

SPINE TRIAGE GUIDELINES (Non Trauma)

Approved January 2016

- 1) These Guidelines apply to all patients with a Non-Traumatic spinal condition who are in an ED or inpatient at another facility and at MMC.
- 2) Communication between services is a crucial factor in assuring the patient is placed in the most appropriate service.
- 3) If request is made by either team to deviate from the admitting grid **then provider to provider communication is expected.**
- 4) Teams may request consultation at any time as appropriate to support best care for the patient.

KEY: <u>AIM</u> = Hospitalist, Internal Med & Family Med teaching service and FM/IM PCP who admit to the AIM PA service. <u>MCC</u> = Medical Critical Care (SCU/Intensivists)	Radiculopathy (i.e. lateralized and radiating neck/back pain)	Spine Tumors	Spinal Epidural Abscess	Discitis or Osteomyelitis (without deficit or deformity)	Back pain without significant radiculopathy or Pain Without Imaging
<u>Contact:</u> Contact team is expected to evaluate the patient unless excused by admit team	Neurosurgery	Neurosurgery	Neurosurgery	AIM	AIM
<u>Internal Communication:</u> REMIS-OneCall will notify ED of all pts expected to transfer to the ED and all appropriate Bed Coordinators	AIM if requested by Neurosurgery	AIM or Oncology if requested by Neurosurgery	Infectious disease (AIM if requested)	Infectious disease	
<u>Admitting Team:</u> Admission by a team other than listed should be based on Attending to Attending Communication	Neurosurgery	Neurosurgery	Neurosurgery (for Operative cases) AIM (for non-operative cases)	AIM	AIM
Other Consultants:		Physiatry if sig. neuro or functional deficits	Physiatry if sig. neuro or functional deficits	Neurosurgery if deficit or deformity	