MANDATORY CONSULTANT (FELLOW) CALLS

This list is a guide for when a consultant (fellow) should be called. In Upon the initial phone call, all patients should receive initial treatment recommendations from the SPI who received the call**.** In addition, basic information must be obtained by the SPI prior to calling the consultant, such as patient's name, age, vital signs, time of exposure (if known), any symptoms present or treatment received, and a medical record number (if one is available)**. This approach should be used for all consultant (fellow) calls including those originating from Bellevue, NYU Lutheran, Cobble Hill and the VA. The decision to notify a consultant (fellow) about cases from these institutions is made on a case-by-case basis but in general, the SPIs should ask the caller if they would like to discuss the case with a consultant (fellow).** If the answer is "yes" then you should call the consultant (fellow). If the answer is "no", then you do not need to call the consultant (fellow). If you still have any questions regarding the case, you should not hesitate to call the consultant (fellow). For cases in which you would like to let the consultant (fellow) know about non-urgent cases, emailing the consultant (fellow) is an acceptable form of notification.

The following list is not exhaustive but provides guidance on when the consultaant (fellow) should be notified immediately about cases:

1. All potentially life-threatening exposures including:
    a. Monoamine oxidase inhibitors
    b. Colchicine
    c. Calcium Channel Blockers/β-blockers
    d. Toxic alcohols (methanol, ethylene glycol)
    e. Cyanide
    d. Carbon Monoxide (if patient has syncope, chest pain, or neuro symptoms OR if the level is greater than 20%)
2. Unique scenarios including: suspected botulism and rabies, body packers and stuffers, snake envenomations, etc.
3. Patients intubated for reasons **other** than airway protection
4. Any patient on vasopressors
5. Comatose patients with unclear scenarios (for example: other than ETOH intoxication or sedative/hypnotic exposures)
6. Blood pressure < 90 mm Hg systolic (adult) or > 200 mm HG systolic (adult)
7. Heart rate < 50 beats per minute (adult) or > 150 beats per minute (adult)
8. Temperatures above 104° F or below 95°F
9. Patients with an undetermined metabolic acidosis
10. Patients who are actively seizing or have met the definition of status epilepticus
11. Any caustic ingestion with signs or symptoms
12. All hydrofluoric acid exposures with clinical findings
13. Digoxin toxicity (ALL acute overdoses, and in chronic overdoses where there are EKG changes OR the concentration is >2.5 ng/mL)

14. Acetaminophen toxicity with signs of liver dysfunction
15. Salicylate levels > 60 mg/dL unless the pt has CNS symptoms or if the caller is concerned about respiratory distress
16. Lithium concentrations > 2 mEq/L in chronic exposures and > 4mEq/L in acute exposures
17. All unclear clinical scenarios in sick patients
18. Any suspected bioterrorism (Please also call Dr. Mark Su and/or Dr. Rana Biary)
19. Any mass exposure with symptoms (Please also call Dr. Mark Su and/or Dr. Rana Biary)
20. All patients who qualify for any on-going study protocol