Standards for Inpatient Consultations on the 
Washington University Medical Center Campus

Adopted: March 18, 2003

1) Consultations are provided within a reasonable time frame, as determined by the patient’s condition.

2) If additional consults are necessary within the same specialty, they are provided by the physician who performed the original consultation whenever possible.

3) Medically urgent consultation results are reported to the attending physician as soon as possible and no later than by end-of-business day.

4) An abbreviated note is entered in the chart at the time of the consultation, indicating the patient has been seen and summarizing major findings and recommendations. Full consultation notes are in the chart within 24 hours.

5) Consultation notes are added to the patient’s permanent medical record.

6) A faculty attending physician provides all requested inpatient consults or supervises house staff in the provision of requested inpatient consults. This policy applies to both ward and private patients.

7) Inpatient consultations should be only be requested in situations where the consult may impact the patient’s hospital care. Many non-acute problems are best handled by outpatient consultation following hospital discharge (e.g.: patient has chronic back pain or needs a routine gynecologic exam or pap smear).

8) Non-emergent day-of-discharge consults should be avoided to the fullest extent possible by anticipating the need for potential consultations as early as possible during the patient’s hospitalization. Non-emergent consults requested on the day of hospital discharge may be managed by a resident with faculty attending evaluation performed in a timely manner in the outpatient setting.

9) First year residents must review with a supervising attending the need for inpatient consultation before requesting a consult from another service.

10) Consult requests for certain minor problems or routine care may be provided by a resident. These include:

- debridement of superficial ulcers
- minor ophthalmologic conditions including conjunctivitis, blurred vision after cholinergic drugs, post-operative corneal abrasion after general anesthesia and mild exposure keratopathy
chronic, stable dermatologic conditions such as stasis dermatitis, eczema and psoriasis
hemorrhoids, anal fissures, and benign anorectal disease best managed in a clinic setting

11) Inpatient consultations should be billed only if a credentialed faculty attending has been involved in the patient’s care and all other requirements of Medicare and/or the WUSM Physician Billing Compliance Policy have been met.

12) Concerns regarding compliance with these standards for inpatient consultations should be directed to the CEO of the Faculty Practice Plan at 362-6249 (email: cranej@msnotes.wustl.edu)