medication hx (pneumotox!), occupation hx, infectious w/u?
   4. Make sure volume status optimal, then obtain HRCT.
4. “PH”: Do they really have it?
   1. PLEASE KNOW THE RHC RESULTS AND INTERPRET THEM APPROPRIATELY!!!
   2. Know last TTE.
   3. Make sure PH w/u is done – look up types I-IV.
      1. HRCT and/or CTA or VQ scan, TTE, PFTs, PSG, HIV, Heps, autoimmune w/u

**RHEUM:** (Always know baseline values of below labs if known!)

1. SLE/RA/Sjogrens/Scleroderma/MCTD:
   1. UA, CBC, CMP, ANA, dsDNA, RF, CCP, C3/C4, CRP, CK, LDH
   2. ENA panel
2. Wegeners (GPA), MPA, Churg Strauss, and other vasculitides:
   1. UA, ANCAs, MPO & PR3 abs, C3/C4, hx asthma?
3. Myositis:
   1. CK, aldolase, CRP, TSH, free T4, ANA, anti-Jo, myositis panel
   2. Neuro exam!
4. Crystal Induced Arthritis:
   1. CBC, BUN, Cr, LFTs, CRP, uric acid
5. Arthralgias/Myalgias NOS:
   1. TSH, free T4, HIV, hepatitis panel, ANA, RF, CCP
6. LIVER CONSULT:
   1. If it’s cirrhosis (do they really have it?) know the cause – if it’s EtOH when was their last drink?
      1. Know their volume status (meds), pertinent labs (albumin, INR, TBili, Cr, Plts), ?EV/GV (last scope), ?HCC (last RUQ or CT), are they on tx list/have they been seen in liver clinic?
   2. If it’s transaminitis:
      1. Know if they have hepatic or cholestatic pattern.
      2. Meds.
      3. Recent social history.
      4. Any hx or current autoimmune labs +
      5. Any hx or current infections +
7. PEG TUBE:
   1. What are the indications?
   2. Are they on any AC (ASA or Plavix)?
   3. When is the goal for discharge?
   4. Are they consented?
   5. Recent coags and plts.

**HEME:**

1. ANEMIA:
   1. Know the H/H trends (and know their baseline!).
   2. Know the WBCs and plts.
   3. Know the meds the pt is on or has recently taken.
   4. Know the MCV, the retic count, and the results of the Fe studies/B12/folate, etc.
   5. Know the results of the peripheral smear!!!
   6. Know the results of any previous BMBx.
   7. Know any other pertinent PMH (hx malignancy, weight loss, renal failure?).
2. THROMBOCYTOPENIA:
   1. Know the plt trends (and know their baseline!).
   2. Know the H/H and WBCs.
   3. Know the meds the pt is on or has recently taken.
   4. Know the results of any previous liver w/u.
   5. Know the results of any previous BMBx.
   6. Know the results of the peripheral smear!!!
   7. Know the retic count if the pt also has anemia.
   8. Know any other pertinent PMH (alcoholic, liver dz, autoimmune dz?).

**ONC:**

1. GENERAL CONSULT:
   1. Patients actively undergoing chemotx.
   2. Patients admitted for complications of their chemo (ie neutropenic fever).
   3. Patients enrolled in clinical trials.
   4. Patients suspected of having malignancy while “tissue is the issue”, onc is happy to help w/ further w/u and recommendations.

**RENAL:**

1. AKI:
   1. Know admission Cr, bl Cr, current Cr.
   2. Also know lytes w/ Ca, Phos, acid/base, volume status.
   3. Know all meds/toxins (NSAIDs, ACEI, diuretics, abx, contrast?)
   4. Know urinalysis and urine electrolytes (calculate FeNa and FeUrea).
   5. Know UOP over past 24 hours and if this is stable or trending down or up.
   6. Rule out obstruction, ?renal US.
   7. Know hx of DM2, Heps, HIV, SLE, renal stones, MM, and other malignancies.
2. DIALYSIS:
   1. ?Is pt already on HD?
      1. Type?
      2. Access?
      3. Last dialysis?
   2. Nope?
      1. Know admission Cr, bl Cr, current Cr (how rapidly is it rising)?
      2. Know potassium and trend.
      3. Have a recent EKG (that day preferably).
      4. pH + full chem 7 (particularly for K as mentioned above and then bicarb and BUN)
      5. Volume status?
      6. Encephalopathy?
3. NA PROBLEMS: Basically, know serum osm, serum Na (and bl and trend), and urine Na. (Do your own w/u)
   1. Hypertonic vs isotonic vs hypotonic (based on serum osms)
   2. If hypotonic, what’s the volume status? Create your ddx from here.
   3. Steal my .phrase (.mghypoNa)