

## ED / PCP Communication Standards

*\*\* Verbal Communication Required \*\**

### ➤ ED to Call PCP

- Death certificate signature required
- Additional history needed (unresponsive patient)
- Potential discharge, need to establish follow up plan
- Follow up appointment needed tomorrow

### ➤ PCP to Call ED

- Sending to ED and need to speak with physician

*\*\* Provider to provider communication is always encouraged \*\**

## ED Discharge Follow Up Guidelines

*\*\* All patients should coordinate care with their PCP / Principal Provider\*\**

### Primary Care Management Encouraged

#### Headache

- No neurologic signs or imaging abnormalities

#### Chest Pain

- Minor trauma
- Non-cardiac

#### Minor Orthopedic

- Joint sprain / strain
- Low back pain / strain
- Contusion

#### Shortness of Breath

- Asthma exacerbation
- Stable COPD exacerbation

#### Abdominal Pain

- No GI bleeding
- Nonsurgical
- Uncomplicated diverticulitis

#### Dermatology

- Non life-threatening rash

#### Radiology Findings

- Incidentalomas (except lung nodules)

### Specialist Co-Management Should Be Considered

#### Headache

- Neurologic signs and/or imaging abnormalities

#### Chest Pain

- Heart score threshold indicating elevated risk
- Cardiology consult needed in ED

#### Major Orthopedic

- Orthopedics consult needed in ED
- Fracture
- Dislocation
- Ligamentous instability
- Tendon rupture
- Back pain with objective neurologic signs

#### Abdominal Pain

- GI bleeding

#### Suspected Addiction

#### Suspected Abuse of Controlled Medications